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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 12/3/25. The complaints were unsubstantiated (Intake #NC00234436, NC#00234522). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 2 current clients,1former client.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the	V 114		

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V 114	Continued From page 1	V 114		

facility failed to have completed fire and disaster drills held at least quarterly and repeated on each shift. The findings are:

Review on 12/2/25 of the facility's fire and disaster drill log from July1, 2025-November 30, 2025 revealed:

3rd quarter (July-September 2025):
- No 1st (8am-2pm), 2nd (2pm-8pm), and 3rd (8pm-8am) shift disaster drills.

4th quarter (October-November 2025):
- No 1st, 2nd and 3rd shift disaster drills.

Interview on 12/3/25 with Client #1 revealed:
- Never completed a fire and disaster drill since admitted in May 2025.

Interview on 12/3/25 with Client #2 revealed:
- Learned about fire and disaster drills in the facility on 12/2/25;
- Never completed a fire and disaster drill since admitted in May 2025.

Interview on 12/3/25 with Staff #2 revealed:
- Completed fire and disaster drills;
- "Since I been here (December 2024), we have done quite a few."

Interview on 12/3/25 with the Residential Manager revealed:
- Was responsible for completing fire and disaster drills;
- "I only did fire drills, I have not done disaster drills;"
- "I will start doing them (disaster drills), they will be done next time."

Interview on 12/3/25 with the Qualified

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V 114	Continued From page 2 Professional revealed: - The owner was responsible for completing fire and disaster drills. Interview on 12/3/25 with the Owner revealed: - "We will start this month doing the fire and disaster drills, and do them quarterly as well;" - "I have already spoken with the staff about the plan."	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or	V 118		

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V 118	Continued From page 3 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a written physician's order and failed to keep the MAR current affecting 2 of 3 audit clients (#1,#2). The findings are: Review on 12/3/25 of Client #1's record revealed: - Admission date 5/1/25; - Age 9 years old; - Diagnoses: Adjustment Disorder w/ Disturbance Conduct; Attention Deficit Hyperactivity Disorder, Combined Type - Physician's order- 11/23/25 Clotrimazole 1% cream, Apply topically 2 times a day for 14 days; Triamcinolone Acetonide 0.1% cream, Apply topically 2 times a day for 7 days; - No discontinued physician's order for Clobazam 2.5 mg (milligram), 1 tablet 1x daily and 1.5 at bedtime. Review on 12/2/25 of Client #1's MARs from September 1, 2025- November 30, 2025 revealed: - Clobazam 10mg, take 1 tablet 1x day and 1.5 at bedtime started on 9/19/25; - No staff initials for administration of medication on Clotrimazole 1% cream on 11/30/25; - No staff initials for administration of medication on Triamcinolone Acetonide 0.1% cream on 11/30/25.	V 118		

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V 118	Continued From page 4 Review on 12/3/25 of Client #2's record revealed: - Admission date 5/7/25; - Age 16 years old; - Diagnoses: Attention Deficit Hyperactivity Disorder, combined; Oppositional Defiant Disorder, Moderate; Borderline Intellectual Functioning; Adjustment with Mixed Emotional Disturbances by History; - Physician's order 7/14/25; Mirtazapine 30mg oral, Take one tablet by mouth at bedtime; 8/22/25 Risperidone 0.5mg, Take one tablet by mouth at bedtime Review on 12/2/25 of Client #2's MARs from September 1, 2025- November 30, 2025 revealed: - No staff initials for administration for Mirtazapine 30mg on 11/27/25; - No staff initials for administration for Risperidone 0.5mg on 11/7/25 and 11/27/25. Interview on 12/3/25 with Client #1 revealed: - Was administered medications daily. Interview on 12/3/25 with Client #2 revealed: - Was administered medications daily. Interview on 12/2/25 and 12/3/25 with the House Manager revealed: - Was responsible for the MARs; - Reviewed the MARs daily; - Had difficulty coordinating with Client #2's legal guardian, to have name on the client's medical releases to receive physician's orders for Client #2; - Contacted Client #2's legal guardian and requested she contacted the medical doctor to obtain physician's orders for Client #2.	V 118		

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V 118	Continued From page 5 Interview on 12/3/25 with the Qualified Professional revealed: - Checked the MARs every 2-3 days; - House Manager checked the MARs daily. Interview on 12/2/25 with the Owner revealed: - Attended Client #1's medical appointments but the medical office would not add provider to the release of information, so the provider can obtain medical records/physician's orders for Client #1; - Would continue to work with the legal guardians to obtain information for the clients.	V 118		
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.	V 120		

