

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ANDERSON HEALTH SERVICES-SIMMONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1915-C HASTY ROAD MARSHVILLE, NC 28103</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 3/17/26. The complaint were unsubstantiated (intake #NC00234840. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 12 and has a current census of 6. The survey sample consisted of audits of 6 current clients and 3 former clients.</p>	V 000		
V 119	<p><b>27G .0209 (D) Medication Requirements</b></p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return</p>	V 119		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 119	<p>Continued From page 1</p> <p>to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to dispose of all prescription and non-prescription medication in a manner that guards against diversion or accidental ingestion for six of six clients (#1, #2, #3, #4, #5, and #6) and one of three former clients (FC #5). The findings are:</p> <p>Observation on 3/13/26 at approximately 3:33pm of the facility's medication cart revealed: Finding #1 The following over-the-counter (OTC), as needed (PRN) medications: -Oral Anesthetic (sore throat spray), 6 fluid ounces (fl. oz.), generic brand, cherry flavor; drug information, instructions, lot number, and expiration date 09/25 (September 2025) on back label of clear plastic spray top bottle. -Dextromethorphan Guaifenesin (cough suppressant expectorant), 4 fl. oz., generic brand, handwritten in black ink "9/25/25" on front label and "opened 9/25/25" on side of back label; drug information, instructions, lot number, and expiration date 2026/02 (February 2026) on back label of dark brown plastic bottle with white cap. -Milk of Magnesia (laxative), 16 fl. oz., generic brand; drug information, instructions, lot number, and expiration 2025/08 (August 2025) on back label of blue plastic bottle with white cap.</p>	V 119		

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V 119	<p>Continued From page 2</p> <p>-Hydrogen Peroxide (antiseptic), 32 fl. oz., generic brand; back label with drug information, instructions; lot number, and expiration date 02/2020 (February 2020) on upper back of brown plastic bottle with white cap.</p> <p>-[Drug Disposal System], 16 oz., handwritten in black ink "[cottage name];" back label with drug information, instructions; lot number, and expiration date 2/19/24 on upper back of white plastic bottle with white cap.</p> <p>Finding #2 The following OTC medication for FC #5: -Benzoyl Peroxide Gel (acne medication), 5% gel, 1.5 oz., generic brand in pinkish-red box with white writing; medication information, pharmacy details, FC #5's information, instruction to "apply to acne twice a day," use by date 04/02/25, and expiration date 10/04/25 on the pharmacy's stick label on the back of the package.</p> <p>Interview on 3/6/26 with the facility's Registered Nurse (RN) revealed: -Clients' PRN medications were not in the clients' individual medication boxes. -PRN medications were kept in the medication cart in each cottage. -A PRN form is signed at admission to allow for the administration of OTC medications as needed.</p> <p>Interview on 3/13/26 with the Nurse Practitioner/Clinician revealed: -Was the nursing supervisor for the facility. -"Anyone of the nurses is responsible for disposal (medication)." -"We (RNs) do weekly medication reviews for refills and check over-the-counter medications about once monthly." -RNs assigned to each cottage reviewed OTC</p>	V 119		

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V 119	Continued From page 3  medications monthly and disposed of medications by the end of the month. -FC #5 had been discharged from the facility. -"[FC #5], that (acne medication) was a long time ago. He (FC #5) is no longer here." -Had no explanation for why the medications had not been disposed.  Interview on 3/13/26 and 3/17/26 with the Chief Agency Director revealed: -Was not aware prescription and non-prescriptions had not been disposed. -The disposal of medications was the responsibility of facility RNs. -"That (medication disposal) should have been something that was already done."	V 119		
V 525	27E .0104(e17) Client Rights - Sec. Rest. & ITO  10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL (e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including: (A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A; (B) an investigation of any unusual or possibly unwarranted patterns of utilization; and (C) documentation of the following shall be maintained on a log: (i) name of the client; (ii) name of the responsible professional;	V 525		

