

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL011-264</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/01/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FIRST AT BLUE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>32 KNOX ROAD</b><br><b>RIDGECREST, NC 28770</b> |
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| V 000              | <p>INITIAL COMMENTS</p> <p>An annual and a follow up survey was completed on 5/1/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.</p>  | V 000         |   |                    |
| V 105              | <p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> | V 105         |   |                    |

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

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| V 105              | <p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;<br/>           (B) written quality assurance and quality improvement plan;<br/>           (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;<br/>           (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;<br/>           (E) strategies for improving client care;<br/>           (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;<br/>           (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;<br/>           (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:<br/>           Based on record review and interview, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for random drug testing</p> | V 105         |   |                    |

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| V 105  | Continued From page 2<br><br>instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:<br><br>Review on 4/30/18 of the facility's documents revealed:<br>-There was no evidence of a CLIA waiver.<br><br>Interview on 4/30/18 with House Manager #1 revealed:<br>-He had given Urine Drug Screen (UDS) to clients when they returned from a weekend pass.<br>-He observed as the clients had to use the restroom in the House managers' office.<br><br>Interview on 4/30/18 with the Administrative Director revealed:<br>-The facility conducted random UDS for those who were suspect or returning from a leave.<br>-He was not aware of the requirement for CLIA. No one had ever told them about it or asked about it.<br>-He would follow up on obtaining the CLIA waiver for the organization. | V 105   |   |   |
| V 107  | 27G .0202 (A-E) Personnel Requirements<br><br>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br>(a) All facilities shall have a written job description for the director and each staff position which:<br>(1) specifies the minimum level of education, competency, work experience and other qualifications for the position;<br>(2) specifies the duties and responsibilities of the position;<br>(3) is signed by the staff member and the supervisor; and   | V 107   |   |   |

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| V 107              | <p>Continued From page 3</p> <p>(4) is retained in the staff member's file.</p> <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <p>(1) is at least 18 years of age;</p> <p>(2) is able to read, write, understand and follow directions;</p> <p>(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and</p> <p>(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to maintain a file for each individual</p> | V 107         |   |                    |

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| V 107              | <p>Continued From page 4</p> <p>employed indicating education, experience or other qualifications for the position, as well as signed job descriptions with duties and responsibilities of each position for 3 of 3 sampled staff (Counselor #1, Medication Case Manager and House Manager #1.) The findings are:</p> <p>Record review on 4/30/18 and 5/1/18 for Counselor #1 revealed:<br/>-Date of Hire was 12/12/16.<br/>-A copy of diploma from a well-known university for Doctor of Medicine dated June 1980 was made available. No evidence of educational verification at date of hire was available.<br/>-No signed job description was available.</p> <p>Record review on 4/30/18 for Medication Case Manager revealed:<br/>-Date of Hire was 12/7/15.<br/>-No verification of education was available in personnel record.<br/>-No signed job description was available in record.</p> <p>Record review on 4/30/18 for House Manager #1 revealed:<br/>-Date of Hire was 8/25/17.<br/>-No verification of education was available in personnel record.<br/>-No signed job description was available in record.</p> <p>Interview on 5/1/18 with Counselor #1 revealed:<br/>-He began as an intern after going through the program.<br/>-He only worked 3 days a week.<br/>-He was no longer a licensed doctor.<br/>-He was a Certified Substance Abuse Counselor-Intern (CSAC-I) and was supervised</p> | V 107         |   |                    |

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| V 107              | <p>Continued From page 5</p> <p>by a licensed clinician in the community.<br/>-He was also supervised by the Clinical Director who was a Certified Clinical Supervisor (CCS)<br/>-He did not remember signing a job description.</p> <p>Interview on 5/1/18 with Medication Case Manager revealed:<br/>-He began as an intern after going through the program.<br/>-He had a bachelor's degree in Sociology but didn't think the degree was required to manage the medication.<br/>-He didn't know if he had a job description or not.</p> <p>Interview on 5/1/18 with House Manager #1 revealed:<br/>-He was not the only house manager but was the only one on 2nd shift.<br/>-He went right into the house manager position after he completed the program and didn't know his exact date of hire.<br/>-He had completed high school.</p> <p>Interview on 5/1/18 with the Administrative Director revealed:<br/>-Most of their staff come from previously being a resident.<br/>-They would have to do better with personnel requirements.</p> | V 107         |   |                    |
| V 108              | <p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS<br/>(f) Continuing education shall be documented.<br/>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:<br/>(1) general organizational orientation;</p>  | V 108         |   |                    |

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| V 108              | <p>Continued From page 6</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure at least one staff was available at all times who was trained in cardiopulmonary resuscitation (CPR) and First Aid for 2 of 3 current sampled staff (Counselor #1 and House Manager #1). The findings are:</p> <p>Record review on 4/30/18 and 5/1/18 for Counselor #1 revealed:<br/>-Date of Hire was 12/12/16.</p> | V 108         |   |                    |

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| V 108              | <p>Continued From page 7</p> <p>-No First Aid or CPR certificate was available in record.</p> <p>Record review on 4/30/18 for House Manager #1 revealed:<br/>-Date of Hire was 8/25/17.<br/>-No First Aid certificate of training was available in record.</p> <p>Interview on 5/1/18 with Counselor #1 revealed:<br/>-He had the knowledge of First Aid and CPR techniques but had not been trained specifically on either since working at the facility.</p> <p>Interview on 5/1/18 with House Manager #1 revealed:<br/>-He had taken Basic Life Support certification which included CPR but had not taken the First Aid training.</p> <p>Interview on 5/1/18 with the Administrative Director revealed:<br/>-He had a CPR and First Aid training scheduled in the next few weeks and would add the Counselor #1 and House Manager #1 to the training list.</p> | V 108         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:<br/>(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.<br/>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br/>(3) Medications, including injections, shall be</p>  | V 118         |   |                    |

