

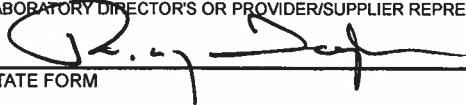
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2025
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NAME OF PROVIDER OR SUPPLIER INWARD BOUND	STREET ADDRESS, CITY, STATE, ZIP CODE 4825 FARMVIEW DRIVE MONROE, NC 28110
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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 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 11/19/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current 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: Based on record review and interviews, the facility failed to have completed fire and disaster drills held at least quarterly and repeated on each</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
President

(X6) DATE
12-15-25

STATE FORM

6899 6SVJ11

If continuation sheet 1 of 6

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DHSR-MH Licensure Sect

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V 114	Continued From page 2 Interview on 11/19/25 with Staff #2 revealed: - Completed fire and disaster drills once a month; - Completed a fire drill in September 2025 during shift. Interview on 11/19/25 with Staff #3 revealed: - Completed fire and disaster drills twice a month; - Completed a fire drill a few weeks ago. Interview on 11/19/25 with the Associate Professional revealed: - Was responsible for making sure fire and disaster drills were being completed; - Completed a fire and disaster drills once a month and rotated the shifts to cover each shift. - Completed the fire and disaster drill at the same time; - Planned to start documenting both fire and disaster drills.	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	V 118		

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V 118	<p>Continued From page 3</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that medication was administered on the written order of a physician and failed to keep the MAR current affecting 2 of 3 audit clients (#2, #3). The findings are:</p> <p>Review on 11/18/25 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date 10/30/24; - Age 14 years old; - Diagnoses: Attention Deficit Hyperactivity Disorder, Autistic Disorder, Conduct Disorder, Childhood-Onset Type; - Physician's Orders- <ul style="list-style-type: none"> - dated 10/9/02- Qelbree ER (extended release) 200mg (milligram) (ADHD), Take 2 tablets daily at night; - dated 7/29/25- Risperidone 0.5mg (Autism), Take 1 tablet daily at night; Clonidine HCL 0.1mg 	V 118	<p>The facility Nurse will oversee the MAR to ensure that it is filled out correctly. The Nurse will check Medications at least once a month to make sure things are administered properly as well as documented.</p>	11/20/25

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V 118	<p>Continued From page 4</p> <p>(ADHD), Take 2 tablets daily at night; - No Physician's Order- Risperidone 1mg, Take 1 tablet at bedtime, Clonidine HCL 0.3mg, Take 1 tablet at night.</p> <p>Review on 11/18/25 of Client #3's record revealed: - Admission date 8/15/25; - Age 13 years old; - Diagnoses: Attention Deficit Hyperactivity Disorder; - Physician Order dated 8/22/25 Trazodone 50mg, Take 1.5 (75mg) tablets at bedtime as needed for sleep.</p> <p>Review on 11/13/25 of Client #2's MAR August 1,- November 13, 2025 revealed: - September- Risperidone 0.5mg, discontinued on 9/12/25 and started Risperidone 1mg; - September-Clonidine HCL 0.1mg, discontinued on 9/12/25 and started Clonidine .3 (0.3mg); - October- Clonidine HCL 0.3mg; - October-Qelbree 100 +200 mg, take two tablets at night, there was no new change on the MAR for the new physician order dated 10/9/25.</p> <p>Review on 11/18/25 of Client #3's MAR from August 15,- November 13, 2025 revealed under the Medications column: - August-Trazodone 50 mg, take 1 at night; - September- Trazodone 500mg, take 1 at night; - October- Trazodone 500mg, take 1 at night; - November- Take 1 ½ (75mg) daily at night.</p> <p>Interview on 11/13/25 with Client #2 revealed: - Received medications daily.</p> <p>Interview on 11/18/25 with Client #3 revealed: - Received medications daily.</p>	V 118		

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V 118	Continued From page 5 Interview on 11/18/25 with the Qualified Professional revealed: - Was responsible for the MARs; - Updated the MARs when there was a medication change or a new medication; - Checked the MARs daily. Interview on 11/19/25 with the Owner revealed: - "I'm going to start completing the MARs myself."	V 118			