

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL004-016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2018
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NAME OF PROVIDER OR SUPPLIER CORNERSTONE TREATMENT FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 129 WALLCE ROAD WADESBORO, NC 28170
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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 on May 24, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G 1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide 24 hour on-site coverage by a registered nurse. The findings are:</p>	V 315		

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

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V 315	<p>Continued From page 1</p> <p>Review on 5/23/18 of the facility's personnel files revealed nurses employed by the facility included three full time Registered Nurses and one full-time Licensed Practical Nurse.</p> <p>Interview with Nurse #3 on 5/26/18 revealed: -She had been employed with the agency since December 2016. -She was a Licensed Practical Nurse. -She normally worked a 12 hour shift alone.</p> <p>Interview on 5/23/18 with the Vice President of Administration revealed: -The facility uses Licensed Practical Nurses and Registered Nurses. -The licensure waiver was not approved by the local Management Care Organization. -The waiver would allow a Licensed Practical Nurse to provide the required 24 hour on-site coverage. -She was told they would have to apply for the waiver again because they applied over a year ago. -She confirmed the facility did not have 24 hour on-site coverage by a registered nurse.</p>	V 315		