

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2018
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NAME OF PROVIDER OR SUPPLIER HALL AVENUE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/18/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 3100 Non-Medical Detoxification For Individuals Who Are Substance Abusers 10A NCAC 27G .5600E Supervised Living for Adults With Substance Abuse Dependency 10A NCAC 27G. 5000 Facility Based Crisis Service For Individuals Of All Disability Groups</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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 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>needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (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; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (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:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>a. Review on 7/17/18 of client #1's record revealed: - Admission date of 7/12/18. - Diagnoses of Opioid Use Disorder, Alcohol Use Disorder, Bipolar Disorder, Diabetes and Hypertension.</p> <p>b. Review on 7/17/18 of client #2's record revealed: - Admission date of 5/22/18. - Diagnoses of Cannabis Use Disorder, Opioid Use Disorder and Hepatitis C.</p> <p>c. Review on 7/17/18 of client #3's record revealed: - Admission date of 1/19/18. - Diagnoses of Alcohol Use Disorder, Cocaine Use Disorder and Human Immunodeficiency Virus.</p> <p>Interview with the Facility Nurse on 7/17/18 revealed: -The nurses would check a client's urine at admission. -Nurses would also randomly do urine drug screens for clients. -Nurses would also do urine drug screens for clients if they suspected clients were using a substance. -He was not aware the facility required a CLIA waiver to do urine drug screens for clients.</p>	V 105		

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V 105	Continued From page 3 -He confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens. Interview with the Clinical Director on 7/17/18 revealed: -The Facility Nurses would do the urine drug screens for clients at admission. -She was not aware the facility required a CLIA waiver to do urine drug screens. -She confirmed the facility failed to have a CLIA waiver in order to complete urine drug screens.	V 105		
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	V 118		

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V 118	<p>Continued From page 4</p> <p>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 reviews and interviews, the facility failed to have physician's orders affecting two of three clients (#1 and #2). The findings are:</p> <p>a. Observation on 7/17/18 at 3:30 PM of client #1's medication box revealed: -Ativan 1 mg, Multivitamin, Folic Acid 1 mg, Thiamine 100 mg, Dilantin 100 mg, Januvia 100 mg, Mirtazapine 7.5 mg, Topiramate 50 mg, Clonidine 0.1 mg, Ibuprofen 200 mg, Robaxin 500 mg, Trazodone 50 mg, Gabapentin 300 mg and Vistaril 25 mg.</p> <p>Review on 7/17/18 of client #1's record revealed: -The July 2018 MAR for client #1 had the following administration dates/times: Ativan 1 mg on 7/12 through 12/14; Multivitamin on 7/13 through 7/17; Folic Acid 1 mg on 7/13 through 7/17; Thiamine 100 mg on 7/13 through 7/17; Dilantin 100 mg on 7/13 through 7/17 AM and 7/12 through 7/16 PM; Januvia 100 mg on 7/13 through 7/17; Mirtazapine 7.5 mg on 7/12 through 7/16; Topiramate 50 mg on 7/13 through 7/17 AM and 7/12 through 7/16 PM; Clonidine 0.1 mg on 7/13 through 7/16; Ibuprofen 200 mg on 7/13 through 7/16; Robaxin 500 mg on 7/13 through 7/15; Trazodone 50 mg on 7/14 through 7/16; Gabapentin 300 mg on 7/14 through 7/16 and</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Vistaril 25 mg on 7/16 and 7/17. -There were no physician's orders for any of the administered medication listed above.</p> <p>Interview with the Nurse Practitioner on 7/17/18 revealed: -He would normally start the medication protocol for each client. -He came to the facility almost daily to do medication orders and look at client's medications. -He thought he possibly forgot to sign the physician's order for client #1. -He confirmed the facility failed to have a physician's order for client #1.</p> <p>b. Observation on 7/17/18 at 4:18 PM of client #2's medication box revealed: -Lisinopril 20 mg, Amlodipine 10 mg and Hydrochlorothiazide 25 mg.</p> <p>Review on 7/17/18 of client #2's record revealed: -The July 2018 MAR for client #2 had the following administration dates/times: Lisinopril 20 mg on 7/1 through 7/17; Amlodipine 10 mg on 7/1 through 7/17 and Hydrochlorothiazide 25 mg on 7/1 through 7/17. -There were no physician's orders for any of the administered medication listed above.</p> <p>Interview with the Clinical Director on 7/17/18 and 7/18/18 revealed: -The Nurse Practitioner was primarily responsible for writing medication orders for clients. -The Nurse Practitioner would normally visit the facility several days a week. -Clients' #1 and #2 were administered medication by the facility nurses. -She was not sure why the Nurse Practitioner had not signed the physician's order for clients' #1</p>	V 118		

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V 118	Continued From page 6 and #2. -She confirmed the facility failed to have physician's orders for clients' #1 and #2.	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of six audited staff (staff #1). The findings are:</p> <p>Review on 7/18/18 of the facility's personnel files revealed: -Staff #1 had a hire date of 1/15/18. -Staff #1 was hired as a Healthcare Technician. -Staff #1 had a HCPR check completed on 7/18/18. -There was no documentation of a HCPR check completed for staff #1 prior to hire.</p> <p>Interview on 7/18/18 with the Human Resources Director revealed: -She had been the Human Resources Director for almost a year.</p>	V 131		

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V 131	<p>Continued From page 7</p> <p>-She was not aware that she had to access the HCPR for employees prior to hire. -She confirmed the HCPR check was not completed for staff #1 prior to hire.</p> <p>Interview on 7/18/18 with the Clinical Director confirmed: -The HCPR check was not completed for staff #1 prior to hire.</p>	V 131		