

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G	STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 10/22/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups. This facility is licensed for 16 and has a current census of 11. The survey sample consisted of audits of 3 current clients and 5 former clients.	V 000		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.	V 116		

RECEIVED
RECEIVED
NOV 6 7 2025
DHHSR-MH Licensure Sect
DHHSR-MH Licensure Sect

Division of Health Service Regulation

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

Ashley Sparks, LCSW

TITLE

Regional Executive
Director FBC/SOPi

(X6) DATE

11/3/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G		STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 116	Continued From page 1 (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on interviews and observation, the facility failed to ensure dispensing of medications was restricted to pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 5 of 7 audited former clients (FC) (#14 - #18). The findings are: Observation at 3:06 pm on 10/20/25 for FC #14's medication bubble packet revealed: - One bubble packet of Methylphenidate...ER (extended release) 54 mg (milligram). Take one tablet by mouth in the morning. Delivered from home: 9/12/25. Qty (Quantity): 15. 15 pills were in the bubble packet. - Label on the bubble packet was handwritten. Observation at 3:10 pm on 10/20/25 for FC #15's medication bubble packet revealed: - One bubble packet of Vyvanse 20 mg. Take 1 capsule by mouth every morning. Exp (expiration) 9/9/26. 7 capsules were in the bubble packet. - Label on the bubble packet was handwritten.	V 116	FBC RN Manager will remove all empty bubble packets from the premise. FBC RN's will maintain prescriptions in the packaging that was originally provided by the pharmacy. FBC RN Manager will review medication packaging during weekly medication audit to ensure all medications are maintained in the original packaging from the pharmacy. RN Manager will provide training to nursing staff on the process.	11/7/25 11/24/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G	STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 116	<p>Continued From page 2</p> <p>Observation at 3:09 pm on 10/20/25 for FC #16's medication bubble packet revealed:</p> <ul style="list-style-type: none"> - Two bubble packets of Concerta ER 36 mg tablets. Take one tablet by mouth every morning. Delivered from home: 9/29/25; Total: 27. Both bubble packets had 25 pills in each packet. - Two bubble packets of Concerta ER (Extended Release) 27 mg tablets. Take one tablet by mouth every morning. Delivered from home: 9/29/25; Qty: 30/34 total. Both bubble packets had 24 pills in each packet. - The four labels on the bubble packets were handwritten. <p>Observation at 3:10 pm on 10/20/25 for FC #17's medication bubble packet revealed:</p> <ul style="list-style-type: none"> - One bubble packet of Dexmethylphenidate ER 5 mg; Exp: 09/16/2026. Take 1 capsule by mouth every morning. 17 capsules were in the bubble packet. - Label on the bubble packet was handwritten. <p>Observation at 3:06 pm on 10/20/25 for FC #18's medication bubble packets revealed:</p> <ul style="list-style-type: none"> - One bubble packet of: Vyvanse 30 mg; Take one capsule by mouth in the morning. Delivered from home: 9/7/25; Qty: 60. 51 capsules were in the bubble packet. - Label on the bubble packet were handwritten. <p>Interview on 10/20/25 with the Registered Nurse #2 revealed:</p> <ul style="list-style-type: none"> - When the clients come "from home with bottles" the nurse puts the pills in bubble packets and handwrites the label. <p>Interview on 10/21/25 with the Nursing Director revealed:</p> <ul style="list-style-type: none"> - The nurses had been taking the client's medication bottles that were brought into the 	V 116		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G		STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 116	Continued From page 3 facility and putting the medication into "bubble packets." - "It is faster and easier for us to give (medications) from the bubble packs."	V 116		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that medications were stored separately for each client. The findings are: Observations on 10/20/25 at approximately 3:34	V 120	FBC will purchase two additional lockboxes to be stored within the medication cart. This will allow for separate storage of controlled house stock medications, current client's controlled medication and discharge client controlled medication. FBC RN will dispose of discharged client medication by returning to the pharmacy via pharmacy delivery once per week. FBC RN Manager will confirm discharged medications are returned during weekly medication audit.	11/24/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G		STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	Continued From page 4 pm of the first drawer in medication cart revealed: - There was one locked metal bin on the right side of the first drawer that contained all the house stocked medications, former clients (#14 - #18) controlled medications and client #3's controlled medication. - The medication for each client was not stored separately. Interview on 10/20/25 with the Registered Nurse #2 revealed: - Discharged clients who had controlled drugs that had not been picked up recently, current clients who had controlled drugs, and house stocked controlled drugs were all stored in the same metal bin. Interview on 10/21/25 with the Nursing Director revealed: - All the controlled drugs were stored together in the metal bin.	V 120	RN Manager will provide training to nursing staff on the process for discharged medications and storage.	11/24/25
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G		STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 3 clients (#10). The findings are:</p> <p>Review on 10/21/25 of Client #10's record revealed: -Date of Admission: 10/4/25 Age: 16 years-old -Diagnoses: Adjustment Disorder with Mixed Disturbance of Emotions and Conduct -Physician's order dated 10/4/25: Remeron 7.5 mg (milligram). Take by mouth at bedtime. Take 7.5 mg at 8 pm x 7 days, then discontinue. -No evidence of consultation with a pharmacist or physician for medication errors.</p> <p>Review on 10/20/25 of client #10's October 2025 MARs revealed: - She was not administered her Remeron medication on 10/4/25-10/7/25 as well as on 10/13/25 and 10/14/25. - Documentation on back of MAR indicated the reason that the Remeron was not administered was medication was not available.</p> <p>Interview on 10/20/25 with client #10 revealed: - She did not take her Remeron for "a few days." - Denied that she had any negative side effects because of the missed medication.</p> <p>Attempted interview on 10/21/25 with the Registered Nurse #1: - Worked the night before and did not respond to phone call.</p> <p>Interview on 10/21/25 with the Registered Nurse #3 revealed:</p>	V 123	<p>AYN will allow a 24-hour delivery period after medication is ordered to ensure adequate time to obtain medication.</p> <p>After a 24-hour period, if medication has still not been received, FBC RN's will complete an incident report to document missed medication due to non-delivery. This incident report will include all medications missed during the shift. This report will also include notification of missed medications to the provider. The RN will document any feedback the provider gives as a result of the missed medication dose.</p> <p>Within 24 hours of entry, the RN manager will review the incident report and provide a supervisor response and complete the incident reporting process as outlined in the NC Incident Response and Reporting Manual. RN Manager will follow up with the pharmacy to ensure timely delivery, as needed.</p> <p>RN Manager will provide training to nursing staff on the process for incident reporting and medication errors.</p>	12/1/25

