

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 12/19/2025. One complaint was substantiated (Intake #NC00234405) and one complaint was unsubstantiated (Intake #NC00234407). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children and Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 4 former clients.</p>	V 000		
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		

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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 reviews and interviews, the facility failed to ensure fire and disaster drills were conducted quarterly and repeated on each shift. The findings are:</p> <p>Review on 12/04/2025 of the facility's fire and disaster drills log from 01/01/2025 - 11/25/2025 revealed:</p> <ul style="list-style-type: none"> -There were no second shift (8 pm-8 am) fire and disaster drills for the first quarter from 01/01/2025-03/31/2025. -There were no first shift (8 am-8 pm) or second shift (8 pm-8 am) fire and disaster drills for the second quarter from 04/01/2025-06/30/2025. <p>Interview on 12/04/2025 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He lived at the facility since last December 2024. -"We do them (fire and disaster drills), but we have not done them in a month or two. We have not done them in awhile." <p>Interview on 12/04/2025 with Client #2 revealed:</p> <ul style="list-style-type: none"> -He lived at the facility for approximately one month. -"I have had them (fire and disaster drills) 2 times since I have been here." <p>Interview on 12/08/2025 with Staff #2 revealed:</p> <ul style="list-style-type: none"> -"Yes ma'am, [Executive Director] do them (fire and disaster drills). She is responsible for doing the drills on each shift." <p>Interview on 12/16/2025 with the Former Associate Professional revealed:</p> <ul style="list-style-type: none"> -"I don't remember doing them (fire and disaster drills)." <p>Interviews on 12/04/2025 and 12/19/2025 with the Qualified Professional/Licensee revealed:</p> <ul style="list-style-type: none"> -First shift was 8 am-8 pm and second shift was 8 	V 114		

