

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/01/2026
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NAME OF PROVIDER OR SUPPLIER SIERRA'S RESIDENTIAL SERVICES GROUP H	STREET ADDRESS, CITY, STATE, ZIP CODE 665 LAKE RIDGE DRIVE CAMERON, NC 28326
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V 000	<p>INITIAL COMMENTS</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>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</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</p>	V 118		

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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 (#1). The findings are:</p> <p>Review on 3/31/26 of client #1's record revealed: -15 year old. -Admitted 2/6/24. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD) and Post traumatic stress disorder (PTSD).</p> <p>Review on 3/27/26 and 3/31/26 of client #1's signed physician orders revealed: 4/9/25 -Amantadine 100 mg every morning and 1/2 tablet at 1pm. (ADHD) -Prazosin 2 mg at bedtime.(PTSD) 6/16/25 -Senna 8.6 mg 3 tablets at bedtime. (constipation) 11/5/25 -Cetirizine Hydrochloride (HCL) 10 mg at bedtime.(allergy) -Fluticasone Prop 50 microgram (mcg) daily for</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>allergies. 1/20/26 -Naltrexone 5 milligram (mg) daily. (self-injurious behaviors)</p> <p>Review on 3/27/26 and 3/31/26 of client #1's MARs from 1/1/26 - 3/27/26 revealed the following medications were not documented as administered: -Naltrexone 5 mg on 3/3/26, 3/26/26 on 3/27/26. -Amantadine 100 mg at 1pm on 3/6/26 and 3/9/26. -Prazosin 2 mg on 3/5/26, 3/6/26, 3/9/26, 3/11/26-3/13/26, 3/15/26-3/18/26, 3/20/26, 3/23/26-3/26/26. -Cetirizine HCL 10 mg on 3/5/26, 3/6/26, 3/11/26-3/13/26, 3/15/26-3/18/26, 3/20/26, 3/23/26-3/26/26. -Fluticasone Prop 50 mcg 3/3/26-3/6/26, 3/9/26, 3/11/26-3/18/26, 3/20/26, 3/23/26-3/26/26. -Senna 8.6 mg on 3/5/26-3/6/26, 3/9/26, 3/11/26-3/13/26, 3/15/26-3/18/26, 3/20/26, 3/23/26-3/26/26.</p> <p>Interview on 3/31/26 client #1 stated: -He received his medications daily. -He had not missed any of his medications. -He knew he took "melatonin, nasal spray and metformin" were some of his medications.</p> <p>Interview on 4/1/26 staff #3 stated: -The clients received their medications as ordered. -"I really did not know about the 2nd page (MAR) for client #1.</p> <p>Interview on 3/27/26 the Qualified Professional stated: -Client #1 received his medications as ordered. -She believed it was a documentation error on</p>	V 118		

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V 118	Continued From page 3 clients #1's MARs when medications were not documented as administered. -Staff #3 had not documented the MARs after he administered client #1's medications. -The clients knew their medications, how many they take and the color of the medication. -She reviewed the MARs and medications twice weekly. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 295	27G .1703 Residential Tx. Child/Adol - Req. for A P 10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1). (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning meetings.	V 295		

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V 295	<p>Continued From page 4</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 3/27/26 of the client/staff census completed by the Qualified Professional (QP) revealed no AP listed.</p> <p>Interview on 3/27/26 the QP stated: -The facility did not have an AP. -She did not recall when she last had an AP.</p> <p>Interview on 3/31/26 the Human Resources/Office Manager/Chief Operating Officer stated: -The facility did not have an AP. -The facility had a difficult time hiring and retaining an AP.</p> <p>This deficiency has been cited 4 times since the original cite on 1/23/23 and must be corrected within 30 days.</p>	V 295		
V 297	<p>27G .1705 Residential Tx. Child/Adol - Req. for LP</p> <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</p>	V 297		

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V 297	<p>Continued From page 5</p> <p>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.</p> <p>(b) The consultation specified in Paragraph (a) of this Rule shall include:</p> <p>(1) clinical supervision of the qualified professional specified in Rule .1702 of this Section;</p> <p>(2) individual, group or family therapy services; or</p> <p>(3) involvement in child or adolescent specific treatment plans or overall program issues.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the 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 3/31/26 of client #1's record revealed: -15 year old. -Admitted 2/6/24. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Disruptive Mood Dysregulation Disorder (DMDD) and Post Traumatic Stress Disorder (PTSD).</p> <p>Review on 3/31/26 of client #3's record revealed:</p>	V 297		

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V 297	<p>Continued From page 6</p> <ul style="list-style-type: none"> -13 -Admitted 1/28/25. -Diagnoses of DMDD, ADHD, PTSD and Adjustment Disorder. <p>Review on 3/31/26 of client #4's record revealed:</p> <ul style="list-style-type: none"> -11 year old. -Admitted 9/5/24. -Diagnosis of Adjustment Disorder with mixed anxiety and depressed mood. <p>Interview on 3/31/26 client #1 stated:</p> <ul style="list-style-type: none"> -The LP provided group therapy virtually. -The LP did not visit the facility. <p>Interview on 3/31/26 client #3 stated:</p> <ul style="list-style-type: none"> -He had not participated in group therapy "lately" with the LP. -The LP did not come to the facility. -He did group therapy but "not in a while." <p>Interview on 3/31/26 client #4 stated:</p> <ul style="list-style-type: none"> -Group therapy was on virtually on Thursdays with the LP. -The LP did not visit the facility. <p>Interview on 3/27/26 the LP stated:</p> <ul style="list-style-type: none"> -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." -He was at each facility 2-4 hours per week. <p>Interview on 3/27/26 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -Group therapy was held virtually on Thursdays at 5pm. -The clients participated in group therapy with the 	V 297		

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V 297	Continued From page 7 LP and clients from the sister facilities.	V 297		