

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/22/2018
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NAME OF PROVIDER OR SUPPLIER THE VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 3354/3362 FRONT GATE DRIVE (VARIOUS SUITES) GREENVILLE, NC 27834
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed May 22, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100, Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.</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 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</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medication as ordered by a physician and failed to keep the MAR current for one of three audited clients (#6). The findings are:</p> <p>Finding #1: Review on 5/22/18 of Client #6's record revealed; - 33 year old female admitted to facility 4/09/18. - Diagnoses of Opioid Dependence, Bipolar II Disorder, Cocaine Dependence, Alcohol Dependence, Hepatitis C. - Facility "Medical Continuity Form", dated 4/18/18 and signed by a physician, "discontinue Trazodone" (anti-depressant). - "Medical Continuity Form", dated 4/26/18 and 5/06/18 and signed by a physician, included Trazodone 50 milligrams, one tablet by mouth at bedtime. - "Medical Continuity Form", dated 5/02/18 and signed by a physician, "discontinue Seroquel" (antipsychotic). - "Medical Continuity Form", dated 5/06/18 and signed by a physician, included Seroquel 200 milligrams, one tablet by mouth at bedtime. - "Medical Continuity Form", dated 4/18/18 included "make hydroxyzine prn (as needed) for anxiety." - Physician order dated 5/06/18 for Hydroxyzine 25 milligrams, "hours of sleep."</p> <p>Review on 5/22/18 of Client #6's MARS for May 2018 revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - No transcribed entry for Trazodone, 50 milligrams, one tablet by mouth at bedtime. - No transcribed entry for Seroquel, 200 milligrams, one tablet at bedtime. - Transcribed entry for Hydroxyzine, 25 milligrams, "prn hours of sleep." <p>Observation of Client #6's medications on hand revealed:</p> <ul style="list-style-type: none"> - Trazodone 50 milligrams one tablet by mouth at bedtime, dispensed 4/09/18. - Seroquel 200 milligrams one tablet by mouth at bedtime, dispensed 4/09/18. - Hydroxyzine 25 milligrams one tablet by mouth at bedtime, dispensed 4/09/18. <p>Interview on 5/15/18 the Program Director stated she understood the discrepancies between the signed orders on the Medical Continuity Forms, the MAR and medication packages. She would ensure the orders were clarified and the discontinued medications disposed of properly.</p>	V 118		