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V 114	Continued From page 2 pm-8 am. -"Moving forward, we are going to do fire and disaster drills monthly on each shift. We have updated our form to account for that (ensuring that drills were completed each month and on each shift)."	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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	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 observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician affecting 2 of 2 Current Clients (#1 and #2) and 4 of 4 Former Clients (FC #3, #4, #5, and #6), failed to keep the MAR current affecting 2 of 2 Current Clients (#1 and #2) and 4 of 4 FCs (#3, #4, #5, and #6), and failed to ensure medications were available affecting 1 of 2 Current Clients (#1) and 3 of 4 FCs (#3, #5, and #6). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V120). Based on record reviews, observations and interviews, the facility failed to ensure medications were stored separately affecting 1 of 2 Current Clients (#1).</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V121). Based on records reviews and interviews, the facility failed to obtain drug regimen reviews every six months for 1 of 2 Current Clients (#1) who received psychotropic drugs.</p> <p>CROSS REFERENCE: 10A NCAC 27G .0209 Medication Requirements (V123). Based on record reviews and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 2 Current Clients (#1 and #2) and 4 of 4 FCs (#3, #4, #5, and #6).</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Finding #1:</p> <p>Review on 12/04/2025 of Client #1's record revealed: There were no physician orders for the following over-the-counter medications: -Milk of Magnesium (Constipation). -MiraLAX (Constipation). -Allergey Relief (Allergies). -Ibuprofen (Pain or Fever Reducer). -Pain Reliever (Pain Relief).</p> <p>There were no discontinue orders for: -Fluoxetine HCL 20 mg (Antidepressant). -Azstarys 52.3-10.4 mg (ADHD).</p> <p>Reviews on 12/04/2025 and 12/16/2025 of Client #1's MARs from 06/01/2025 - 11/30/2025 revealed: Client #1 was administered the following medications. A. There were no transcriptions for quantity: -Omeprazole 20 mg. -Aripiprazole 5 mg. -Fluoxetine HCL 20 mg. -Clonidine .2 mg. -Atomoxetine 100 mg. -Melatonin 10 mg. -Trazodone 100 mg.</p> <p>There was no transcription instructions for: -Hydrocortisone 2.5% Ointment.</p> <p>There was no transcription instructions, frequency, or quantity: -Hydroxyzine 50 mg from 09/01/2025-09/30/2025. -Dyanavel ER 5 mg from 11/01/2025-11/30/2025. -Cetirizine 10 mg from 06/01/2025-09/30/2025.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Client #1 had a total of 66 MAR transcription omissions. There was a handwritten note that Azstarys 52.3-10.4 mg was discontinued on 09/10/2025. There was a handwritten note that Fluoxetine HCL 20 mg was discontinued on 09/17/2025. Client #1 had a total of 12 medication doses with no staff initials for administration. Client #1 had a total of 142 medication doses not administered and documented with an "X" or circle around staff initials. Client #1 had a total of 16 medication doses unavailable at the facility for administration.</p> <p>Reviews on 12/04/2025 and 12/16/2025 of Client #1's MAR Comment Section from 06/01/2025 - 11/30/2025 revealed: The following over-the-counter medications were administered: -Milk of Magnesium on 06/03/2025 and 06/09/2025. -MiraLAX on 10/01/2025. -Allergey Relief on 09/24/2025 and 09/28/2025. -Ibuprofen on 09/28/2025 and 09/29/2025. -Pain Reliever on 10/28/2025 and 10/29/2025.</p> <p>Observation on 12/04/2025 at 3:12 pm of Client #1's medication container revealed: -Aripiprazole 5 mg, Fluoxetine HCL, Clonidine .2 mg, Atomoxetine 100 mg, Melatonin 10 mg, Hydroxyzine 50 mg, Trazodone 100 mg, Omeprazole 20 mg, Dyanavel ER 5 mg, Cetirizine 10 mg, Albuterol HFA 90 MCG, Hydrocortisone 2.5% Ointment, Ventolin HFA and Polyethylene Glycol were present.</p> <p>Finding #2:</p> <p>Reviews on 12/05/2025 and 12/12/2025 of Client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>There was a physician order dated 09/16/2025: -Abilify 5 mg (Antipsychotic)- Take 1 tab by mouth in the morning.</p> <p>There were no physician orders for: -Depakote ER 500 mg (Mood Stabilizer)- Take 2 tabs by mouth. -Trazodone 50 mg (Sleep Aid)- Take 1 tab by mouth.</p> <p>There were no physician orders for the following over-the-counter medications: -Ibuprofen (Pain or Fever Reducer). -Pepto Bismol (Stomach Ache). -Tussin DM (Dextromethorphan) (Cough Suppressant).</p> <p>Reviews on 12/05/2025 and 12/12/2025 of Client 2's MARS from 11/01/2025 - 11/30/2025 revealed: -Staff documented Client #1 was administered Depakote ER 500 mg on 11/01/2025-11/03/2025, 11/05/2025, 11/06/2025, 11/08/2025-11/10/2025, 11/15/2025-11/19/2025 and Trazodone 50 mg on 11/01/2025 - 11/13/2025, 11/15/2025-11/18/2025, and 11/21/2025-11/27/2025. -Staff documented an X and/or circle around staff initials to total 15 unadministered medication doses for Client #2.</p> <p>Reviews on 12/05/2025 and 12/12/2025 of Client #2's MAR Comment Sections from 10/29/2025 - 11/30/2025 revealed: The following over-the-counter medications were administered: -Ibuprofen on 11/01/2025 and 11/16/2025. -Pepto Bismol on 11/11/2025 and 11/29/2025. -Tussin DM on 11/16/2025.</p> <p>Observation on 12/05/2025 at 2:41 pm of Client #2's medication container revealed: -Abilify 5 mg, Depakote ER 500 mg and</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Trazodone 50 mg were present. -There were no over-the-counter medications present.</p> <p>Finding #3:</p> <p>Reviews on 12/08/2025 and 12/12/2025 of FC #3's record revealed: There were no physician orders for the following over-the-counter medications: -Ibuprofen (Pain or Fever Reducer). -MiraLAX (Constipation). -Tylenol (Pain Relief). -Clear lax (Constipation).</p> <p>Reviews on 12/08/2025 and 12/12/2025 of FC #3's MARs from 08/01/2025 - 11/30/2025 revealed: -Magnesium 100 mg- gummies were transcribed instead of tabs and was administered to FC #3 from 08/01/2025-08/30/2025. -Children's Multivitamin-Immune- gummies were transcribed instead of tabs and was administered to FC #3 from 08/01/2025-10/31/2025. FC #3 had a total of 1 medication dose with no staff initial for administration. FC#3 had a total of 37 medication doses not administered and documented with an "X=Not Given" or circle around staff initials. FC #3 had a total of 4 medication doses unavailable at the facility for administration.</p> <p>Reviews on 12/08/2025 and 12/12/2025 of FC #3's MAR Comment Sections from 08/01/2025 - 11/30/2025 revealed: The following over-the-counter medications were administered: -Ibuprofen on 08/07/2025, 08/07/2025. -MiraLAX on 08/23/2025, 09/12/2025 and 09/18/2025.</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>-Tylenol on 09/09/2025, 09/11/2025, 09/30/2025 and 10/25/2025. -Clear lax on 10/01/2025 and 10/02/2025.</p> <p>Finding #4:</p> <p>Review on 12/09/2025 of FC #4's record revealed: There were no physician order for the following over-the-counter medications: -Ibuprofen (Pain Relief or Fever Reducer).</p> <p>Reviews on 12/08/2025 and 12/12/2025 of FC #4's MARS from 08/01/2025 - 08/30/2025 revealed: A. There was no quantity for: -Amantadine HCL 100 mg. -Benzotropine 1 mg. -Bupropion HCL SR 150 mg. -Clonidine HCL .2 mg. -Desmopressin .2 mg. -Desvenlafaxine Succinate ER 100 mg. -Lamotrigine ER 200 mg. -Lurasidone 60 mg. -Oxybutynin Chloride 5 mg. -Cephalexin 500 mg.</p> <p>-Ibuprofen was transcribed on the MAR. Staff documented FC #4 was administered the above medications between 08/01/2025 and 08/30/2025. FC #4 had a total of 10 MAR transcription issues. FC #4 had a total of 275 medication doses with no staff initials for administration. FC #4 had a total of 7 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>Finding #5:</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>Review on 12/09/2025 of FC #5's record revealed: There were no physician order sfor the following over-the-counter medications: -Cold and Flu medication (Cold or Flu). -Pain Reliever 500 mg (Pain).</p> <p>Review on 12/09/2025 of FC #5's MARS from 08/01/2025 - 10/31/2025 revealed: A. There was no quantity for: -Clonidine .1 mg. -Atomoxetine 25 mg. -Risperidone 2 mg. -Oxcarbazepine 600 mg. -Melatonin 3 mg.</p> <p>There was no instructions for: -Clonidine .1 mg from 08/01/2025-08/30/2025</p> <p>There was no transcription for: -Melatonin 3 mg from 08/27/2025-08/30/2025.</p> <p>Staff documented FC #5 was administered the above medications between 08/01/2025 and 10/31/2025.</p> <p>FC #5 had a total of 15 MAR transcription omissions.</p> <p>FC #5 had a total of 12 medication doses with no staff initials for administration.</p> <p>FC #5 had a total of 38 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>FC #5 had a total of 17 medication doses unavailable at the facility for administration.</p> <p>Review on 12/09/2025 of FC #5's MAR Comment Sections from 08/01/2025 - 10/31/2025 revealed: The following over-the-counter medications were administered: -Cold and Flu medication on 10/24/2025. -Pain Reliever on 10/08/2025.</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>Finding #6:</p> <p>Review on 12/15/2025 of FC #6's record revealed: There were no physician orders for: -Cephalexin 500 mg (Antibiotic)- Take 1 cap by mouth twice a day for 7 days. -Clindamycin 300 mg (Antibiotic). -Chlorhexidine .12% (Antiseptic). -Dexamethasone 2 mg (Steroid). There were no physician orders for the following over-the-counter medications: -Cold and Flu medication (Cold or Flu). -Cough drops (Sore throat). -Vapor Rub (Congestion). -Acetaminophen (Pain or Fever Reducer). -Ibuprofen 400 mg (Pain or Fever Reducer). -Aleve (Pain or Fever Reducer). -Pepto Bismol (Stomach Ache).</p> <p>Review on 12/17/2025 of FC #6's MARS from 03/01/2025 - 08/30/2025 revealed: A. There was no quantity: -Hydroxyzine HCL 50 mg. -Melatonin 5 mg. -Propranolol HCL 20 mg. -Sertraline HCL 100 mg. -Cetirizine HCL 10 mg.</p> <p>FC #6 had a total of 30 MAR transcription omissions. FC #6 had a total of 10 medication doses with no staff initials for administration. FC #6 had a total of 97 medication doses not administered and documented with an "X=Not Given" or circle around staff initials. FC #6 had a total of 3 medication doses unavailable at the facility for administration.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Review on 12/17/2025 of FC #6's MAR Comment Section from 03/01/2025 - 08/30/2025 revealed: The following medications were documented as administered: -Cephalexin 500 mg on 04/25/2025-04/30/2025.. -Clindamycin 300 mg on 05/01/2025-05/03/2025. -Chlorhexidine .12% on 05/01/2025-05/10/2025. -Dexamethasone 2 mg on 05/01/2025-05/03/2025. The following over-the-counter medications were documented as administered: -Cold and Flu medication on 05/13/2025. -Cough drops on 04/22/2025 and 07/17/2025. -Vapor Rub on 04/21/2025, 04/28/2025. -Acetaminophen on 05/01/2025, 05/02/2025, 05/04/2025 -Ibuprofen 400 mg on 05/01/2025, 05/02/2025, 05/05/2025-05/09/2025, 05/12/2025-05/14/2025, 06/03/2025, 06/05/2025, 06/09/2025, 06/12/2025, 07/09/2025, 07/20/2025 and 08/25/2025. -Pepto Bismol on 05/13/2025 and 06/14/2025. -Aleve on 03/10/2025, 04/04/2025, 04/17/2025 and 04/19/2025.</p> <p>Interview on 12/08/25 with the Executive Director (ED) revealed: -"Me (ED) and [Qualified Professional/Licensee (QP/L)] is responsible (for the medication administration process)." -"I am not here every day. I am going between the 2 houses (facilities)."</p> <p>Interviews between 12/16/2025 and 12/19/2025 with the QP/L revealed: -"We are having trouble getting our hands on things (the facility's information) due to the move." -Was responsible for the medication administration process for the facility. -"Sometimes they (doctors) have why they take it (medications) and sometimes they don't."</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>- "Prior authorization is needed for the medication approval (through Medicaid). We could not get pass through medications (a few days' supply of medications given by the pharmacy)."</p> <p>- "I believe it means the med is not given (staff initials with a circle around it)."</p> <p>- "I will not typically purchase that (antipsychotic medications for clients) because insurance will cover it at 100% and we will not get reimbursed. We would purchase over the counter medications like Melatonin."</p> <p>- "I don't have record of it (documentation of medications purchased by the facility for the clients who were out of medications)."</p> <p>- "Medications should match the MAR, right time, right client."</p> <p>- "Staff have been trained and know how to document medication administration properly."</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 12/19/2025 of Plan of Protection dated 12/19/2025 written by the QP/L revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The immediate actions that will be done to ensure the safety of consumers will be to: V120: All oral, topical and refrigerated meds will be kept separate for each client at all times. V121: All med orders will be closely reviewed to ensure all required information is listed (medication, start/discontinuation date, dose, frequency, reason for client taking med, physician/prescriber signature, credentials and date). Med reviews will be completed to ensure that meds are needed and to discuss any adverse effects.</p>	V 118		