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| V 118 | <p>Continued From page 8</p> <p>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:<br/>(A) client's name;<br/>(B) name, strength, and quantity of the drug;<br/>(C) instructions for administering the drug;<br/>(D) date and time the drug is administered; and<br/>(E) name or initials of person administering the drug.<br/>(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:<br/>Based on record review and interviews, the facility failed to follow the written order of a physician affecting 1 of 8 sampled clients (Client #1). The findings are:</p> <p>Record review on 4/30/18 for Client #1 revealed:<br/>Date of Admission was 4/10/18.<br/>Diagnoses included Alcohol Use Disorder, Cannabis Use Disorder and Amphetamine Use Disorder.<br/>Physician ordered medications included:<br/>-Remeron 30mg at bedtime for depression.<br/>-Lamictal 100mg at bedtime for mood.<br/>-Ibuprofen 200mg take as directed as needed (PRN) for aches/pains.</p> | V 118 |  |  |
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| V 118              | <p>Continued From page 9</p> <p>Review on 5/1/18 of April MAR revealed:<br/>-Remeron was blank on 4/19/18 as not administered.<br/>-Lamictal was blank on 4/19/18 as not administered.<br/>-Ibuprofen was listed but had no initials as administered for any time in April.</p> <p>Interview on 5/1/18 with Client #1 revealed:<br/>-He did not take his medications on 4/19/18 because he had forgotten to get them before going to work.<br/>-He typically took the meds with him to work and took them around 9:30pm while he was there.<br/>-He did not think about asking staff to get his meds when he returned to the facility which was after 11pm.<br/>-He did not feel any differently without taking both meds that 1 night.<br/>-He had been taking Ibuprofen as well as Advil Sinus for the past 4 days because he wasn't feeling well.</p> <p>Interview on 5/1/18 with Medication Case Manager revealed:<br/>-All clients self-administered their own meds but the facility kept them locked in medication room.<br/>-Clients were responsible for responding to a medication call or making arrangements to take their meds with them to work. If a client did not respond to med call, the house manager or whomever was passing medications at the time, would check the work schedules or check the individual's bedroom. If a client missed meds twice, they would get written up and held accountable with peer group. Further consequences could occur including discharge.<br/>-He was not aware PRN medications required documentation on the MAR.</p> | V 118         |   |                    |

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| V 123              | Continued From page 10  | V 123         |   |                    |
| V 123              | <p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 1 of 8 sampled clients (Client #1). The findings are:</p> <p>Record review on 4/30/18 for Client #1 revealed:<br/>Date of Admission was 4/10/18.<br/>Diagnoses included Alcohol Use Disorder, Cannabis Use Disorder and Amphetamine Use Disorder.<br/>Physician ordered medications included:<br/>-Remeron 30mg at bedtime for depression.<br/>-Lamictal 100mg at bedtime for mood.<br/>Review on 5/1/18 of April MAR revealed:<br/>-Remeron was blank on 4/19/18 as not administered.<br/>-Lamictal was blank on 4/19/18 as not administered.</p> <p>Interview on 5/1/18 with Client #1 revealed:<br/>-He did not take his medications on 4/19/18 because he had forgotten to get them before</p> | V 123         |   |                    |

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL011-264</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/01/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FIRST AT BLUE RIDGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>32 KNOX ROAD</b><br><b>RIDGECREST, NC 28770</b> |
|--|---|

| (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 123              | Continued From page 11<br><br>going to work.<br>-He typically took the meds with him to work and took them around 9:30pm while he was there.<br><br>Interview on 5/1/18 with Medication Case Manager revealed:<br>-The facility did not consider a missed med a medication error but a client behavior issue and had consequences set up for clients if they had multiple misses.<br>-He was not aware that a pharmacist or physician were to be notified immediately when a client had refused or missed a medication.  | V 123         |   |                    |
| V 736              | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews, the facility was not maintained in a clean, attractive, orderly manner in 2 of 10 client rooms observed (resident bathrooms Room 403 and Room 412). The findings are:<br><br>Observation at 10:00am on 4/30/18 revealed:<br>-Rooms 403, 404, 405, 409 and 109 had paint peeling on the bathroom ceiling.<br>-Room 406 had paint peeling on the wall underneath the window.<br>-Room 408 had paint peeling in the ceiling in the bedroom. | V 736         |   |                    |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL011-264</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                       | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>05/01/2018</b>   |                    |
|--|---|---|---|--------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FIRST AT BLUE RIDGE</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>32 KNOX ROAD</b><br><b>RIDGECREST, NC 28770</b> |   |                    |
| (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> <ul style="list-style-type: none"> <li>-Rooms 403, 404, 408, 409, 410 411, 413 had rusty vent covers on the interior walls in the sleeping areas.</li> <li>-The 4 story facility was of painted concrete blocks.</li> <li>-The 4th floor bedrooms had either 4 or 5 beds.</li> <li>-All bedrooms had a window but not all bathrooms had a window for ventilation.</li> </ul> <p>Interview on 4/30/18 with the Administrative Director revealed:</p> <ul style="list-style-type: none"> <li>-Clients were doing a good job keeping the mold and mildew in their bedrooms and bathrooms despite the ventilation in the older facility being very difficult to evenly regulate.</li> <li>-New clients were assigned to 4th floor rooms which held 4-5 clients. The senior most clients resided on the bottom floor and was shared between 2-3 clients.</li> <li>-The 4th floor was the warmest (as hot air rises), the most crowded and was most difficult to ventilate.</li> </ul> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p> | V 736   |   |                    |