

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL076-063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/21/2025
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NAME OF PROVIDER OR SUPPLIER YOUTH UNLIMITED-SLANE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2872 YOUTH UNLIMITED DRIVE SOPHIA, NC 27350
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on October 21, 2025. The complaints were unsubstantiated. (Intake #NC00233294 and #NC00233716). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for four and has a current census of four. The survey sample consisted of audits of two current clients and two former clients.</p>	V 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">NOV 14 2025</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by:</p>	V 114	<p>The facility failed to conduct and document required quarterly fire and disaster drills for the months of January, February, and March. The deficiency occurred due to a lapse in administrative oversight during a period when the home did not have a designated House Director. Upon identification of the deficiency, the Clinical Director had the new House Director conducted a fire and disaster drill on in April with all residents and staff on duty. Staff have been re-educated on the requirements of 10A NCAC 27G .0207(c) regarding quarterly drills on each shift. A monthly compliance review has been added to the Clinical Director's duties to confirm all emergency drills are completed and properly recorded. The Clinical Director will review fire and disaster drill documentation monthly for the next six months</p>	

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to ensure consistent compliance. Any lapse in drill completion will result in immediate retraining and documentation review.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>Based on record review and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and on each shift. The findings are:</p> <p>Review on 10/14/25 of the facility fire and disaster drill log from February 2025- September 2025 revealed:</p> <ul style="list-style-type: none"> -There were no fire drills completed by 2nd shift for the 1st quarter (January, February, March) of 2025. -There were no fire drills completed by 3rd shift for the 1st quarter (January, February, March) of 2025. -There were no disaster drills completed by any shift during the 1st quarter (January, February, March) of 2025. <p>Interview on 10/21/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> -Fire and disaster drills are completed monthly. <p>Interview on 10/21/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> -She previously worked 3rd shift. -Her new schedule would be 2nd shift during weekday and 1st shift on the weekends -While working 3rd shift she had not completed a fire or disaster drill. -She knew that drills were to be completed monthly. <p>Interview on 10/21/25 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She worked 2nd shift Monday thru Thursday and 1st shift on Fridays. -She was responsible for completing the fire and disaster drills. -She knew the drills were to be completed monthly. <p>This deficiency constitutes a re-cited deficiency</p>	V 114		

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V 114	Continued From page 2 and must be corrected within 30 days.	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure the MAR was current for one of four audited clients (#2) and the facility failed to ensure that medications were administered by staff trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications for all audited staff. The findings are:</p> <p>The following is evidence the facility failed to ensure the MAR was kept current.</p> <p>Review on 10/14/25 of client #2's record revealed: -Admission date of 7/24/25. -Diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder. -He was 12 years old.</p> <p>Review on 10/14/25 of physician's orders for client #2 revealed: -Order dated 7/23/25 for Qelbree ER 100mg (attention deficit), take 1 capsule every morning.</p> <p>Review on 10/14/25 of MAR's for client #2 revealed: -September 2025-There were blank boxes for the following dates on 9/2, 9/3, 9/4, 10, 9/11 and 9/12. -The medication was discontinued on 9/15 and increased dosage began the next day.</p> <p>-August 2025- There were blank boxes for the following dates on 8/26, 8/27, 8/28 and 8/29.</p> <p>Due to the failure to accurately document</p>	V 118	<p>All staff will be retrained on Medication Management by a qualified medical professional. Dr. Froelich, the facility's Medical Director, will conduct two Medication Management trainings: one in-person session on November 18, 2025, at 5:30 p.m., and a second session on December 3, 2025, for staff unable to attend the first training.</p> <p>To ensure ongoing compliance, the facility will hold its annual Medication Management training in January 2026, on a date to be determined by the Medical Director in late December 2025.</p> <p>Additionally, all new hires will receive Medication Management training conducted by the Medical Director via Zoom as part of New Hire Orientation. Documentation of each training, including the trainer's credentials, date, and staff attendance, will be maintained in personnel files.</p>	

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V 118	<p>Continued From page 4</p> <p>medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>Interview on 10/21/25 with the Qualified Professional revealed: -She was responsible for reviewing MARS and ensuring staff initialed for administering medication. -She was responsible for writing instructions on the MARS for clients medications until they are printed by the pharmacy.</p> <p>Interview on 10/21/25 with the Clinical Director revealed: -The pharmacy printed MARS for clients once a new prescription is received from the physician. -The QP is responsible for writing the instructions on the MAR. -She will review and remind staff to ensure they initial for medication administered to clients during the medication pass.</p> <p>The following evidence the facility failed to ensure staff was trained by a legally qualified person.</p> <p>Review on 10/16/25 of facility's personnel records revealed the following:</p> <p>Staff #1: -Hired on 3/12/25. -Hired as a Residential Counselor -Medication administration training was completed on 3-11-25. -The training certificate was signed by a medical doctor.</p> <p>Staff #2: -Hired on 7/9/25. -Hired as a Residential Counselor.</p>	V 118		
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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Medication administration training was completed on 7/18/25. -The training certificate was signed by a medical doctor. <p>Former Staff #3:</p> <ul style="list-style-type: none"> -Hired on 4/2/25. -Terminated on 8/22/25. -Hired as a Residential Counselor. -Medication administration training was completed on 4/5/25. -The training certificate was signed by a medical doctor. <p>Qualified Professional:</p> <ul style="list-style-type: none"> -Hired on 2/27/25. -Hired as the Qualified Professional. -Medication administration training was completed on 3/6/25. -The training certificate was signed by a medical doctor. <p>Interview on 10/21/25 with staff #1 revealed:</p> <ul style="list-style-type: none"> -She has been employed with the agency for seven months. -The medication administration training was completed by a staff member of the agency. -There were no outside people that completed training with her upon hire. <p>Interview on 10/21/25 with staff #2 revealed:</p> <ul style="list-style-type: none"> -She began working with the agency July 2025. -Trainings were completed face to face and included watching some videos. -Training was completed by the Qualified Professional and another staff member of the agency. -There were no outside people that completed training with her upon hire. 	V 118		

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V 118	<p>Continued From page 6</p> <p>Attempted interview on 10/17/25 as voicemail box was full and unable to leave a message.</p> <p>Interview on 10/21/25 with the Qualified Professional revealed: -She began working with the agency March 2025. -The medication training was completed by another staff member with the agency. -There was no nurse onsite when she received the training.</p> <p>Interview on 10/21/25 with the Clinical Director revealed: -The medication training was completed by the Qualified Professional of the other facility. -The Qualified Professional was not a nurse or legally qualified person. -She was not aware the medication administration training certificate had the signature of a medical doctor. -She was not aware the training had to be completed by a nurse, pharmacist or other qualified person.</p>	V 118		

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Youth Unlimited- Slane Home MHL Number: 076-063
Exit Date: October 21, 2025 Surveyor(s): [REDACTED] MSW

EXIT PARTICIPANTS: [REDACTED] Clinical Director

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0207 Emergency Plans and Supplies/Tag 114/Recite

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 Medication

**Client & Staff Identifier List
(Indicate staff title or number beside each name)**

Client # 1 [REDACTED]
Client # 2 [REDACTED]
Former Client # 3 [REDACTED]
Former Client # 4 [REDACTED]

Staff # 1 [REDACTED]
Staff # 2 [REDACTED]
Former Staff # 3 [REDACTED]
Qualified Professional [REDACTED]

CITATION LEVEL: Number of days from survey exit for citation correction
Standard = 60 days Recite – standard = 30 days Type A = 23 days Type B = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date