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V 118	<p>Continued From page 13</p> <p>All MARs will have detailed information listed for all meds to include (generic/brand name if applicable, dose, frequency, route, time to include (generic/brand name if applicable, dose, frequency, route, time etc.).</p> <p>V123: All MARs will be reviewed for accuracy, physician/prescriber to be contacted to discuss any adverse effects if meds are refused, out of stock and/or not given for any reason and clear documentation of these incidents and contacts made regarding this.</p> <p>V118: All meds administered in the facility will have an associated med order that includes all pertinent information. All MARs will be documented on correctly and reviewed for accuracy.</p> <p>Describe your plans to make sure the above happens.</p> <p>On 12/19/25 a staff memo will be sent requiring signature/date acknowledgement that they are aware of how to handle med errors, med documentation, storage of meds, required information for med orders if/when taking clients to appts and meds are added and/or changed. They will also be reminded of required information that should be on all MARs, who to contact if meds are out, not given or refused.</p> <p>V120: Additional lock boxes have been ordered and will be delivered to the facility between 7a-11a on 12/20 (2025). Staff will ensure that any topical/oral meds that are stored together are seperated at all times. On 12/18/25 ED & QP (QP/L) reviewed med boxes and only oral meds are in lock boxes at this time.</p> <p>V121: On 12/15/25 QP (QP/L) created a physician/prescriber order form that will be included in all new client intake packets and copies provided to the ED and additional copies to be included in client packets that are locked in the van for access when taking clients to appts.</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>6mo review appts will be scheduled for all clients to ensure that meds are reviewed by a physician and/or pharmacist. Providers will be notified within 24hrs if a med is out of stock, PA (Physician Assistant) is needed, med is refused and/or not given for any reason to inquire about adverse effects of the client not having a med. If awaiting for a med refill/PA or anything else that would prohibit the client from receiving meds the ED has been instructed to inquire with the pharmacy about receiving a limited supply that can be paid for by the facility until all issues are resolved and covered by medicaid.</p> <p>V118 & V123: ED will closely review MARs weekly for accuracy and notify the QP (QP/L) (via text or email) and all staff (via [Electronic communication portal]) of any issues immediately. ED & QP (QP/L) will ensure that all incident reports are completed. ED & QP (QP/L) will ensure that all clients admitted have med orders that are included on the facilities physician order form. ED & QP (QP/L) will make regular contact with providers and/or pharmacy to ensure all clients have their needed meds."</p> <p>The facility served clients diagnosed with Conduct Disorder, Oppositional Defiant Disorder, Posttraumatic Stress Disorder, Anxiety Disorder, and Borderline Intellectual Functioning Disorder. Staff administered medications to Clients #1, #2, and FCs' #3, #4, #5, and #6 without physician orders. There was a total of 54 combined missing physician orders for all clients. Clients #1, #2, and FCs #3, #4, #5, and #6 had a combined total of 336 medication doses not administered and documented with an X or circle around staff initials. Client #1, FCs #3, #4, #5, and #6 had a combined total of 310 medication doses with no staff initials for administration. Client #1, FCs' #3, #5, and #6 medications were not available at the</p>	V 118		
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V 118	Continued From page 15 facility for administration 40 times combined. Client #1, FCs #3, #4, #5 and #6 had a combined total of 121 MAR medication transcription errors. Client #1's internal and external medications were not kept separately. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	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. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure internal and	V 120		

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V 120	<p>Continued From page 16</p> <p>external medications were stored separately affecting 1 of 2 Current Clients (#1). The findings are:</p> <p>Review on 12/04/2025 of Client #1's record revealed: There were no physician's orders for: -Albuterol Hydrofluoroalkane (HFA) 90 Microgram (MCG) Inhaler (Asthma)- Inhale two puffs four times daily as needed for wheezing or shortness of breath. -Hydrocortisone 2.5% Ointment (Irritation)- Apply topically twice daily as needed for anal irritation.</p> <p>Observation on 12/04/2025 at approximately 3:14 pm of Client #1's medication box revealed: -Hydrocortisone; a medication for external use and Albuterol; a medication for internal use were stored in a plastic bag together.</p> <p>Interview on 12/19/2025 with the Qualified Professional/Licensee revealed: -"We ordered new med (medication) boxes to store those (external and internal meds) separately and this will be included in the staff memo as a reminder."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible</p>	V 121		

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V 121	<p>Continued From page 17</p> <p>for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p> <p>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to obtain drug regimen reviews every six months for 1 of 2 Clients (#1) who received psychotropic drugs. The findings are:</p> <p>Review on 12/04/2025 of Client #1's record revealed: -Physician's order dated 12/10/2024 for: -Aripiprazole 5 milligrams (mg) (Disruptive Mood Dysregulation Disorder)- Take 1 tablet (tab) by mouth at bedtime. There was no physician order for: -Dyanavel ER (Extended Release) 5 mg (Antipsychotic)- Take 1 tab by mouth every morning. -There was no evidence of a current six-month drug regimen review for Client #1. -There was no documentation of a current six-month drug regimen review for Client #1.</p> <p>Reviews between 12/04/2025 and 12/16/2025 of Client #1's MARs from 06/01/2025 - 11/25/2025 revealed: -Staff documented Client #1 was administered the above medications from 06/01/2025 -</p>	V 121		

