FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and a follow up survey was completed on 5/1/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. V 105 27G .0201 (A) (1-7) Governing Body Policies V 105 10A NCAC 27G .0201 GOVERNING BODY **POLICIES** (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission: (3) criteria for discharge: (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document: (B) transporting records; DHSR - Mental Health (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons: (D) assurance of record accessibility to MAY 1 4 2018 authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: Lic. & Cert. Section (A) an assessment of the individual's presenting problem or need:

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIES RESENTATIVE'S SIGNATUR

(7) quality assurance and quality improvement

(C) the disposition, including referrals and

(B) an assessment of whether or not the facility can provide services to address the individual's

Exactive Dirace

(X6) DATE

needs: and

recommendations;

activities, including:

If continuation sheet 1 of 13

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 105 Continued From page 1 V 105 Corrective Action Response (A) composition and activities of a quality for Tag V105. assurance and quality improvement committee; (B) written quality assurance and quality The Administrative Director improvement plan; submitted an application for a (C) methods for monitoring and evaluating the CLIA waiver on May 8, 2018. quality and appropriateness of client care, The Administrative Director will including delineation of client outcomes and utilization of services: ensure the facility maintains a (D) professional or clinical supervision, including current CLIA waiver on file for a requirement that staff who are not qualified review. professionals and provide direct client services shall be supervised by a qualified professional in that area of service: (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death: (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:

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This Rule is not met as evidenced by:

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

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R B. WING MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 105 Continued From page 2 V 105 instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings Review on 4/30/18 of the facility's documents revealed: -There was no evidence of a CLIA waiver. Interview on 4/30/18 with House Manager #1 revealed: -He had given Urine Drug Screen (UDS) to clients when they returned from a weekend pass. -He observed as the clients had to use the restroom in the House managers' office. Interview on 4/30/18 with the Administrative Director revealed: -The facility conducted random UDS for those who were suspect or returning from a leave. -He was not aware of the requirement for CLIA. No one had ever told them about it or asked about it. -He would follow up on obtaining the CLIA waiver for the organization. V 107 27G .0202 (A-E) Personnel Requirements V 107 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of

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the position;

supervisor; and

(3) is signed by the staff member and the

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	(4) is retained if (b) All facilities shat each staff member provides care or set the facility: (1) is at least 1. (2) is able to re follow directions; (3) meets the not competency, work et qualifications for the (4) has no substanglect listed on the Personnel Registry. (c) All facilities or set applicants for emploic conviction. The implection regarding et upon the offense in the which the applicant if (d) Staff of a facility currently licensed, re accordance with approximate provided. (e) A file shall be materially experienced in the conviction of license certification of license certification.	in the staff member's file. Il ensure that the director, or any other person who rvices to clients on behalf of 8 years of age; ad, write, understand and minimum level of education, experience, skills and other eposition; and stantiated findings of abuse or North Carolina Health Care ervices shall require that all eyment disclose any criminal act of this information on a imployment shall be based relationship to the job for s applying. Or a service shall be egistered or certified in olicable state laws for the aintained for each individual the training, experience and or the position, including are, registration or	V 107	Corrective Action Response for Tag V107.  The Administrative Director and/or Human Resources representative will ensure all employee files contain a record of their education level, experience, or other qualifications for the held position, and signed job descriptions for the positions. Verification of education and qualifications will be obtained within two weeks of the employee's hire date as a condition of their employment.		

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V	107 Continued From page	ge 4	V 107				
	other qualifications signed job description responsibilities of ea sampled staff (Cour	education, experience or for the position, as well as ons with duties and ach position for 3 of 3 iselor #1, Medication Case Manager #1.) The findings					
	Counselor #1 reveal -Date of Hire was 12 -A copy of diploma fi for Doctor of Medicir made available. No verification at date or	1/12/16.  Tom a well-known university the dated June 1980 was evidence of educational					
	Manager revealed: -Date of Hire was 12 -No verification of ed personnel record.	30/18 for Medication Case  77/15.  ucation was available in  iption was available in					
	revealed: -Date of Hire was 8/2 -No verification of edipersonnel record.	50/18 for House Manager #1 5/17. ucation was available in ption was available in	1 24 1				
	-He began as an inter program. -He only worked 3 da -He was no longer a li -He was a Certified Si	censed doctor.					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ R B. WING MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 107 Continued From page 5 V 107 by a licensed clinician in the community. Corrective Action Response -He was also supervised by the Clinical Director for Tag V108. who was a Certified Clinical Supervisor (CCS) -He did not remember signing a job description. The Administrative Director and/or Human Resources Interview on 5/1/18 with Medication Case representative will ensure that Manager revealed: all employees are trained in CPR -He began as an intern after going through the and First Aid. A CPR/First Aid program. training will be scheduled prior -He had a bachelor's degree in Sociology but to the end of May for all staff in didn't think the degree was required to manage the medication. need of training and/or -He didn't know if he had a job description or not. recertification. Interview on 5/1/18 with House Manager #1 revealed: -He was not the only house manager but was the only one on 2nd shift. -He went right into the house manager position after he completed the program and didn't know his exact date of hire. -He had completed high school. Interview on 5/1/18 with the Administrative Director revealed: -Most of their staff come from previously being a -They would have to do better with personnel requirements. V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:

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(1) general organizational orientation:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL011-264			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 108	Continued From page	ge 6	V 108			
	Continued From page 6  (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (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.					
	facility failed to ensul available at all times cardiopulmonary res Aid for 2 of 3 current	iew and interviews, the re at least one staff was who was trained in uscitation (CPR) and First sampled staff (Counselor #1 #1). The findings are:				

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(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER.

