

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DOROTHY'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1024 JUNIUS STREET GASTONIA, NC 28052</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 6/21/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
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: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and were repeated for each shift. The findings are:</p> <p>Review on 6/20/18 of the facility's Fire and Disaster Drill Logs revealed: -No first shift fire and disaster drills for 1st quarter</p>	V 114		

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

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V 114	Continued From page 1  (January - March), 2018.  Interview on 6/20/18 with the Executive Administrator/Owner revealed: -1st shift runs from 8am - 4pm, 2nd shift runs from 3pm - 12am, and 3rd shift runs from 12am - 8am; -Will make sure the complete all shift drills moving forward.	V 114		
V 118	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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118		

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V 118	<p>Continued From page 2</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 interview, record review, and observation, the facility failed to keep MARs current affecting 2 of 3 audited clients (Clients #1 and #2). The findings are:</p> <p>Finding #1 Review on 6/20/18 and 6/21/18 of Client #1's record revealed: -Admission date of 3/12/18; -Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Adjustment Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder; -12 years old; -Physician's order dated 5/14/18 for Clonidine HCl (to treat Attention Deficit Hyperactivity Disorder) 0.1mg 1 ½ tabs at hour of sleep and Guanfacine HCl ER (Extended Release) (to treat Attention Deficit Hyperactivity Disorder) 3mg 1 tab each morning; -May, 2018 MAR revealed Clonidine HCl 0.1mg 1 tab at hour of sleep; -April, May, and June, 2018 MARs revealed Guanfacine HCl ER 2 mg 1 tab each morning.</p> <p>Observation on 6/20/18 at approximately 2:55pm of Client #1's medication revealed: -Clonidine HCl 0.1mg with pharmacy label</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>revealing administration directions of 1 ½ tabs at hour of sleep; -Guanfacine HCl ER 3mg with pharmacy label revealing administration directions of 1 tab each morning.</p> <p>Finding #2 Review on 6/20/18 and 6/21/18 of Client #2's record revealed: -Admission date of 3/12/18; -Diagnosis of Attention Deficit Hyperactivity Disorder; -10 years old; - Physician's order dated 6/6/18 for Guanfacine 3mg 1 tab at hour of sleep; -May and June, 2018 MARs revealed Guanfacine 4mg 1 tab at hour of sleep.</p> <p>Observation on 6/20/18 at approximately 3:00pm of Client #2's medication revealed: -Guanfacine 3mg with pharmacy label revealing administration directions of 1 tab at hour of sleep.</p> <p>Interview on 6/20/18 with the Executive Administrator/Co-Owner revealed: -The MARs were not kept current affecting Client #1. Client #1 received his medications correctly as ordered by his physician. However, there were errors in the April, May, and June, 2018 MARs for an incorrect dosage of Guanfacine HCl and in the May, 2018 MAR for an incorrect dose of Clonidine HCl; -The MARs were not kept current affecting Client #2. Client #2 received his medications correctly as ordered by his physician. However, there were errors in the May and June, 2018 MARs for</p>	V 118		

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V 118	Continued From page 4  incorrect dosage of Guanfacine; -The MARs will be corrected immediately and will be kept current in the future.	V 118		
V 539	27F .0102 Client Rights - Living Environment  10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.  This Rule is not met as evidenced by: Based on interview and observation, the facility failed to ensure personal privacy affecting 3 of 3 audited clients (Clients #1, #2, and #3). The findings are:  Observation on 6/20/18 at approximately 2:05pm of the facility revealed: -The bedroom doors had all been removed throughout the facility.	V 539		

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V 539	Continued From page 5  Interview on 6/20/18 and 6/21/18 with the Executive Administrator/Co-Owner revealed: -The bedroom doors had been removed because clients in the past had barricaded themselves in their bedrooms; -Had not obtained legal guardian consent to remove the bedroom doors and there was no strategies in the treatment plans regarding the removal of the bedroom doors; -Will replace all bedroom doors.	V 539		