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V 121	<p>Continued From page 18 11/25/2025.</p> <p>Interview on 12/19/2025 with the Qualified Professional/Licensee revealed: -She was not aware of the six-month client drug regimen review requirement. -She confirmed that Client #1 had not received a six-month drug regimen review by a pharmacist or physician. -"The Executive Director (ED) will schedule the six-month review with the physician or pharmacist."</p> <p>Interview on 12/08/2025 with the ED revealed: -She was not aware of the six-month client drug regimen review requirement. -She confirmed that Client #1 had not received a six-month drug regimen review by a pharmacist or physician. -"We have not done that (ensured the completion of a six-month drug regimen review by physician or pharmacist for Client #1)."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 121		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>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.</p>	V 123		

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V 123	<p>Continued From page 19</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 2 of 2 Clients (#1 and #2) and 4 of 4 Former Clients (FC #3, #4, #5, and #6). The findings are:</p> <p>Finding #1:</p> <p>Review on 12/04/2025 of Client #1's record revealed: The physician orders dated 12/10/2024: -Aripiprazole 5 milligrams (mg) (Disruptive Mood Dysregulation Disorder (DMDD))- Take 1 tablet (tab) by mouth at bedtime. -Fluoxetine HCL (Hydrochloride) 20 mg (Antidepressant)- Take 1 tab by mouth every day in the morning. -Clonidine .2 mg (Attention Deficit Hyperactivity Disorder (ADHD))- Take 1 tab by mouth twice daily. -Atomoxetine 100 mg (ADHD)- Take 1 capsule (cap) by mouth every morning. -Melatonin 10 mg (Sleep Aid)- Take 1 tab by mouth at bedtime. -Hydroxyzine 50 mg (Antidepressant)- Take 1 tab by mouth every morning. -Trazodone 100 mg (Sleep Aid)- Take 1 tab by mouth at bedtime. -Omeprazole 20 mg (Acid Reflux)- Tab 1 cap by mouth every morning. -Azstarys 52.3 mg-10.4 mg (ADHD)- Give 1 cap</p>	V 123		

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V 123	<p>Continued From page 20</p> <p>by mouth every morning. There were no physicians' orders for: -Dyanavel ER (Extended Release) 5 mg (Antipsychotic)- Take 1 tab by mouth every morning. -Cetirizine 10 mg (Allegeries)- Take 1 tab by mouth every day. -Albuterol Hydrofluoroalkane (HFA) 90 Microgram (MCG) Inhaler (Asthma)- Inhale 2 puffs four times daily as needed for wheezing or shortness of breath. -Hydrocortisone 2.5% Ointment (Irritation)- Apply topically twice daily as needed for anal irritation. -Ventolin HFA (Asthma)- Inhale 2 puffs by mouth every 4 hours as needed for wheezing/shortness of breath. -Polyethylene Glycol 3350 (Constipation)- Mix 17 GM in 8 oz of water or juice and drink daily as needed for constipation.</p> <p>Reviews between 12/04/2025 and 12/16/2025 of Client #1's MARs from 06/01/2025 - 11/30/2025 revealed: A. There were no staff initials for administration: -Melatonin 10 mg at 7 pm on 09/08/2025. -Omeprazole 20 mg at 7 am on 08/01/2025, 08/09/2025, 08/14/2025, 10/24/2025, 11/04/2025 and 11/06/2025. -Trazodone 100 mg at 7 pm on 6/21/2025. -Azstarys 52.3-10.4 mg at 7 pm on 06/22/2025 and 06/23/2025. -Hydroxyzine 50 mg at 7am 07/22/2025 and 08/01/2025. Client #1 had a total of 12 medication doses with no staff initials for administration.</p> <p>B.</p>	V 123		

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V 123	<p>Continued From page 21</p> <p>There was an "X= Not Given" and/or circle around staff initials specifying medications were not administered for:</p> <ul style="list-style-type: none"> -Azstarys 52.3-10.4 mg at 7 pm on 07/01/2025, 07/15/2025, 07/20/2025, 07/25/2025, 07/26/2025, 07/27/2025, 07/28/2025, 07/29/2025, 09/01/2025, 09/02/2025, 09/03/2025, 09/04/2025, 09/05/2025, 09/06/2025, 09/07/2025, 09/08/2025 and 09/09/2025. -Abilify 5 mg at 7 pm on 06/07/2025, 08/02/2025, 08/03/2025, 08/24/2025, 10/10/2025, 10/17/2025, 10/24/2025, 11/06/2025, 11/15/2025, 11/16/2025, 11/19/2025, 11/20/2025 and 11/21/2025. -Trazodone HCL 100 mg at 7 pm on 06/07/2025, 10/10/2025, 10/17/2025, 10/24/2025, 11/06/2025, 11/14/2025, 11/19/2025, and 11/20/2025. Melatonin 10 mg at 7 pm 06/07/2025, 10/10/2025, 10/17/2025, 10/24/2025, 11/06/2025, 11/14/2025, 11/19/2025 and 11/20/2025. -Atomoxetine 100 mg at 7 am on 07/01/2025, 07/20/2025, 09/01/2025, 09/02/2025, 09/03/2025, 09/06/2025, 09/08/2025, 09/17/2025, 09/20/2025, 10/01/2025, 10/02/2025, 10/03/2025, 10/04/2025, 10/05/2025, 10/11/2025, 10/25/2025, 11/07/2025, 11/08/2025 and 11/20/2025. -Dyanavel 5 mg at 7 am on 10/01/2025, 10/11/2025, 10/25/2025, 11/07/2025, 11/08/2025, 11/11/2025, 11/18/2025, 11/19/2025, 11/20/2025, 11/21/2025, 11/22/2025, 11/23/2025, 11/24/2025, and 11/25/2025. -Cetirizine 10 mg at 7am on 07/01/2025, 07/15/2025, 07/20/2025, 09/06/2025, 09/08/2025, 09/17/2025, 09/20/2025, 10/01/2025, 10/11/2025, 10/25/2025, 11/07/2025, 11/08/2025, 11/11/2025 and 11/20/2025. - Fluoxetine (Prozac) HCL 20 mg at 7 am on 07/01/2025, 07/15/2025 and 07/20/2025. -Omeprazole 20 mg at 7 am on 07/01/2025, 	V 123		

