

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/18/2018
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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 HWY 301 N PLEASANT HILL, NC 27831
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 4/18/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Children and Adolescents.</p>	V 000	<p>DHSR - Mental Health</p> <p>MAY 30 2018</p> <p>Lic. & Cert. Section</p>	05/18/18
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN :</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <p>(1) the client's presenting problem;</p> <p>(2) the client's needs and strengths;</p> <p>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</p> <p>(4) a pertinent social, family, and medical history; and</p> <p>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</p> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the</p> <p>(h) client's presenting problem shall be documented.</p>	V 111	<p>Corrected Measures:</p> <p>All consumer charts will be thoroughly reviewed to ensure all requirements met by the staff prior to start date. All potential consumer assessment/treatment/habilitation documents must be signed and dated in the consumer chart. All consumer(s) charts will meet requirement as outline in rule 27G .0205 (A-B) 10A NCAC. QIQA will incorporate</p> <p>Preventive Measures:</p> <p>Family Advantage will ensure all assessments are complete for each prospective consumer before admission. QAQI will use the new checklist to self-audit chart. In the future, all consumer chart will be properly signed and will meet all experience requirement before the time of providing services and will be reviewed by the Director of Operations and consist must be signed by all appropriate team members involved. All personnel records will be audited by QAQI as recommended by the Department of Health and Human Services and Trillium Health Resources to insure accuracy.</p> <p>Trainings: Willie Gilchrist, Executive Director will facilitate an professional development on Provider Requirement/Recordkeeping documentation on May 23, 2018 at agency's physical address US Highway 301 N Pleasant Hill, NC at 6 pm to ensure compliance with rule 27G .0205 (A-B) 10A NCAC. The content of the training will cover purpose, policy and procedures for Assure Assessment and Treatment Plans and Recordkeeping Documentation to ensure all consumer(s) charts will have a working knowledge of the requirements.</p> <p>Who Will Monitor: QIQA Director/Compliance Officer will monitor/review Provider Requirement and all consumer chart prior to admission. This process to ensure there are no deficiencies or weaknesses are noted, they will be reported to the QIQA Committee for revision to ensure compliance.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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W. J. McRae *05/18/18*

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the Qualified Professional failed to assure assessments were completed, including but not limited to presenting problems, needs, strengths and admitting diagnoses, and maintained in the record for 3 of 3 audited clients (#1, #2, #3). The findings are: Review on 4/18/18 of client #1's record revealed: - an admission date of 11/14/17 - an undated referral application indicating the client was a victim of neglect, physical and emotional abuse; no other information was provided Review on 4/18/18 of client #2's record revealed: - an admission date of 10/21/17 - a Comprehensive Clinical Assessment completed by another agency with diagnoses including Bipolar Disorder mixed with psychotic features and Hyperlipidemia - an incomplete admission assessment completed by the agency Review on 4/18/18 of client #3's record revealed: - an admission date of 1/18/17 - Discharge Orders from a psychiatric facility dated 8/4/17 with diagnoses including Post Traumatic Stress Disorder, Cyclothymia, Rule out Bipolar Disorder type 1 with mixed psychosis - no evidence of an admission assessment completed by the agency</p> <p>During an interview on 4/18/18, the Manager reported assessment questions were forwarded to client #3's guardian but she had not provided the facility with the requested information.</p>	V 111	<p>How Often: QIQA Director will monitor/review Provider and Supervision Plan process on a monthly basis to ensure compliance to rule 27G .0205 (A-B) 10A NCAC. and report any findings to the QIQA Committee, Executive Director and Board of Directors</p> <p>Responsible Party: Licensed Professional, Clinton Williams Qualified Professional, /Executive Director, Willie Gilchrist Residential Manager Tirra Benjamin QIQA Director & Management, Regina Peele</p>	
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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: V 114</p> <p>Based on record review and interviews, the facility staff failed to assure disaster drills were completed quarterly per shift. The findings are: During an interview on 4/18/18, the Manager reported the facility operated three shifts: 8:00 AM to 4:00 PM, 4:00 PM to 12:00 AM and 12:00 to 8:00 AM.</p> <p>Review on 4/18/18 of facility disaster drills revealed drills were completed:</p>	V 114	<p>Corrective measures put in place to correct deficient</p> <p>Family Advantage shall comply with an emergency plan and supplies standard/policy. The emergency plan and disaster drill (fire, tornado, flood, etc.) shall be done at least quarterly per shift or as needed. Emergency/disaster drills must be completed within five (5) days upon a new admission.</p> <p>Measure to prevent the problem from occurring again.</p> <p>Documentation shall be maintained of all emergency /disaster drills and submitted to the Quality Improvement Committee (QA/QI) for review. All drills would be stored and available in the staff office.</p> <p>Who will monitor the situation to ensure it will not occur again</p> <p>Monitoring will occur by the QP, AP, QA/QI Committee and LP.</p> <p>How often the monitoring will take place.</p> <p>Monitoring will take place at least weekly by QP and LP and as often as needed. Quality Improvement Committee review chart quarterly or as often as needed. Associate Professional (AP) will monitor Daily</p> <p>Responsible Party:</p> <p>Licensed Professional, Clinton Williams Qualified Professional, /Executive Director, Willie Gilchrist Residential Manager Tirra Benjamin QIQA Director & Management, Regina Peele</p>	05/18/18