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G		STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 123	Continued From page 6 - She worked on 10/14/25 and did not administer client #10's Remeron medication because "it (Remeron) was not in the cart and that's why it was not given." - Did not complete an incident report. - She had been told to only do an incident report if clients refused medication. - "I was told it (when medication was not given it) was sufficient to write it on the back of the MAR." Interview on 10/20/25 with the Registered Nurse #2 revealed: - The Registered Nurse #1 worked on 10/13/25 and the Registered Nurse #3 worked on 10/14/25. - She did not have a nurses note nor incident report for Remeron not being administered on 10/4/25-10/7/25 as well as on 10/13/25 and 10/14/25. Interviews on 10/20/25 and 10/21/25 with the Nursing Manager revealed: - The Registered Nurse #1 worked on 10/4/25-10/7/25. - She could not locate a nurse's note nor an incident report for Remeron not being administered to client #10 on 10/4/25-10/7/25. - Incident reports were not completed when clients' medications were not available.	V 123		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CHILD/ADOLESCENT FACILITY BASED CRISIS CNT-G	STREET ADDRESS, CITY, STATE, ZIP CODE 925 THIRD STREET GREENSBORO, NC 27405
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

V 736	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility and its grounds were not maintained in a safe and orderly manner. The findings are:</p> <p>Observations on 10/21/25 at approximately 3:28 pm of the facility showers revealed:</p> <ul style="list-style-type: none"> - The green pod shower had standing water inside the shower. - The green pod shower had water that drained out from the shower floor onto the bathroom floor. - The yellow pod shower had standing water inside the shower. - The yellow pod shower had water that drained out from the shower floor onto the bathroom floor. <p>Interview on 10/20/25 with client #9 revealed:</p> <ul style="list-style-type: none"> - One of the showers he used drained "everywhere." - "I think the drain is stopped up." <p>Interview on 10/21/25 with the Program Manager revealed:</p> <ul style="list-style-type: none"> - He did not know when the showers had stopped draining. <p>Interview on 10/21/25 with the Performance Improvement Coordinator revealed:</p> <ul style="list-style-type: none"> - She would put in a work order today (10/21/25) to have the shower drains repaired. 	V 736	<p>AYN Maintenance snaked the drains in the units to ensure clear drainage during shower usage.</p> <p>During this process, it was identified that client hair was causing issues with drainage. As a result, a member of the facilities and maintenance team at AYN will check and snake the shower drains every other month during routine Environment of Care walk throughs.</p> <p>Additionally, FBC Program Manager and Supervisor will ensure that "check shower drainage" is added to our 3rd shift EOC walk through checklist.</p> <p>FBC Program Manager will collect the checklist monthly to ensure all maintenance issues are addressed</p>	<p>10/24/25</p> <p>11/17/25</p>
-------	---	-------	--	---------------------------------