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V 120	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure all medications for external and internal use were stored separately for each client affecting 1 of 2 audit clients (Client #1). The findings are: Review on 12/3/25 of Client #1's record revealed: - Admission date 5/1/25; - Age 9 years old; - Diagnoses: Adjustment Disorder w/ Disturbance Conduct; Attention Deficit Hyperactivity Disorder, Combined Type - Physicians Order- Clotrimazole 1% cream, Apply topically 2 times a day for 14 days; Triamcinolone acetonide 0.1% cream, Apply topically 2 times a day for 7 days Observation on 12/2/25 at approximately 12:39pm of Client's #1 medications revealed: - Client #1's Clotrimazole 1% cream and Triamcinolone acetonide 0.1% cream were stored with Client #1's oral medication in zip lock bag. Interview on 12/2/25 with the Owner revealed: - Was not aware the medications could not be stored together; - She acknowledged that the medications needed to be separated and assured that they would be.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a	V 131		

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health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the North Carolina Health Care Personnel Registry (HCPR) was accessed prior to hire for 3 of 3 audited staff (#1, #2, #3) and the Qualified Professional. The findings are:

Review on 12/2/25 of Staff #1's personnel record revealed:
- Hire date 12/16/24;
- HCPR accessed on 12/31/24.

Review on 12/3/25 of Staff #2's personnel record revealed:
- Hire date 12/16/24;
- HCPR accessed on 12/31/24.

Review on 12/3/25 of the House Manager's personnel record revealed:
- Hire date 12/16/24;
- HCPR accessed on 12/31/24.

Review on 12/3/25 of the Qualified Professional's personnel record revealed:
- Hire date 12/16/24;
- HCPR accessed on 12/31/24.

Interview on 12/3/25 with the Owner revealed:
- Was responsible for HCPR checks;
- Completed the checks as part of the licensing

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V 131	Continued From page 8 process; - Staff did not start actually working until the first client was admitted in May 2025.	V 131		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings. This Rule is not met as evidenced by: Based on the record review and interviews, the facility failed to ensure it had at least one full time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:	V 295		

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V 295	Continued From page 9 Review on 12/3/25 of the facility's client staff census revealed: - Census was completed by the Owner; - Staff #1 was identified as the AP. Interview on 12/3/25 with Client #1 revealed: - Only seen Staff #1 on Sunday morning for church. Interview on 12/3/25 with Client #2 revealed: - Only seen Staff #1 on Sunday morning for church. Attempted interview on 12/3/25 with Staff #1 revealed: - Called Staff #1 but did not receive a call back before survey exit. Interview on 12/3/25 with Staff #2 revealed: - Identified the Owner as the AP; - "Not sure when [Staff #1] worked." Interview on 12/3/25 with the House Manager revealed: - "We don't have an AP at the time." Interview on 12/3/25 with the Qualified Professional revealed: - Staff #1 was the AP but a new AP was hired on 12/3/25. Interview on 12/3/25 with the Owner revealed: - Hired an AP today, 12/3/25.	V 295		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR	V 366		

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V 366	Continued From page 10 CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record;	V 366		

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V 366	Continued From page 11 (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following:	V 366		

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V 366	Continued From page 12 (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level I, II incidents affecting 1 of 2 audited clients (#2). The findings are: Review on 12/2/25 of the facility's incident reports for Client #2 from September 1, 2025- December 2, 2025 revealed: No incident reports or Risk/Cause/Analysis for: - Client #2's refusal of Mirtazapine 30mg (milligram) oral on 9/15/25; - Client #2 refusal of Risperidone 0.5mg on 9/15/25; - Client #2 refusal of Vyvanse 60mg on 9/15/25; 11/6/25, 11/12/25; - Client #2 refusal of Sertraline 50mg on 9/15/25, 11/6/25, 11/12/25; - Client #2 refusal of Atomoxetine HCL 40mg on	V 366		

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V 366	Continued From page 13 9/15/25;11/6/25, 11/12/25. Interview on 12/3/25 with the House Manager revealed: - Was not aware incident reported needed to be completed when a client refused a medication; - Planned to start completing incident reports when a client refused a medication. Interview on 12/3/25 with the Qualified Professional revealed: - Wrote in the MARs when a client refused a medication; - " We don't do anything else;" - Did not complete an incident report when a client refused a medication; - "I didn't realize it was an incident." Interview on 12/2/25 with the Owner revealed: - Worked on 11/6/25, when Client #2 refused medication, "I don't know why I didn't think to complete an incident report;" - Will make sure medication errors are documented.	V 366		