

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>MHL078-317</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>06/08/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>COMMUNITY OUTREACH YOUTH SERVICES</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>177 CARDINAL AVENUE<br/>LUMBERTON, NC 28360</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on June 8, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.</p>  | V 000         |   |                    |
| V 105              | <p><b>27G .0201 (A) (1-7) Governing Body Policies</b></p> <p><b>10A NCAC 27G .0201 GOVERNING BODY POLICIES</b></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</p> | V 105         |   |                    |

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| Division of Health Service Regulation<br>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>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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 interviews and record review, the facility failed to develop and implement written policies for the adoption of standards that ensure operational and programmatic performance</p> | V 105         |   |                    |

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| V 105              | Continued From page 2<br><br>meeting applicable standards of practice for the use of dipstick urine drug screening tests including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:<br><br>During interview on 06/06/18 the Chief Executive Officer (CEO)/Qualified Professional (QP) stated:<br>-Dipstick urine drug tests were performed by staff at the facility whenever a client went on home visits and no CLIA waiver had been obtained.  | V 105         |   |                    |
| V 114              | 27G .0207 Emergency Plans and Supplies<br><br>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES<br>(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.<br>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.<br>(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.<br>(d) Each facility shall have basic first aid supplies accessible for use.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:<br><br>Review on 06/06/18 of facility records of drills | V 114         |   |                    |

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| V 114              | <p>Continued From page 3</p> <p>conducted for August/2017 through June/2018 revealed:</p> <p>Fire Drills:<br/>           August 21, 2017 at 6:50pm<br/>           September 14, 2017 at 6:50pm<br/>           January 6, 2018 at 12:30am<br/>           February 13, 2018 at 6:50 pm<br/>           March 12, 2018 at 6:50pm<br/>           May 15, 2018 at 4:30pm<br/>           - No documented fire drills conducted for each shift and each quater at the facility.</p> <p>Disaster Drills:<br/>           October 10, 2017 at 7:00am<br/>           November 11, 2017 at 4:30pm<br/>           December 7, 2017 at 6:30pm<br/>           April 7, 2018 at 10:30am<br/>           - No documentation of disaster drills conducted for each shift and each quarter at the facility.</p> <p>Interview on 06/06/18 the Chief Executivre Office (CEO)/Qualified Professional (QP) stated:<br/>           - The facility had three shifts.<br/>           - 8am to 4pm, 4pm to 12 midnight and 12 midnight to 8am.<br/>           - He would ensure fire and disaster drills were completed as required.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 114         |   |                    |
| 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</p>  | V 118         |   |                    |

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| V 118              | <p>Continued From page 4</p> <p>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 with a physician.</p> <p><br/></p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, observation and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#1). The findings are:</p> <p><br/></p> <p>Review on 06/06/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 15 year old male.</li> <li>- Admission date of 08/28/17.</li> </ul> | V 118         |   |                    |

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| V 118              | <p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Diagnoses of Cannabis Use Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder.</li> </ul> <p>Review on 06/08/18 of client #1's medication orders revealed:</p> <ul style="list-style-type: none"> <li>- Vyvanse (treats ADHD) 70 milligrams (mg) - take once daily.</li> <li>- Clonidine (treats ADHD) 0.1mg - take twice daily.</li> <li>- Olanzapine (antipsychotic) 10mg - take once daily.</li> <li>- Trazodone (anti-depressant) 100mg - take at bedtime.</li> </ul> <p>Review on 06/08/18 of client #1's March 2018 thru June 2018 MAR's revealed the following blanks:</p> <p>March 2018</p> <ul style="list-style-type: none"> <li>- Vyvanse-10 of 31 days.</li> </ul> <p>April 2018</p> <ul style="list-style-type: none"> <li>- Vyvanse-11 of 30 days.</li> <li>- Clonidine-27 of 60 doses.</li> <li>- Olanzapine-6 of 30 days.</li> <li>- Trazodone-5 of 30 days.</li> </ul> <p>May 2018</p> <ul style="list-style-type: none"> <li>- Vyvanse-31 of 31 days.</li> <li>- Clonidine-10 of 62 doses.</li> <li>- Olanzapine-25 of 31 days.</li> <li>- Trazodone-25 of 31 days.</li> </ul> <p>June 2018</p> <ul style="list-style-type: none"> <li>- Vyvanse-5 of 5 days.</li> <li>- Clonidine-10 of 10 doses.</li> <li>- Olanzapine-5 of 5 days.</li> <li>- Trazodone-5 of 5 days.</li> </ul> <p>Observation on 06/06/18 at approximately</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 6</p> <p>1:00pm revealed no Vyvanse available for administration.</p> <p>Interview on 06/06/18 client #1 stated:</p> <ul style="list-style-type: none"> <li>- He was admitted to the facility in August 2017.</li> <li>- He received his medication daily.</li> <li>- He was not able to recall the names of his medications.</li> <li>- He went to his doctor with his mother every other month.</li> <li>- He had not missed any of his medications.</li> </ul> <p>Interview on 06/06/18 the Chief Executive Officer stated:</p> <ul style="list-style-type: none"> <li>- Client #1 had run out of Vyvanse on 06/05/18.</li> <li>- Client #1's mother was bringing the Vyvanse to the facility today.</li> <li>- He understood the MARs needed to be correct and current.</li> <li>- He would ensure staff document on the MARs when medications are given.</li> <li>- He would ensure the medication orders and MARs were current and correct.</li> </ul> | V 118         |   |                    |