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V 123	<p>Continued From page 22</p> <p>07/15/2025, 07/20/2025, 09/01/2025, 09/02/2025, 09/03/2025, 09/06/2025, 09/08/2025, 09/17/2025, 09/20/2025, 10/01/2025, 10/02/2025, 10/03/2025, 10/04/2025, 10/05/2025, 10/06/2025, 10/11/2025, 10/25/2025, 11/01/2025, 11/07/2025, 11/08/2025, 11/11/2025 and 11/20/2025.</p> <p>-Clonidine HCL .2mg at 7 am on 09/06/2025, 09/08/2025, 09/17/2025, 09/18/2025, 09/20/2025, 10/10/2025, 10/11/2025, 10/25/2025; 7 pm on 10/10/2025, 10/17/2025 and 10/24/2025.</p> <p>-Hydroxyzine 50 mg at 7 am 09/06/2025, 09/08/2025, 09/17/2025, 09/20/2025, 10/01/2025, 10/11/2025, 10/15/2025, 10/25/2025, 11/07/2025, 11/08/2025, 11/11/2025 and 11/20/2025.</p> <p>Client #1 had a total of 142 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>C.</p> <p>There was no medication available at the facility for administration:</p> <p>-Abilify 5 mg at 7 pm on 08/25/2025, 11/09/2025, 11/11/2025, 11/12/2025, 11/13/2025, 11/14/2025, 11/16/2025, 11/17/2025 and 11/18/2025.</p> <p>-Cetirizine 10 mg at 7 am on 08/26/2025.</p> <p>-Fluoxetine 20 mg at 7 am on 08/26/2025.</p> <p>-Atomoxetine 100 mg at 7 am on 07/09/2025, 08/28/2025, 08/30/2025 and 10/02/2025.</p> <p>-Azstarys 52.3-10.4 mg at 7 am on 08/30/2025.</p> <p>Client #1 had a total of 16 medication doses unavailable at the facility for administration.</p> <p>Reviews between 12/04/2025 and 12/16/2025 of the facility's record revealed:</p> <p>-There was no evidence that Client #1's pharmacist or physician was immediately notified about the above medication errors.</p> <p>Finding #2:</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 23</p> <p>Reviews on 12/05/2025 and 12/12/2025 of Client #2's record revealed: -Admission date of 10/29/2025. -Diagnosed with ADHD and Oppositional Defiant Disorder (ODD). The Physician's orders dated 09/16/2025: -Abilify 5 mg (Antipsychotic)- Take 1 tab by mouth in the morning. There were no physician orders for: -Depakote ER 500 mg (Mood Stabilizer)- Take 2 tabs by mouth. -Trazodone 50 mg (Sleep Aid)- Take 1 tab by mouth.</p> <p>Reviews on 12/05/2025 and 12/12/2025 of Client #2's MARs from 10/29/2025 - 11/30/2025 revealed: A. There was an "X= Not Given" for: -Depakote ER 500 mg at 7 am on 11/24/2025. There was a circle around staff initials indicating medications were not administered for: -Abilify 5 mg at 7 am on 11/04/2025, 11/07/2025, 11/11/2025, 11/14/2025 and 11/20/2025. -Depakote ER 500 mg at 7 am on 11/04/2025, 11/07/2025, 11/11/2025, 11/14/2025 and 11/20/2025. -Trazodone 50 mg at 7 pm on 11/18/2025, 11/19/2025, 11/20/2025 and 11/28/2025. Client #2 had a total of 15 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>Reviews on 12/05/2025 and 12/12/2025 of the facility's record revealed: -There was no evidence that Client #2's pharmacist or physician was immediately notified about the above medication errors.</p> <p>Finding #3:</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 24</p> <p>Reviews on 12/08/2025 and 12/12/2025 of FC #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 07/18/2025. -Discharge date of 11/17/2025. -Diagnosed with ADHD, ODD, and Post Traumatic Stress Disorder (PTSD). <p>There were physicians' orders dated 07/16/2025 for:</p> <ul style="list-style-type: none"> -Risperidone .5 mg (Aggression)- Take 1 tab by mouth at bedtime (8 pm). -Fluoxetine 40 mg (Mood)- Take 1 cap by mouth in the morning (8 am). -Magnesium 100 mg (Sleep)- Take 2 tabs by mouth at bedtime (8 pm). -Risperidone .25 mg (Aggression)- Take 1 tab by mouth in the morning (8 am). -Atomoxetine 80 mg (Focus)- Take 1 cap by mouth in the morning at (8 am). -Children's Multivitamin-Immune (Supplement)- Take 1 tab by mouth at bedtime (8 pm). <p>There were no physicians' orders for the following over-the-counter medications:</p> <ul style="list-style-type: none"> -Ibuprofen (Pain/Fever Relief). -MiraLAX (Constipation). -Tylenol (Pain Relief). -Clear lax (Constipation). <p>Reviews on 12/08/2025 and 12/12/2025 of FC #3's MARs from 08/01/2025 - 11/30/2025 revealed:</p> <p>A.</p> <p>There were no staff initial for administration:</p> <ul style="list-style-type: none"> -Children's Multivitamin-Immune at 7 pm on 09/18/2025. <p>FC #3 had a total of 1 medication dose with no staff initial for administration.</p> <p>B.</p> <p>There was an "X= Not Given" and/or circle</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 25</p> <p>around staff initials specifying medications were not administered for:</p> <ul style="list-style-type: none"> -Risperidone .5 mg at 7 pm on 08/10/2025, 09/07/2025, 09/14/2025 and 09/15/2025. -Fluoxetine 40 mg at 7 am on 08/01/2025, 08/08/2025, 08/12/2025, 08/22/2025, 09/05/2025, 09/12/2025, 09/19/2025, 10/24/2025 and 11/12/2025. -Magnesium 100 mg at 7 pm on 08/10/2025, 09/14/2025 and 09/15/2025. -Risperidone .25 mg at 7 am on 08/01/2025, 08/08/2025, 08/12/2025, 08/22/2025, 10/24/2025 and 11/12/2025. -Atomoxetine 80 mg at 7 am on 08/01/2025, 08/08/2025, 08/12/2025, 08/22/2025, 09/05/2025, 09/12/2025, 09/19/2025, 09/24/2025, 09/26/2025, 10/24/2025 and 11/12/2025. -Children's Multivitamin-Immune at 7 pm on 08/10/2025, 09/07/2025, 09/14/2025 and 09/15/2025. <p>FC#3 had a total of 37 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>C.</p> <p>There were no medications available at the facility for administration:</p> <ul style="list-style-type: none"> -Children's Multivitamin-Immune at 7 pm on 09/27/2025. -Atomoxetine 80 mg at 7 am on 09/25/2025. -Magnesium 100 mg at 7 pm on 09/26/2025 and 09/27/2025. <p>FC #3 had a total of 4 medication doses unavailable at the facility for administration.</p> <p>Reviews on 12/05/2025 and 12/12/2025 of the facility's record revealed:</p> <ul style="list-style-type: none"> -There was no evidence that FC #3's pharmacist or physician was immediately notified about the above medication errors. 	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 26</p> <p>Finding #4:</p> <p>Review on 12/09/2025 of FC #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 05/30/2025. -Discharge date of 09/03/2025. -Diagnosed with DMDD, PTSD, Borderline Intellectual Functioning, ADHD, and Anxiety Disorder. <p>There were no physicians' orders for:</p> <ul style="list-style-type: none"> -Amantadine HCL 100 mg (ADHD)- Take 1 cap daily. -Benztropine 1 mg (Mood Stabilizer)- Take 1 tab daily. -Bupropion HCL SR 150 mg (Antidepressant)- Take 1 tab daily. -Clonidine HCL .2 mg (ADHD)- Take 1 tab at bedtime. -Desmopressin .2 mg (Fluid balance)- Take 1 tab at bedtime. -Desvenlafaxine Succinate ER 100 mg (Antidepressant)- Take 1 tab daily. -Lamotrigine ER 200 mg (Mood Stabilizer)- Take 1 tab twice daily. -Lurasidone 60 mg (Antipsychotic)- Take 1 tab in the in the pm. -Oxybutynin Chloride 5 mg (Overactive Bladder)- Take 1 tab at bedtime. -Cephalexin 500 mg (Antibiotic)- Take 2 times a day for 7 days. <p>Reviews on 12/08/2025 and 12/12/2025 of FC #4's MARS from 08/01/2025 - 08/30/2025 revealed:</p> <p>A.</p> <p>There were no staff initials for administration:</p> <ul style="list-style-type: none"> -Amantadine HCL 100 mg at 7 am on 08/04/2025 and 08/07/2025 - 08/30/2025. -Benztropine 1 mg at 7 am on 08/04/2025 and 	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 27</p> <p>08/07/2025 - 08/30/2025.