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V 118 ;	-No First Aid or CPF record.  Record review on 4/ revealed: -Date of Hire was 8// -No First Aid certificate record.  Interview on 5/1/18 verthe had the knowled techniques but had non either since working interview on 5/1/18 verthe had taken Basic which included CPR Aid training.  Interview on 5/1/18 were provided in the control of the next few weeks a series and House Manage 27G .0209 (C) Medication administration of the next few medication administered to control of the next few medication administration of the next few medicat	a certificate was available in 30/18 for House Manager #1 25/17. At of training was available in with Counselor #1 revealed: ge of First Aid and CPR to been trained specifically ing at the facility.  With House Manager #1  Life Support certification but had not taken the First ith the Administrative first Aid training scheduled in ind would add the Counselor er #1 to the training list.  Ation Requirements  MEDICATION  Stration:  In-prescription drugs shall to a client on the written	V 108			
(	order of a person auth drugs. 2) Medications shall b clients only when auth slient's physician.	orized by law to prescribe be self-administered by orized in writing by the ling injections, shall be				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL011-264 B. WING 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 118 Continued From page 8 V 118 **Corrective Action Response** administered only by licensed persons, or by for Tag V118. unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and The Medical Case Manager privileged to prepare and administer medications. and/or House Manager Staff (4) A Medication Administration Record (MAR) of trained in the supervision of all drugs administered to each client must be kept current. Medications administered shall be client self-administration will recorded immediately after administration. The ensure medications are taken as MAR is to include the following: written on the physician's order. (A) client's name: This will be documented on the (B) name, strength, and quantity of the drug; client's Medication (C) instructions for administering the drug; Administration Record. The (D) date and time the drug is administered; and Medical Case Manager and/or (E) name or initials of person administering the designee will be response for drug. documenting any missed doses (5) Client requests for medication changes or checks shall be recorded and kept with the MAR and notifying the appropriate file followed up by appointment or consultation physician or pharmacist to with a physician. determine if the missed dose might cause an adverse reaction. The clinical and case management team will meet with and come to a solution for clients who demonstrate regular This Rule is not met as evidenced by: Based on record review and interviews, the medication-noncompliance. facility failed to follow the written order of a physician affecting 1 of 8 sampled clients (Client #1). The findings are: Record review on 4/30/18 for Client #1 revealed: Date of Admission was 4/10/18. Diagnoses included Alcohol Use Disorder, Cannabis Use Disorder and Amphetamine Use Physician ordered medications included: -Remeron 30mg at bedtime for depression. -Lamictal 100mg at bedtime for mood. -Ibuprofen 200mg take as directed as needed (PRN) for aches/pains.

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**FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R B. WING MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 9 V 118 Review on 5/1/18 of April MAR revealed: -Remeron was blank on 4/19/18 as not administered. -Lamictal was blank on 4/19/18 as not administered. -Ibuprofen was listed but had no initials as administered for any time in April. Interview on 5/1/18 with Client #1 revealed: -He did not take his medications on 4/19/18 because he had forgotten to get them before going to work. -He typically took the meds with him to work and took them around 9:30pm while he was there. -He did not think about asking staff to get his meds when he returned to the facility which was after 11pm. -He did not feel any differently without taking both meds that 1 night. -He had been taking Ibuprofen as well as Advil Sinus for the past 4 days because he wasn't feeling well. Interview on 5/1/18 with Medication Case Manager revealed: -All clients self-administered their own meds but the facility kept them locked in medication room. -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. -He was not aware PRN medications required

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documentation on the MAR.

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**FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R B. WING MHL011-264 05/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD FIRST AT BLUE RIDGE RIDGECREST, NC 28770 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 123 Continued From page 11 V 123 V736: Facility Grounds and going to work. Maintenance -He typically took the meds with him to work and took them around 9:30pm while he was there. The Director of Maintenance will supervise the painting of the Interview on 5/1/18 with Medication Case bathroom ceilings in rooms 403, Manager revealed: 404, 405, 409, and 109, the wall -The facility did not consider a missed med a underneath the window in room medication error but a client behavior issue and 406, and the ceiling in room had consequences set up for clients if they had 408. The rusty vent covers in multiple misses. -He was not aware that a pharmacist or physician rooms 403, 404, 408, 409, 410, were to be notified immediately when a client had 411, and 413 will be cleaned and refused or missed a medication. painted or replaced. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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. This Rule is not met as evidenced by: 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:

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bedroom.

Observation at 10:00am on 4/30/18 revealed: -Rooms 403, 404, 405, 409 and 109 had paint

-Room 408 had paint peeling in the ceiling in the

-Room 406 had paint peeling on the wall

peeling on the bathroom ceiling.

underneath the window.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
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	V 736	Continued From pag	ge 12	V 736				
		-Rooms 403, 404, 41 rusty vent covers on sleeping areasThe 4 story facility v blocksThe 4th floor bedrood-All bedrooms had a wire linear bedrooms were as which held 4-5 clients resided on the bottom between 2-3 clientsThe 4th floor was the the most crowded an ventilate.	08, 409, 410 411, 413 had the interior walls in the was of painted concrete oms had either 4 or 5 beds. window but not all adow for ventilation.  with the Administrative a good job keeping the mold edrooms and bathrooms in the older facility being y regulate. signed to 4th floor rooms is. The senior most clients in floor and was shared a warmest (as hot air rises), it was most difficult to	V 736				
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