

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>04/01/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRAS RESIDENTIAL INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>292 SIERRA TRAIL SPRING LAKE, NC 28390</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on April 1, 2026. 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 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>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 administer medications on the written order of the physician and to ensure the MAR was kept current affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 3/26/26 of client #2's record revealed: -8 year old. -Admitted 11/25/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder Chronic, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorder and Borderline Intellectual Functioning.</p> <p>Review on 3/25/26 and 3/26/26 of client #2's signed physician orders revealed: 3/12/26 -Qelbree Extended Release (ER) 150 milligram (mg) 1 tablets at daily. (ADHD) 3/17/26 -Qelbree ER 150 mg 2 tablets at bedtime.</p> <p>Review on 3/25/26 of client #2's MARs from 1/1/26 - 3/31/26 revealed: -Qelbree ER 150 mg 1 tablet daily was administered from 3/13/26 - 3/20/26 and 3/21/26 -</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>3/24/26.</p> <p>-Qelbree ER 150 mg was not documented as administered on 3/21/26.</p> <p>Interview on 3/25/26 client #2 stated: -He received his medications daily.</p> <p>Interview on 3/31/26 staff #1 stated: -She had attended client #2's appointment with his psychiatrist. -The psychiatrist ordered Qelbree ER 150 mg nightly. -She contacted the psychiatrist and pharmacy when she received an order for Qelbree ER 150 mg daily to get clarification. -Client #2 received Qelbree ER 150 mg 2 tablets at bedtime. -The MAR had not been updated to reflect the change with the Qelbree medication.</p> <p>Interview on 3/25/26 the Qualified Professional stated: -Client #2 had several medication changes and adjustments due to changes in his behaviors. -Some of client #2's medications "would not mix" with another medication. -Client #2 received his medications as ordered.</p>	V 118		
V 295	<p>27G .1703 Residential Tx. Child/Adol - Req. for A P</p> <p>10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).</p>	V 295		

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V 295	<p>Continued From page 3</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 interview the facility failed to have at least one full-time direct care staff who meets or exceeds the requirements of an Associate Professional (AP). The findings are:</p> <p>Review on 3/25/26 of the Division of Health Service Regulation client/staff census completed by the Human Resources/Office Manager/Chief Operating Officer revealed no AP listed.</p> <p>Interview on 3/25/26 and 4/1/26 the Qualified Professional stated: -The facility did not have an AP. -She had not had an AP in the 3 years she was the QP. -The facility had a lead paraprofessional staff that fulfilled an AP duties.</p> <p>Interview on 3/25/26 the Human Resources/Office Manager/Chief Operating Officer stated:</p>	V 295		

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V 295	Continued From page 4  -The facility did not have an AP. -The facility had a difficult time hiring and retaining an AP.  This deficiency has been cited 4 times since the original cite on August 25, 2023 and must be corrected within 30 days.	V 295		
V 297	27G .1705 Residential Tx. Child/Adol - Req. for L P  10A NCAC 27G .1705 REQUIREMENTS OF LICENSED PROFESSIONALS (a) Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional. For purposes of this Rule, licensed professional means an individual who holds a license or provisional license issued by the governing board regulating a human service profession in the State of North Carolina. For substance-related disorders this shall include a licensed Clinical Addiction Specialist or a certified Clinical Supervisor. (b) The consultation specified in Paragraph (a) of this Rule shall include: (1) clinical supervision of the qualified professional specified in Rule .1702 of this Section; (2) individual, group or family therapy services; or (3) involvement in child or adolescent specific treatment plans or overall program issues.  This Rule is not met as evidenced by: Based on record reviews and interviews the	V 297		

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V 297	<p>Continued From page 5</p> <p>facility failed to ensure face to face clinical consultation was provided in the facility at least four hours a week by a Licensed Professional (LP). The findings are:</p> <p>Review on 3/31/26 of the LP's personnel record revealed: -Hire Date: 6/4/24. -Job: Licensed Professional.</p> <p>Review on 3/25/26 of client #1's record revealed: -9 year old. -Admitted 7/16/25. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Developmental Disability and Other specified trauma and stressor related Disorder, Conduct Disorder and Post Traumatic Stress Disorder (PTSD).</p> <p>Review on 3/26/26 of client #2's record revealed: -8 year old. -Admitted 11/25/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, PTSD, ADHD, Autism Spectrum Disorder and Borderline Intellectual Functioning.</p> <p>Review on 3/26/26 of client #3's record revealed: -10 year old. -Admitted 2/25/25. -Diagnoses of Oppositional Defiant Disorder, ADHD, Autism Spectrum Disorder and Stressor Disorder.</p> <p>Interview on 3/25/26 client #1 stated: -He participated in group therapy with the LP. -Group therapy was on the phone or on the computer. -The LP did not come to the facility.</p> <p>Attempted Interview on 3/25/26 client #2 was</p>	V 297		