</p> <p>-Bupropion HCL SR 150 mg at 7 am on 08/04/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Clonidine HCL .2 mg at 7 pm on 08/03/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Desmopressin .2 mg at 7 pm on 08/03/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Desvenlafaxine Succinate ER 100 mg at 7 am on 08/04/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Lamotrigine ER 200 mg at 7 pm on 08/03/2025 and 7 am on 08/04/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Lurasidone 60 mg at 7 pm on 08/03/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Lurasidone 40 mg at 7 am on 08/04/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Oxybutynin Chloride 5 mg at 7 pm on 08/03/2025 and 08/07/2025 - 08/30/2025.</p> <p>-Cephalexin 500 mg at 7 am on 08/04/2025, 08/05/2025, 08/06/2025 and at 7 pm on 08/03/2025, 08/05/2025, 08/06/2025 and 08/07/2025.</p> <p>FC #4 had a total of 275 medication doses with no staff initials for administration.</p> <p>B.</p> <p>There was an "X= Not Given" and/or circle around staff initials specifying medications were not administered for:</p> <p>-Amantadine HCL 100 mg at 7 am on 08/01/2025.</p> <p>-Benzotropine 1 mg at 7 am on 08/01/2025.</p> <p>-Bupropion HCL SR 150 mg at 7 am on 08/01/2025.</p> <p>-Desvenlafaxine Succinate ER 100 mg at 7 am on 08/01/2025.</p> <p>-Lamotrigine ER 200 mg at 7 am on 08/01/2025.</p> <p>-Lurasidone 40 mg at 7 am on 08/01/2025.</p> <p>-Cephalexin 500 mg at 7 am on 08/01/2025.</p> <p>FC #4 had a total of 7 medication doses not</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 28</p> <p>administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>Reviews on 12/08/2025 and 12/12/2025 of the facility's record revealed: -There was no evidence that FC #4's pharmacist or physician was immediately notified about the above medication errors.</p> <p>Finding #5:</p> <p>Review on 12/09/2025 of FC #5's record revealed: -Admission date of 08/26/2025. -Discharge date of 11/17/2025. -Diagnosed with DMDD, ADHD, and ODD. There were no physician orders or discontinue orders for: -Clonidine .1 mg (ADHD)- Take 1 tab by mouth three times daily. -Atomoxetine 25 mg (ADHD)- Take 1 capsule by mouth daily. -Risperidone 2 mg (Antipsychotic)- Take 1 tab by mouth twice daily. -Oxcarbazepine 600 mg (Mood Stabilizer)- Take 1 tab by mouth twice daily. -Melatonin 3 mg (Sleep Aid)- Take 2 tabs by mouth at bedtime. -Polyethylene Glycol 3350 (Constipation).</p> <p>Review on 12/09/2025 of FC #5's MARS from 08/01/2025 - 10/31/2025 revealed: A. There were no staff initials for administration: -Clonidine .1 mg at 7 am on 08/27/2025, 08/28/2025, 08/29/2025, 09/01/2025, and 09/02/2025. -Risperidone 2 mg at 7 pm on 09/15/2025, 09/19/2025 and 09/21/2025. -Oxcarbazepine 600 mg at 7pm on 09/17/2025,</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 29</p> <p>09/22/2025, 09/27/2025 and 09/29/2025. FC #5 had a total of 12 medication doses with no staff initials for administration.</p> <p>B. There was an "X= Not Given" and/or circle around staff initials specifying medications were not administered for: -Atomoxetine 25 mg at 7 am on 09/05/2025, 09/12/2025, 09/19/2025, 09/28/2025, 09/29/2025, 09/30/2025 and 10/24/2025. -Oxcarbazepine 600 mg at 7 am on 09/05/2025, 09/12/2025, 09/19/2025, 09/28/2025, 09/29/2025, and 09/30/2025; 7 pm on 09/07/2025, 09/14/2025, 09/15/2025, 09/28/2025, 09/30/2025 and 10/24/2025. -Clonidine .1 mg at 7 am on 09/05/2025, 09/12/2025 and 09/19/2025; 1 pm on 09/07/2025, 09/14/2025, 09/15/2025 and 10/24/2025. -Risperidone 2 mg at 7 am on 09/05/2025, 09/12/2025, 09/19/2025 and 10/24/2025; 1 pm on 09/07/2025, 09/14/2025, 09/28/2025, and 09/30/2025; 7 pm on 09/07/2025, 09/14/2025, 09/30/2025 and 10/24/2025. FC #5 had a total of 38 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>C. There were no medications available at the facility for administration: -Melatonin 3 mg at bedtime on 08/28/2025, 08/30/2025, 09/01/2025 and 09/02/2025. -Oxcarbazepine 600 mg at 7 am on 10/01/2025 and 10/02/2025. -Clonidine .1 mg at 7 am on 10/02/2025, 3 pm on 10/01/2025, 7 pm on 10/01/2025. -Risperidone 2 mg at 7 am on 10/01/2025, 10/02/2025, 10/03/2025; 3 pm on 10/01/2025, 10/02/2025 and 10/03/2025.</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 30</p> <p>-Atomoxetine 25 mg at 7 am on 10/01/2025 and 10/02/2025. FC #5 had a total of 17 medication doses unavailable at the facility for administration.</p> <p>Review on 12/09/2025 of the facility's record revealed: -There was no evidence that FC #5's pharmacist or physician was immediately notified about the above medication errors.</p> <p>Finding #6:</p> <p>Review on 12/15/2025 of FC #6's record revealed: -Admission date of 07/31/2024. -Discharge date of 09/04/2025. -Diagnosed with PTSD and Adjustment Disorder. There were physician orders dated 04/16/2025 for: -Hydroxyzine HCL 50 mg (Antidepressant)- Take 1 tab by mouth every day at bedtime. -Melatonin 5 mg (Sleep Aid)- Take 1 tab by mouth daily in the evening. -Propranolol HCL 20 mg (Mood Stabilizer)- Take 1 tab by mouth 2 times per day. -Sertraline HCL 100 mg (Anxiety)- Take 1 tab by mouth daily in the am. There was no physician orders for: -Cetirizine HCL 10 mg (Allergies)- Take 1 tab by mouth.</p> <p>Review on 12/17/2025 of FC #6's MARS from 03/01/2025 - 08/31/2025 revealed: A. There were no staff initials for administration: -Hydroxyzine HCL 50 mg at 7 pm on 04/21/2025, 7/19/2025 and 07/21/2025. -Melatonin 5 mg at 7 pm on 04/21/2025, 06/21/2025 and 07/21/2025.</p>	V 123		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 31</p> <p>-Propranolol HCL 20 mg at 7 am on 04/04/2025 and 7 pm on 04/09/2025.</p> <p>-Cetirizine HCL 10 mg at 7am on 04/04/2025.</p> <p>-Sertraline HCL 100 mg at 7 am on 04/04/2025.</p> <p>FC #6 had a total of 10 medication doses with no staff initials for administration.</p> <p>B.</p> <p>There was an "X= Not Given" and/or circle around staff initials specifying medications were not administered for:</p> <p>-Hydroxyzine HCL 50 mg at 7 am on 05/16/2025, 05/17/2025, 05/23/2025, 05/30/2025; 7 pm on 04/13/2025, 04/14/2025, 04/16/2025, 04/17/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/24/2025, 04/25/2025, 04/26/2025, 04/28/2025, 04/30/2025, 05/04/2025, 05/11/2025, 06/22/2025, 07/06/2025, 07/12/2025, 07/13/2025 and 08/10/2025.</p> <p>-Melatonin 5 mg at 7 pm on 04/13/2025, 04/14/2025, 04/16/2025, 04/17/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/24/2025, 04/25/2025, 04/26/2025, 04/28/2025, 04/30/2025, 06/22/2025, 06/23/2025, 07/12/2025, 07/13/2025 and 08/10/2025.</p> <p>-Propranolol HCL 20 mg at 7 am on 03/03/2025, 03/04/2025, 03/26/2025, 03/29/2025, 05/16/2025, 05/17/2025, 05/23/2025, 05/30/2025; 7 pm on 04/13/2025, 04/14/2025, 04/16/2025, 04/17/2025, 04/18/2025, 04/19/2025, 04/20/2025, 04/24/2025, 04/25/2025, 04/26/2025, 04/28/2025, 04/30/2025, 05/04/2025, 05/11/2025, 06/22/2025, 06/26/2025, 07/12/2025, 07/13/2025, 08/01/2025, 08/12/2025 and 08/22/2025.</p> <p>-Sertraline HCL 100 mg at 7 am on 06/06/2025, 06/13/2025, 06/19/2025, 06/22/2025, 06/23/2025, 06/24/2025, 06/27/2025, 06/28/2025,08/01/2025, 08/12/2025 and 08/22/2025.</p> <p>-Cetirizine HCL 10 mg at 7am 03/15/2025, 03/16/2025, 03/17/2025, 03/26/2025, 03/29/2025, 06/06/2025, 06/13/2025, 06/19/2025, 06/22/2025,</p>	V 123		