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V 114	Continued From page 3 - 4/10/18 at 8:33 PM - 11/13/17 at 11:10 AM - 9/24/17 at 6:45 AM - 7/27/17 at 5:00 PM - 6/26/17 at 5:15 AM - the documentation provided did not reflect a disaster drill was completed at least quarterly for each shift During interviews with clients on 4/18/18: - one client reported he had not participated in a disaster drill - one client reported he had participated in one disaster drill - a third client declined to be interviewed - the fourth client was no a school trip and was not available [This deficiency institutes a recited rule area and must be corrected within 30 days.]	V 114		
V118	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.	V 118	Corrected Measures: Immediately the Family Advantage, LLC Program Director and the Qualified Professional reviewed all current client MARS to ensure all files contained a drug regimen is completed and maintain every six months or as needed; per rule 10A NCAC 27G .0205. Express Care Pharmacist and Qualified Professional will audit each record to ensure compliant with rule 10A NCAC 27G .0205. Family Advantage's medication regimen will be stored at facility office. Preventive Measures: 1. All employee packages will be reviewed by the Human Resources Director / QAQI. This will insure that a medication regimen audit sheet is done every 6 months. 2. Signed and completed drug regimen will be filed in the MARS client record file. 3. MARS chart audits will be performed quarterly by the QAQI / Residential Manager to assure that all required documents are signed and dated. A check list will be instituted and will be kept in file identifying completion and items needed.	05/18/18

MS & P 05/18/18

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V 118	<p>Continued From page 4</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure medications were administered on the written order on a person authorized to prescribe medications for 1 of 3 audited clients (#3). The findings are: Observation on 4/18/18 of client #3's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> - Levothyroxine 25 mg tablets with instructions to administer one tablet daily - Omeprazole DR 20 mg tablets with instructions to administer one tablet daily - Potassium Chloride ER 10 MEQ tablets with instructions to administer one tablet daily - Haloperidol 5 mg tablets filled 2/16/18 and 4/13/18 with instructions to administer 1/2 tablet at hour of sleep 	V 118	<p>Program Director will ensure that all best practices in Human Resources are instituted in the Family Advantage culture through research and through our CARF accreditation family.</p> <p>Trainings: Willie Gilchrist, Executive Director, Tirra Benjamin Program Director/Manager and QA/QI director facilitated a quality review/training of all current client MAR file to ensure all current employees properly sign and credentialed documentation correctly.</p> <p>The content of the training/review covered purpose, policy and procedures for properly following physicians orders. The review revealed all current staff were properly matching the physicians orders, and in compliant with 10A NCAC 27G .0205</p> <p>Who Will Monitor: QIQA Director/Compliance Officer will monitor/review Staff Qualification process to ensure there are no deficiencies or weaknesses. If any deficiencies or weaknesses are noted, they will be reported to the QIQA Committee which reports to the Executive Director.</p> <p>How Often: QIQA Director will monitor/review Staff Qualification process on a quarterly basis to ensure compliance to 10A NCAC 27G .0205 and report any findings to the QIQA Committee, Executive Director and Board of Directors.</p> <p>Responsible Party: Licensed Professional, Clinton Williams Qualified Professional, Executive Director, Willie Gilchrist Residential Manager Tirra Benjamin QIQA Director & Management, Regina Peele</p>	
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Handwritten signature and date: MS & P 05/18/18

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V 118	Continued From page 5 Review on 4/18/18 of client #3's record revealed: - an admission date of 1/18/17 - Discharge Orders from a psychiatric facility dated 8/4/17 with diagnoses including Post Traumatic Stress Disorder, Cyclothymia, Rule out Bipolar Disorder type 1 with mixed psychosis - no physicians' orders were maintained in the record for Levothyroxine, Omeprazole or Potassium Chloride - a physician's order dated 3/23/18 for Haloperidol 5 mg tablets had instructions to administer 1/2 tablet every morning and 1 tablet at hour of sleep - March and April 2018 medication administration records (MARs) had documentation which reflected client #3 was administered 1/2 tablet of Haloperidol 5 mg tablet at hour of sleep During an interview on 4/18/18, the Manager reported she could not locate the missing physicians' orders but would try to obtain them from the doctor's office. The Manager further reported the pharmacy did not fill client #3's most recent Haloperidol order correctly after it changed in March and she nor the other staff caught the discrepancy between what the pharmacy printed on the label and the order signed by the doctor. The Manager reported she and other staff had been giving the medication incorrectly.	V 118		

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