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V 297	<p>Continued From page 6</p> <p>unsuccessful as client #2 did not respond to most questions.</p> <p>Interview on 3/25/26 client #3 stated: -He participated in group therapy with the LP on Thursdays. -"We sit at the table, it's online."</p> <p>Interview on 3/27/26 the LP stated: -He worked as the AP for 2 years. -He provided individual and group therapy to the clients. -He was at the facility 3 days weekly on Tuesday for staff meeting and on Thursdays and Friday. -He was last at the facility "last week to talk to [client #3]" who is about to transition. -He was at each facility 2-4 hours per week.</p> <p>Interview on 3/31/26 staff #1 stated: -The LP provided services virtually online on Thursdays at 5pm. -The LP was at the facility on Friday's after school. -It was "dependent on the clients' needs" how long the LP was at the facility.</p> <p>Interview on 3/25/26 staff #2 stated: -The clients received group therapy virtually on Thursdays at 5pm.</p> <p>Interview on 4/1/26 the Qualified Professional stated: -The LP was at the facility twice a week on Thursdays from 5-6pm and Fridays from 5-6pm.</p>	V 297		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>(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 record review, observation and interview the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Review on 3/25/26 of client #1's record revealed: -9 year old. -Admitted 7/16/25. -Diagnoses of Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability and Other specified trauma and stressor related Disorder, Conduct Disorder and Post Traumatic Stress Disorder.</p> <p>Review on 3/26/26 of client #2's record revealed: -8 year old. -Admitted 11/25/25. -Diagnoses of Disruptive Mood Dysregulation Disorder, PTSD, ADHD, Autism Spectrum Disorder and Borderline Intellectual Functioning.</p> <p>Review on 3/31/26 of an email from the facility's maintenance staff to the facility's Human Resources/Office Manager/Chief Operating Officer (HR/OM/COO) dated 3/4/26 revealed: -"Good evening, I've attached a picture of the window in [client #2's] room at House 1 (facility). Please take a look and let me know if the window needs to be opened more or if it is okay in its current condition." -Attached was a picture of a window with the bottom pane raised to show an opening approximately 4 inches.</p> <p>Review on 3/27/26 of The NC State Residential</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>Building Code Section 310.2.1 revealed: - "Emergency Egress - Every sleeping room shall have at least one operable window or exterior door approved for emergency egress. The units must be operable without the use of key or tool to a full clear opening. If a window is provided, the sill height may not be more than 44" above the floor. These must provide a clear opening of 4 square feet. The minimum height shall be 22 inches and minimum width is 20 inches (1996 Building Code). (For buildings built under the previous Residential Building Code the requirements allowed for a sill height of 48" and an opening of 432 square inches in area with a minimum dimension of 16")."</p> <p>Observation on 3/25/26 between 10:19am - 11am revealed: -Client #1's bedroom had 1 window. The window had L shaped metal brackets screwed into the left and right side of the window frame approximately 4 inches above the bottom window pane. Client #1's bedroom window opened approximately 4 inches. -Client #2's bedroom had 1 window. The window had L shaped metal brackets screwed into the left and right side of the window frame approximately 4 inches above the bottom window pane. Client #2's bedroom window opened approximately 4 inches.</p> <p>Interview on 3/27/26 client #1 stated: -His bedroom window was not allowed to be open.</p> <p>Attempted Interview on 3/25/26 client #2 was unsuccessful as client #2 did not respond to most questions.</p> <p>Interview on 4/1/26 staff #1 stated:</p>	V 736		