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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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V 123	<p>Continued From page 32</p> <p>06/23/2025, 06/24/2025, 06/27/2025, 06/28/2025, 08/01/2025, 08/12/2025, 08/27/2025 and 08/29/2025.</p> <p>FC #6 had a total of 97 medication doses not administered and documented with an "X=Not Given" or circle around staff initials.</p> <p>C.</p> <p>There were no medications available at the facility for administration:</p> <ul style="list-style-type: none"> -Melatonin 5 mg at 7 pm on 06/24/2025. -Centrizine HCL 10 mg at 7am on 08/26/2025 and 08/28/2025. <p>FC #6 had a total of 3 medication doses unavailable at the facility for administration.</p> <p>Review on 12/09/2025 of the facility's record revealed:</p> <ul style="list-style-type: none"> -There was no evidence that FC #6's pharmacist or physician was immediately notified about the above medication errors. <p>Interview on 12/19/2025 with the Qualified Professional/Licensee revealed:</p> <ul style="list-style-type: none"> -Did not notify the pharmacist or physican about the facility's medication errors. -"The physician will be notified if a client has not had a med (medication) or refused a med. This will be documented and we will follow the provider's instruction." <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 123		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P	V 295		

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V 295	<p>Continued From page 33</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS</p> <p>(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).</p> <p>(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:</p> <p>(1) management of the day to day day-to-day operations of the facility;</p> <p>(2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and</p> <p>(3) participation in service planning meetings.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to employ an Associate Professional (AP) who provided services to the facility on a full-time basis. The findings are:</p> <p>Review on 12/04/2025 of the facility's Client and Staff Census form revealed: -There was no AP listed as a current employee/staff. -The Former AP was listed as a former employee/staff.</p> <p>Review on 12/16/2025 of the Former AP's</p>	V 295		

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V 295	<p>Continued From page 34</p> <p>personnel record revealed: -Date of Hire: 12/03/2024. -Separation date: 11/07/2025. -There was a AP Job description signed and dated 09/08/2025 by the Former AP.</p> <p>Interview on 12/08/2025 with Staff #2 revealed: -"I think she (AP) left in November (2025)."</p> <p>Interview on 12/16/2025 with the Former AP revealed: -She resigned as the AP for the facility in November (2025).</p> <p>Interviews on 12/05/2025 and 12/19/2025 with the Qualified Professional/Licensee revealed: -"My AP (Former AP) just quit not that long ago (2 to 3 weeks ago)." -"I have extended an offer (employment offer for the AP position) and it has been accepted."</p>	V 295		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for</p>	V 296		

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V 296	<p>Continued From page 35</p> <p>nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure the minimum staffing ratio of 2 staff for up to 4 adolescents while they are asleep or awake. The findings are:</p>	V 296		

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V 296	<p>Continued From page 36</p> <p>Observation on 12/04/2025 at approximately 2:49 pm revealed: -Staff #2 entered the facility with Clients' #1 and #2.</p> <p>Interview on 12/04/2025 with Client #1 revealed: -"There used to be only 1 (staff), but since we got more people we got like 3 staff now. There are usually 2 or 3 staff here."</p> <p>Interview on 12/04/2025 with Client #2 revealed: -"When there were 3 kids (Clients) here there was 3 (staff), but now that there are 2 kids there is 2 staff." -"At night-time there is 2 (staff)."</p> <p>Interview on 12/16/2025 with the Former Associate Professional revealed: -"It is supposed to be 2 staff at all times." -"There have been situations where there has been only 1 staff."</p> <p>Interview on 12/19/2025 with the Qualified Professional/Licensee revealed: -"We will ensure that we have 2 staff transporting clients unless it is stated otherwise in their plan of care."</p>	V 296		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR 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</p>	V 366		

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V 366	<p>Continued From page 37</p> <p>of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The</p>	V 366		

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V 366	<p>Continued From page 38</p> <p>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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility</p>	V 366		