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V 525	<p>Continued From page 4</p> <p>(iii) date of each intervention; (iv) time of each intervention; (v) type of intervention; (vi) duration of each intervention; (vii) reason for use of the intervention; (viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used; (ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and (x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a log of all restrictive interventions, conduct reviews and reports on any and all use of restrictive interventions including a regular review by a designee of the governing body and review by the Client Rights Committee. The findings are:</p> <p>Review on 3/6/26 of the Incident Response Improvement System (IRIS) from 12/1/25 to 3/6/26 revealed: -12/19/25, submitted 12/19/25, "Consumer (client #6) became upset by another consumer looking at him at the door. Consumer then stated that he was upset and was going to pull the fire alarm. He attempted to leave his assigned area at the time and was redirected by staff. After being redirected the consumer escalated his behavior by pulling down, the Christmas tree, attempting to pull the fire alarm and become physically aggressive towards</p>	V 525		

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V 525	<p>Continued From page 5</p> <p>staff. He was placed in a restrictive intervention (RI) at 12:35pm due to him becoming a risk to the safety of himself, other consumers and staff. Staff was able to process with the consumer, and he returned to baseline at 12:38 pm."</p> <p>-1/20/26, submitted 1/21/26 "On 1/21/2026, Consumer (client #6) was verbally aggressive towards other consumers. He was prompted by staff to stop using profanity and making threats, he disregarded all attempts to diffuse the situation. Consumer escalated his behavior by throwing items which hit staff and other consumers. When the consumer was prompted again, he became a risk to himself, staff and other consumers by knocking down items in the cafeteria and showing continuous signs of physical aggression. He was placed in a RI at 9:45am, nursing was called and the consumer was able to return to baseline at 9:47am."</p> <p>Review on 3/6//26 of the facility's records revealed: -No log that documented all the facility's restrictive interventions.</p> <p>Review on 3/6/26 of the facility's "Incident Form/Restrictive Intervention reports from December 2025 to March 2026 revealed: Client #1: -"Date of Restraint: 2/17/26," physical altercation between client #1 and [unknown client], "Staff immediately intervened using approved crisis intervention techniques to separate the clients and ensure safety." -"Date of Restraint: 1/20/26," aggression toward clients and staff, "He was placed in a RI at 9:45am, nursing was called and the consumer was able to return to baseline at 9:47am." Nurse completed the Post-Restrictive Intervention</p>	V 525		

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V 525	<p>Continued From page 6</p> <p>Assessment. No documented debriefing.</p> <p>Client #2</p> <p>- "Date of Restraint: 1/21/26," physical altercation between client #2 and [unknown facility client], "Staff intervened and was able to separate both clients."</p> <p>- "Date of Restraint: 1/12/26," physical altercation between client #2 and [unknown facility client], "Staff immediately intervened and safely separated both clients."</p> <p>Client #6:</p> <p>- "Date of Restraint: 2/18/26," client behavior, physical altercation between client #6 and client #4, "Staff responded immediately, intervened, and safely separated both youth using approved crisis intervention techniques."</p> <p>Former client (FC) #3:</p> <p>- "Date of Restraint: 12/30/25," FC #3 "refused to follow treatment, staff prompts, staff redirections."</p> <p>- "Date of Restraint: 12/28/25," physical altercation between FC #3 and [unknown facility client]; "staff quickly intervened and separated clients" twice.</p> <p>- There was no documentation of the following:</p> <ul style="list-style-type: none"> <li>- Name of the responsible professional.</li> <li>- Type of intervention.</li> <li>- Duration of intervention.</li> <li>- Reason for use of the intervention.</li> <li>- Positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used.</li> <li>- Debriefing and planning conducted with the client, legally responsible person, and staff to eliminate or reduce the probability of the future use of restrictive interventions.</li> <li>- Negative effects of the restrictive interventions.</li> </ul> <p>Interview on 3/6/26 with the facility's Quality Director revealed:</p> <p>- "We (facility) document restraints in incident</p>	V 525		

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V 525	<p>Continued From page 7</p> <p>reports and in IRIS. We keep data on a spreadsheet, but I will be honest it's not kept up to date. I just need to narrow it down and create a system."</p> <p>"Even though I know we need to have that (restraint log), I have never been asked for that."</p> <p>Interview on 3/16/26 and 3/17/26 with the Chief Agency Director revealed:</p> <ul style="list-style-type: none"> <li>-Staff verbally prompted and redirected client, "they are not always intervening."</li> <li>-The Residential Supervisor "goes over incident reports quarterly to audit and see trends.</li> <li>-"I learned that we do have the ability to pull all the restrictive interventions in one big report."</li> </ul>	V 525		