

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-150	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER RHCC CAMBRIDGE PLACE CASAWORKS & PI	STREET ADDRESS, CITY, STATE, ZIP CODE CAMBRIDGE PLACE - VARIOUS SUITES SMITHFIELD, NC 27577
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on March 15, 2018. The complaint was unsubstantiated (intake #NC00135527). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and their Children.</p>	V 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 6 2018</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan 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 fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:</p> <p>Record review on 3/15/18 of the facility's fire drill log revealed the following:</p>	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] MSW LCAS LCSW CCS Program Director 4/2/18

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -2/25/18- 1st shift -1/31/18- 2nd shift -1/30/18- 3rd shift -1/29/18- 1st shift -1/26/18- 2nd shift -10/14/17- Unknown shift -9/20/17- 2nd shift -8/9/17- 2nd shift -5/10/17- 2nd shift -3/31/17- 2nd shift -For the fourth quarter of 2017 there were no fire drills for 1st, 2nd or 3rd shift. -For the third quarter of 2017 there were no drills for 1st and 3rd shift. -For the second quarter of 2017 there were no fire drills for 1st and 3rd shift. <p>Record review on 3/15/18 of the facility's disaster drill log revealed the following: -There were no disaster drills conducted for 2017.</p> <p>Interview with clients' #1 and #3 on 3/15/18 revealed: -Disaster drills were not conducted with staff.</p>	V 114		
	<p>Interview with client #2 on 3/15/18 revealed: -She had only been in the facility for two weeks. -Staff had not done any fire or disaster drills with her.</p> <p>Interview with Facility Manager on 3/15/18 revealed: -Facility conducts both fire and disaster drills at the same time. -She confirmed staff failed to conduct drills under conditions that simulate emergencies.</p> <p>Interview with the Program Director on 3/15/18 revealed: -Facility operates under three shifts.</p>			

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V 114	Continued From page 2 -She was under the impression that fire and disaster drills had been conducted for each shift for all quarters in 2017. -She confirmed staff failed to conduct drills under conditions that simulate emergencies.	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 with a physician.	V 118		

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to follow physician's orders affecting two of four former clients (FC #5 and FC #6). The findings are: Review on 3/14/18 of FC #5's record revealed: -Admission date of 8/16/17. -Diagnoses of Opioid use disorder, severe; Cocaine use disorder, severe; Cannabis use disorder, severe. -Discharge date of 3/5/18. -Physician's order dated 1/29/18 for Suboxone 8/2 mg, use two films under tongue daily at 5 PM. -Suboxone is a prescription medication used to treat narcotic (opiate) addiction. -February 2018 MAR had the following: FC #5 was administered Suboxone 8/2 mg on 2/6/18 in the morning and once again on 2/6/18 in the evening.	V 118		
	Review on 3/14/18 of facility records revealed: -Incident report dated 2/7/18 had the following: "First I gave the child his meds (medications), then I gave [FC #5] her meds (medications) (uncontrolled) meds (medications) first. Then [FC #5] stated my Suboxone. So I gave her the Suboxone. Normally, her Suboxone is given at 6 PM but it had been changed to mornings." Review on 3/14/18 of FC #6's record revealed: -Admission date of 4/21/17. -Diagnoses of Opioid use disorder, severe; Cannabis use disorder, moderate. -Discharge date of 1/26/18. -Physician's order dated 1/2/18 for Sertraline 50			

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V 118	<p>Continued From page 4</p> <p>mg, take 50 mg until run out, then increase to 100 mg daily.</p> <p>-Sertraline is used to treat depression, panic attacks, obsessive compulsive disorder, post-traumatic stress disorder, social anxiety disorder (social phobia), and a severe form of premenstrual syndrome (premenstrual dysphoric disorder).</p> <p>-January 2018 MAR had the following: FC#6 was administered Sertraline 50 mg then given Sertraline 100 mg on 1/9/18.</p> <p>Review on 3/14/18 of the facility record revealed: -Incident report dated 1/9/18 had the following: "[FC #6] came for medication at 7:00 PM. Staff was reviewing client's medication because of several medication changes. [FC #6] was given her 50 mg Sertraline; [FC #6] took medication. Staff stated she was handing [FC #6] 0.1 mg Clonidine but mistaken handed [FC #6] 100 mg Sertraline medication. Staff double check, but [FC #6] had already swallowed medication. Staff called pharmacist and told her what happened and what type of side effects [FC #6] may experience. Pharmacist stated that worst case scenario, [FC #6] would develop serotonin syndrome. [FC #6] may have diarrhea, sweating, tremors and/or increase heartrate... Staff monitored [FC #6] throughout shift...Staff informed oncoming staff about incident and to check on [FC#6] throughout the shift."</p> <p>Interview on 3/15/18 with the Program Director revealed: -The medication error in February 2018 for FC #5 was a staff error. -She confirmed staff failed to follow the physician's order for FC #5 and FC #6.</p>	V 118		



Cambridge Place Annual Audit
Providers Identification #- MHL051-150
Date: March 15, 2018

Corrective Action Plan for Cambridge

V.114 27G .0207 Emergency Plans and Supplies:

On March 22, 2018 Director of Performance Improvement and Corporate Compliance Officer (AL Bishop) conducted training with staff to give an overview of the emergency preparedness plan. During the training a review of fire and disaster drill procedures was discussed. All staff was given written instructions on March 23, to read and sign in acknowledgment of receipt of Fire and Disaster Drill protocol.

On March 27, 2018 all clients were trained on fire and disaster drill procedure and signed documents to acknowledged being orientated to protocol.

All staff were informed that the Emergency Preparedness Plan Manual will be in office 107 and 109 for review.

Staff members were informed that PCS policy stated fire drills will be conducted one drill per shift per quarter and disaster drills to be conducted quarterly on each shift completed fire drill forms be submitted to Facility Manager for review. Once reviewed by Facility manager forms will be given to Program Director for final review.

Fire and Disaster Drill forms were revised, to assist with identifying which type of drill has been conducted.

V118-27G .0209 Medication Requirements

Each medication error pointed out in this review was addressed, incident report was generated and both staff members were given a write up that is maintained in their personnel record.

On March 22, during scheduled staff meeting medication policy and protocol was reviewed. Staff signed signature page to acknowledge review. Staff members were given a copy of medication error consequences policy for review. Facility and office manager will continue to review MAR, for medication errors and follow medication error consequence policy as it pertains to disciplinary action.

RHCC policy for PCS is all staff members are trained annually on medication administration. However as per medication errors procedure; exceeding two errors within 90 days staff members will repeat medication administration class.

Kim Taylor MSW LCAS, LCSW, CCS

Program Director