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V 366	<p>Continued From page 39</p> <p>for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>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 and II incidents. The findings are:</p> <p>Reviews on 12/04/2025 and 12/08/2025 of the facility's incident reports from 06/01/2025 - 11/25/2025 revealed:</p> <p>-6/09/2025; Former Client (FC) #7's AWOL (absence without leave) with police contact incident.</p> <p>-6/17/2025; FC #8's aggressive behavior with police contact incident.</p> <p>-6/21/2025; FC #7's AWOL with police contact incident.</p> <p>-6/20/2025; FC #7's aggressive behavior with police contact incident.</p> <p>-08/03/2025; FC #4's refusal of medications incident.</p> <p>-08/28/2025; FC #5's medications unavailable for administration incident.</p> <p>-08/29/2025; FC #5's medications unavailable for administration incident.</p> <p>-08/30/2025; FC #5's medications unavailable for administration incident.</p>	V 366		

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V 366	<p>Continued From page 40</p> <p>-08/31/2025; FC #5's medications unavailable for administration incident.</p> <p>-09/02/2025; FC #5's medications unavailable for administration incident.</p> <p>-09/18/2025; FC #5's verbal altercation, destruction of staff's property and physical restraint incident.</p> <p>-09/22/2025; FC #5's physical altercation with FC #3 incident.</p> <p>-09/22/2025; FC #3's physical assault on staff incident.</p> <p>-09/24/2025; FC #3's medication unavailable for administration incident.</p> <p>-09/25/2025; FC #3's medication unavailable for administration incident.</p> <p>-09/26/2025; FC #3's medication unavailable for administration incident.</p> <p>-09/28/2025; FC #5's medications unavailable for administration incident.</p> <p>-09/29/2025; FC #5's medications unavailable for administration incident.</p> <p>-10/05/2025; FC #5's missed medication dose incident.</p> <p>-10/12/2025; FC #10's property destruction and physical escort incident.</p> <p>-11/06/2025; FC #5's medication unavailable for administration incident.</p> <p>-11/03/2025; FC #9's medication refusal incident.</p> <p>-11/09/2025; Client #1's medication unavailable for administration incident.</p> <p>-11/10/2025; Client #1's medication unavailable for administration incident.</p> <p>-11/10/2025; FC #9's verbal aggression and property destruction incident.</p> <p>-11/11/2025; FC #9's medication refusal incident.</p> <p>-11/12/2025; Client #1's medication unavailable for administration incident.</p> <p>-11/13/2025; Client #1's medication unavailable for administration incident.</p> <p>-11/15/2025; FC #9's medication refusal incident.</p>	V 366		

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V 366	<p>Continued From page 41</p> <ul style="list-style-type: none"> -11/16/2025; Client #1's medication unavailable for administration incident. -11/18/2025; Client #1's medication unavailable for administration incident. -11/18/2025; Client #1's physical altercation with Client #2 incident. -11/19/2025; Client #1's medication unavailable for administration incident. -11/21/2025; Client #1's medication unavailable for administration incident. -11/24/2025; Client #2's medication unavailable for administration incident. -11/26/2025; Client #1's medication unavailable for administration incident. <p>Reviews on 12/04/2025 and 12/08/2025 of the facility's records revealed: There was no Risk Cause Analysis (RCA) documentation for the above incidents from 06/01/2025 - 09/29/2025 to demonstrate how the facility:</p> <ul style="list-style-type: none"> -Attended to the health and safety needs of the individuals involved in the incident. -Determined the cause of the incident. -Developed/implemented corrective measures. -Developed/implemented measures to prevent similar incidents. -Assigned persons to be responsible for implementation of the corrections and preventive measures. <p>Interview on 12/19/2025 with the Qualified Professional (QP)/Licensee (L) revealed: -"I will review the rule to ensure I have understanding of the requirement, and I will create an updated incident report to ensure the seven aspects are addressed adequately."</p> <p>Interview on 12/08/2025 with the Executive Director revealed:</p>	V 366		

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V 366	Continued From page 42 -"[QP/L] handles all of that. I am not aware (of the RCA rule requirement for incidents)."	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/19/2025
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NAME OF PROVIDER OR SUPPLIER ADRIENNE'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 120 TODD DRIVE NW CONCORD, NC 28025
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(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 367	<p>Continued From page 43</p> <p>erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p>	V 367		

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V 367	<p>Continued From page 44</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II incidents in the Incident Response Improvement System (IRIS), failed to notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided as required and failed to submit to the LME/MCO upon request other information regarding the incident. The findings are:</p> <p>Review on 12/04/2025 of the facility's incident reports from 06/01/2025 - 11/25/2025 revealed: The following IRIS reports had the incomplete submission code "1/1/0001": -6/09/2025; Former Client (FC) #7's AWOL (absence without leave) with police contact incident. -6/17/2025; FC #8's aggressive behavior with police contact incident. -6/21/2025; FC #7's AWOL with police contact incident. -6/20/2025; FC #7's aggressive behavior with police contact incident.</p>	V 367		

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V 367	<p>Continued From page 45</p> <p>Reviews on 12/04/2025 of IRIS revealed: -There was no IRIS reports submitted in the IRIS system for the above incidents.</p> <p>Review on 12/04/2025 of an IRIS Report dated 11/27/2025 for FC #6 revealed: -The incident occurred on 11/24/2025. -The provider learned of the incident on 11/24/2025. -LME/MCO comments dated 11/27/2025: "Please resubmit within 5 days of the date of this notification."1. Upload DSS Disposition letter regardless of whether or not DSS opts to investigate this allegation; 2. Upload copy of internal investigative report upon completion; 3. What steps have been taken or protocols put in place to ensure situations such as this do not occur and/or to eliminate the possibility of male staff being in situations where such allegations can be made?" -The facility partially updated the IRIS report at the request of the LME/MCO on 7/27/2025: "Incident report re-submitted to include completed investigation report for HCPR staff allegation. Corrected facility name from [A Sister Facility] to Adrienne's House which is the accurate facility name for this report."</p> <p>Interview on 12/19/2025 with the Qualified Professional (QP)/Licensee (L) revealed: -"I will double check the submission of all IRIS reports. I will ensure that I follow-up with LME/MCO to make sure I am not missing any of the information."</p> <p>Interview on 12/08/2025 with the Executive Director revealed: -"[QP/L] handles all of that (IRIS reports submissions and follow-ups). She handles a majority of the paperwork."</p>	V 367		

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V 367	Continued From page 46 This deficiency constitutes a recited deficiency.	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 12/04/2025 at approximately 12:40 pm - 12:50 pm of the facility revealed: Client #1's bedroom: -A plastic nightstand with a broken frame and 4 dressers stacked upright on the floor. Client #1's closet: -A black dresser with a broken frame.</p> <p>Interview on 12/04/2025 with Client #1 revealed: -Another client broke the dressers in his room. -The dresser had been broke for a long period of time.</p> <p>Interview on 12/08/2025 with Staff #2 revealed: -Client #1's dresser has been broken since the facility re-opened. -"So, about 2 weeks max (maximum). That's like his fourth dresser that needed to be replaced."</p> <p>Interview on 12/19/2025 with the Qualified Professional/Licensee revealed: -"We will make sure we replace everything as</p>	V 736		

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V 736	Continued From page 47 soon as possible once management is made aware."	V 736		