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V 736	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-She saw the L shaped metal brackets on the windows when she was doing her regular monthly security check.</li> <li>-She visually checked all the windows to make sure they were locked and the glass was not broken.</li> <li>-She had not attempted to open the window in client #1 and #2's bedrooms.</li> </ul> <p>Interview on 3/25/26 staff #2 stated:</p> <ul style="list-style-type: none"> <li>-The maintenance staff said the windows only "needed a 4 inch opening."</li> <li>-The maintenance staff installed the L shaped metal brackets on the windows.</li> <li>-She was unsure when the L shaped metal brackets were installed on the windows.</li> <li>-The Qualified Professional (QP) said "something" to the maintenance staff about the L shaped metal brackets and was "fussing about it."</li> </ul> <p>Interviews on 3/25/26, 3/30/26 and 4/1/26 the QP stated:</p> <p>3/25/26</p> <ul style="list-style-type: none"> <li>-The facility was in the process of installing new windows.</li> <li>-The windows opened "at a safe zone."</li> <li>-The maintenance staff installed the L shaped metal brackets on the window.</li> <li>-The facility "just got alarms" on the windows and doors.</li> </ul> <p>3/30/26</p> <ul style="list-style-type: none"> <li>-The maintenance staff told her the windows "were in state standard."</li> <li>-The maintenance staff showed her the L shaped metal brackets in the windows.</li> <li>-The windows opened "about 4 inches."</li> <li>-The maintenance staff "handled everything" with the local window company.</li> </ul> <p>4/1/26</p> <ul style="list-style-type: none"> <li>-She had submitted a work order for the window</li> </ul>	V 736		

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V 736	<p>Continued From page 10</p> <p>because "It was shaky and not stable." -She had not kept a copy of the work order. -The maintenance staff showed her the L shaped metal brackets on the windows "about 2 months or less." -She was unsure why the L shaped metal brackets were installed on the windows. -She asked the maintenance staff if the windows were "supposed to be like that" and he told her it was "approved." -No staff had mentioned they had seen L shaped metal brackets in the windows prior to her being shown the L shaped metal bracket by the maintenance staff.</p> <p>Interviews on 3/30/26 and 3/31/26 the facility's HR/OM/COO stated: -She had not seen the L shaped metal bracket in the windows at the facility. -She had not responded to the email sent from the maintenance staff.</p> <p>Interviews on 3/27/26 and 4/1/26 the facility's maintenance staff stated: 3/27/26 -He provided maintenance at the facility for a little over a year. -The local window company installed the L shaped metal brackets on the windows to "prevent the windows from falling down." -"It was only a temporary fix." -He had not stated the window only needed to open 4 inches. -"I would think it needed to open about 12 inches." -He had "no idea" how far the window opened. -The L shaped metal brackets were installed "maybe a couple of months ago." 4/1/26 -He had not seen the L shaped metal brackets in</p>	V 736		

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V 736	<p>Continued From page 11</p> <p>the windows "but if there is something on the window I'm going to take it off today." -He had not installed the L shaped metal brackets on the windows. -"The way the windows was is the way the windows have been." -"I sent her 50,000 emails between all the houses, It was probably me" sent an email to the HR/OM/COO on 3/4/26. -"I guess it was that particular day (3/4/26), I'm not really sure" when he saw the window opened approximately 4 inches.</p> <p>Interview on 4/1/25 the local window company stated: -The company measured the windows at the facility and provided a quote on 3/19/26. -The facility windows were ordered on 3/20/26. -The facility needed full window replacements. -"We would not have ran any screws (L shaped metal bracket) into the window." -The window company was last at the facility on 11/13/25 to install glass in one of the windows. -The window company had not visited the facility on 3/4/26.</p> <p>Review on 4/1/26 of a Plan of Protection completed by the facility's HR/OM/COO and dated 4/1/26 revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Maintenance man [maintenance staff] is currently working to fix the window on 4/1/26. [Maintenance staff] will ensure the window will be able to open and close without force. He will ensure consumers are able to exit facility in case of an emergency. If assistance is needed prior to the window delivery [maintenance staff] will consult the [local window company].</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-034</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/01/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SIERRAS RESIDENTIAL INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>292 SIERRA TRAIL</b> <b>SPRING LAKE, NC 28390</b>
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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 736	<p>Continued From page 12</p> <p>-Describe your plans to make sure the above happens. SRS (Sierra's Residential Services) (Licensee) is replacing window and frame on 4/22/26. The [local window company] will replace the window on 4/22/26. [Maintenance staff] is currently removing window stoppers so the window can open without destruction."</p> <p>The facility served clients with diagnoses to include ADHD, Autism Spectrum Disorder, Disruptive Mood Dysregulation Disorder and PTSD. Client #1 and client #2 both had single bed bedrooms with 1 window for egress. The facility installed and screwed L shaped metal brackets into the interior frame of the window in client #1 and client #2's bedroom window. The L shaped bracket that was screwed only allowed an approximate 4 - 5 inch opening when the window was raised. The lack of egress created a unsafe environment in the event of an emergency need for evacuation. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.</p>	V 736		