

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-337	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2026
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NAME OF PROVIDER OR SUPPLIER SOUTHEASTERN INTEGRATED CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 465 LONNIE FARM ROAD PEMBROKE, NC 28372
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 15, 2026. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children and Adolescents.</p> <p>This facility is licensed for 6 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an assessment was completed for 1 of 3 clients (#6) prior to the delivery of services. The findings are:</p> <p>Review on 4/14/26 of client #6's record revealed: -16 year old. -Admitted 11/18/25. -Diagnoses of ADHD, Mild Intellectual Developmental Disorder and Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder and Cannabis Use Disorder Mild. -No documentation of an admission assessment to include the presenting problems, needs, strengths, strategies or pertinent social, family and medical history.</p> <p>Interview on 4/14/26 client #6 stated: -He had lived at the facility since 2/17/26. -He was admitted to a sister facility in November 2025 and transferred to the current facility.</p> <p>Interview on 4/14/26 the Licensed Clinician stated: -She oversaw the sister facility. -She was at the facility once a a week for client #6.</p>	V 111		

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V 111	<p>Continued From page 2</p> <p>-No admission assessment was completed because it was a move within the company. -She was unsure why client #6 was admitted to the facility.</p> <p>Interview on 4/14/26 the Director stated: -The facility completed clinical assessment and treatment plans at admission. -Client #6 was a lateral move. -It was about "beds available"</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 111		
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</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>facility failed to ensure fire drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 4/15/26 and 4/21/26 of the facility's fire and disaster drills from April 2025 - March 2026 revealed:</p> <ul style="list-style-type: none"> -No documentation of a disaster drill held during the 3rd quarter (July - September) on 1st, 2nd, or 3rd shift. -No documentation of a disaster drill held during the 4th quarter (October - December) on 3rd shift. <p>Interview on 4/14/26 client #3 stated:</p> <ul style="list-style-type: none"> -The facility did fire and disaster drills "once and a while when needed." -Fire and disaster drills were held at the same time. <p>Interview on 4/14/26 client #5 stated:</p> <ul style="list-style-type: none"> -During a fire drill, he went to the parking lot next door. -During a disaster drill, "we get in the car and go to a safe place." <p>Interview on 4/14/26 client #6 stated:</p> <ul style="list-style-type: none"> -He "just had one (fire drill) the other day." -He had not participated in a disaster drill. <p>Interview on 4/14/26 staff #2 stated:</p> <ul style="list-style-type: none"> -Fire drills were held once a month. -She had not participated in a disaster drill. <p>Interview on 4/14/26 staff #7 stated:</p> <ul style="list-style-type: none"> -She had participated in 2 fire drills. -She had not participated in a disaster drill. <p>Interview on 4/14/26 the Director stated:</p> <ul style="list-style-type: none"> -The shifts are the facility were 1st - 6:45am - 3:15pm, 2nd - 2:45pm - 11:15pm and 3rd 	V 114		

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V 114	Continued From page 4 10:45pm - 7:15am. -The facility held 2 fire and 1 disaster drill each month. -Drills were held on each shift monthly. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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	V 118		

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V 118	<p>Continued From page 5 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 2 of 3 audited clients (#3. #6). The findings are:</p> <p>Finding #1 Review on 4/14/26 of client #3's record revealed: -15 year old. -Admitted 5/16/24. -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Post Traumatic Stress Disorder.</p> <p>Review on 4/14/26 of client #3's signed physician orders dated 1/20/26 revealed: -Benzotropine 0.5 mg twice daily. (Tremors) -Cetirizine 10 mg every evening. (Allergy) -Loratadine 10 mg every morning. (Allergy) -Melatonin 10 mg at bedtime. (sleep) -Risperidone 1 mg twice daily. (Bipolar)</p> <p>Review on 4/14/26 of client #3's MARs from 2/1/26 - 4/14/26 revealed the following medications were not documented as administered: -Benzotropine 0.5 mg and Risperidone 1 mg on 4/12 (PM). -Cetirizine 10 mg and Melatonin 10 mg on 4/12 -Loratadine 10 mg on 4/5-4/7.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 4/14/26 client #3 stated: -He was unsure of what medications he took. -He received his medications daily. -He had not missed any medications.</p> <p>Finding #2 Review on 4/14/26 of client #6's record revealed: -16 year old. -Admitted 11/18/25. -Diagnoses of ADHD, Mild Intellectual Developmental Disorder and Oppositional Defiant Disorder, Disruptive Mood Dysregulation Disorder and Cannabis Use Disorder Mild.</p> <p>Review on 4/14/26 of client #6's signed physician orders revealed: 1/5/26 -Asenapine 2.5 milligram (mg) twice daily. (Bipolar) -Desmopressin 0.2 mg at bedtime for Enuresis. -Levothyroxine 75 microgram (mcg) for thyroid. -Melatonin 10 mg every evening. (Sleep) -Qelbree 200 mg every morning. (ADHD) 2/5/26 -Omeprazole 40 mg daily. (stomach acid) 2/9/26 -Banophen 25 mg at bedtime. (Allergy) 3/20/26 -Doxycycline Hyclate 100 mg twice daily. (Bacterial infection) -Fluticasone Nasal Spray 50 mcg daily. (Allergy)</p> <p>Review on 4/14/26 of client #6's MAR from 2/1/26 - 4/14/26 revealed the following medications were not documented as administered: -Asenapine 2.5 mg tab was blank on 2/8 (PM), 3/21, 3/29 (AM) and 4/12 (PM). -Desmopressin 0.2 mg was not documented as administered on 3/21, 4/12. -Levothyroxine 75 mcg, Qelbree 200 mg on 3/21</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>and 3/29.</p> <ul style="list-style-type: none"> -Melatonin 10 mg on 3/21, 3/29, 4/10 and 4/12. -Omeprazole 40 mg on 3/21, 3/29, 4/10. -Banophen 25 mg on 2/19-2/28, 3/21, 4/12. -Doxycycline Hyclate 100 mg on 3/21-3/31, 4/12. -Fluticasone Nasal Spray 50 mcg on 3/21-3/31, 4/1-4/6, 4/8, 4/10-4/12. <p>Observation on 4/14/26 between 1:20pm - 1:30pm of client #6's medications revealed:</p> <ul style="list-style-type: none"> -Fluticasone Nasal Spray 50 mcg was not available onsite. <p>Interview on 4/14/26 client #6 stated:</p> <ul style="list-style-type: none"> -He was prescribed the nasal spray but did not have it at the facility yet. -He used the nasal spray as needed for allergies. -He received his medications and had not missed any medications. -He took Qelbree, Levothyroxine, Benadryl and Desmopression daily. <p>Interview on 4/14/26 the Director stated:</p> <ul style="list-style-type: none"> -The clients received their medications as ordered. -The Home Manager was responsible for reviewing MARs and Medications. -Nursing reviewed MARs and medications monthly. -She was unsure of the blanks on the MARs. -She was unable to locate client #6 nasal spray. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		