

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>A BETTER PATH, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 SOUTH BEAUMONT AVENUE BURLINGTON, NC 27217</b>
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V 000	INITIAL COMMENTS  An annual survey was completed on August 1, 2018. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 1300 Residential Treatment for Children or Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are:  Record review on 7/31/18 of the facility's fire drill log revealed the following: -7/7/18- 2nd shift -7/4/18- 1st shift -7/1/18- 1st shift	V 114	<i>This deficiency can be monitored better and management staying on top of this rule - by making sure all shifts are covered by doing the drills.</i>  DHSR - Mental Health AUG 06 2018 Lic. & Cert. Section	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Deborah C McFee*

TITLE  
*Director*

(X6) DATE  
*8/3/18*

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V 114	<p>Continued From page 1</p> <p>-6/30/18- 2nd shift -6/20/18- 3rd shift -5/17/18-1st shift -5/5/18-2nd shift -4/4/18-2nd shift -3/18/18-3rd shift -3/3/18-1st shift -2/10/18-2nd shift -1/14/18-3rd shift -12/15/17- 2nd shift -11/14/17- 1st shift -10/18/17-1st shift -10/1/17- 2nd shift -For the fourth quarter of 2017 there was no fire drills for 3rd shift.</p> <p>Record review on 7/31/18 of the facility's disaster drill log revealed the following: -7/14/18- 1st shift -6/16/18- 2nd shift -6/6/18- 2nd shift -5/20/18-1st shift -5/2/18-2nd shift -5/1/18-2nd shift -4/15/18-2nd shift -3/17/18-2nd shift -2/24/18-2nd shift -1/3/18-2nd shift -1/2/18-2nd shift -12/28/17-1st shift -12/3/17-2nd shift -11/4/17-2nd shift -10/28/17-2nd shift -10/13/17-3rd shift -For the second quarter of 2018 there was no disaster drills for 3rd shift. -For the first quarter of 2018 there were no disaster drills for 1st and 3rd shifts.</p> <p>Interview with staff #1 on 7/31/18 revealed:</p>	V 114		

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V 114	Continued From page 2 -They had three separate shifts in the group home. -She had talked to other staff about doing the fire and disaster drills during their shifts. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.  Interview with the Licensee on 7/31/18 revealed: -The group home had three separate shifts. -She had an accreditation through another agency. -The accreditation agency required staff to do a lot of fire and disaster drills. -She was not aware staff were not doing fire and disaster drills during all three shifts. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	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	V 118	<i>This is a deficiency that can be monitored better by checking more frequently on medicine refills and that physicians orders are being followed. Making sure all dates are initialed when medicine is given.</i>	

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V 118	<p>Continued From page 3</p> <p>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. (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 interviews the facility failed to ensure staff followed a clients physician's order and failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p>1. The following is evidence the facility failed to follow a clients physician's order.</p> <p>Review on 7/31/18 of client # 1's record revealed: -Admission date of 2/15/18. -Diagnoses of Major Depressive Disorder and Attention Deficit Hyperactivity Disorder. -Physician's order dated 6/22/18 for Abilify 15 mg, one tablet daily. -The May 2018 MAR had blank spaces on 5/4 through 5/15.</p> <p>Interview with staff #1 on 7/31/18 revealed: -Client #1 did run out of Abilify in May 2018. -Client #1 was out of the Abilify medication for a</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>little over a week.</p> <ul style="list-style-type: none"> <li>-Client #1 was out of Abilify because the pharmacy needed a preauthorization from the physician.</li> <li>-She made every effort to get a preauthorization from the physician.</li> <li>-It took a while to get the physician's office to send over the preauthorization.</li> <li>-She confirmed staff failed to follow the physician's order for client #1.</li> </ul> <p>Interview with the Licensee on 7/31/18 confirmed:</p> <ul style="list-style-type: none"> <li>-Staff failed to follow the physician's order for client #1.</li> </ul> <p>2. The following is evidence the facility failed to keep the MAR current.</p> <p>Observation on 7/31/18 at 2:00 PM of the medication area for client #1 revealed:</p> <ul style="list-style-type: none"> <li>-There was a bubble pack of Linzess 145 mcg medication in the medication container.</li> </ul> <p>Review on 7/31/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-Physician's order dated 7/26/18 for Linzess 145 mcg, one capsule daily.</li> <li>-The July 2018 MAR did not have the Linzess 145 mcg listed.</li> </ul> <p>Interview with staff #1 on 7/31/18 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 just recently received the Linzess medication for her stomach issues.</li> <li>-Client #1 did take a few doses of the Linzess in July.</li> <li>-Client #1 was originally prescribed Amitiza for her stomach.</li> <li>-The pharmacy did not fill the Amitiza medication because it was not authorized.</li> <li>-The pharmacy sent them the Linzess, however they failed to add it to the July MAR.</li> </ul>	V 118		

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V 118	Continued From page 5  -She did not add the Linzess to the July MAR. -They were told by another State Surveyor they could not add new medications to the MAR. -She confirmed staff failed to keep the MAR current for client #1.  Interview with the Licensee on 7/31/18 confirmed: -Staff failed to keep the MAR current for client #1.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to employment for one of five audited staff (staff #2). The findings are:  Review on 7/31/18 of the facility's personnel files revealed: -Staff #2 had a hire date of 4/23/18. -Staff #2 was hired as a Residential Counselor/Paraprofessional. -Staff #2 had a HCPR check completed on 7/31/18. -There was no documentation of a HCPR check	V 131	<i>Administration will make sure that all required personal registry's will be ran before hiring any personnel.</i>	

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V 131	<p>Continued From page 6</p> <p>completed for staff #2 prior to hire.</p> <p>Interview on 7/31/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> <li>-She went to website and attempted to access the HCPR check for staff #2 prior to hire.</li> <li>-There was no information listed on the HCPR check for staff #2.</li> <li>-She was only able to print a blank page.</li> <li>-She confirmed the HCPR check was not completed for staff #2 prior to hire.</li> </ul>	V 131		