Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL001-016 07/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 HALL AVENUE** HALL AVENUE FACILITY **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on 7/18/18. **DHSR** - Mental Health Deficiencies were cited. This facility is licensed for the following service AUG 072018 10A NCAC 27G. 3100 Non-Medical Detoxification Lic. & Cert. Section 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 V 105 V 105 27G .0201 (A) (1-7) Governing Body Policies To correct the deficient practice, RTSA 8/27/2018 10A NCAC 27G .0201 GOVERNING BODY will apply to DHHS to meet CLIA POLICIES certification. All clients will be educated (a) The governing body responsible for each and asked to sign a consent for CLIA facility or service shall develop and implement UDS testing to be performed. written policies for the following: (1) delegation of management authority for the Acquisition of CLIA certification and operation of the facility and services; production of CLIA UDS waiver will (2) criteria for admission; prevent RTSA from falling out of (3) criteria for discharge; compliance. (4) admission assessments, including: (A) who will perform the assessment; and The collection of signed CLIA waivers (B) time frames for completing assessment. will be monitored by clinical and nursing (5) client record management, including: staff upon admission. To ensure that (A) persons authorized to document; CLIA waivers remain present, charts (B) transporting records; will be reviewed by staff on at least (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; a quarterly basis. (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

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LABORATORY, DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

If continuation sheet 1 of 8

Cuywor 3<sup>10</sup>, 2018

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-016	B. WING		07/	18/2018
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V 105	needs; and (C) the disposition, recommendations; (7) quality assurance activities, including: (A) composition and assurance and quality assurance and quality assurance and quality assurance and quality and appropriate including delineation utilization of services (D) professional or of a requirement that approfessionals and poshall be supervised that area of service; (E) strategies for im (F) review of staff quality and programs of services (G) review of all fata were being served in residential programs (H) adoption of standard programmatic papplicable standards purpose, "applicable means a level of correference to the premethods, and the desired activities of the services (E) strategies for im (F) review of staff quality and programmatic papplicable standards purpose, "applicable means a level of correference to the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods, and the desired in the services of the premethods of the services of the premethods of the services of the premethods of the services of the premethod of the services of the premethod of the services of the premethod of the services of the	including referrals and e and quality improvement If activities of a quality ity improvement committee; issurance and quality initoring and evaluating the atteness of client care, in of client outcomes and is; clinical supervision, including itaff who are not qualified rovide direct client services by a qualified professional in proving client care; ualifications and a ito grant in privileges: ilities of active clients who in area-operated or contracted is at the time of death; dards that assure operational erformance meeting is of practice. For this is standards of practice' impetence established with vailing and accepted igree of knowledge, skill and in her practitioners in the field;	V 105			

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ B. WING MHL001-016 07/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 HALL AVENUE** HALL AVENUE FACILITY **BURLINGTON, NC 27215** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 105 V 105 Continued From page 2 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: 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. 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. 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. 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

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screens for clients.

-Nurses would also do urine drug screens for clients if they suspected clients were using a

-He was not aware the facility required a CLIA waiver to do urine drug screens for clients.

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MAR is to include the following:

(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

(A) client's name:

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Gabapentin 300 mg on 7/14 through 7/16 and

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V 118	administered medical Interview with the Narevealed:  -He would normally for each client.  -He came to the fact medication orders at medications.  -He thought he possiphysician's order for the confirmed the fact physician's order for the July 2018 MAR following administration on 7/1 through 7/17 and Hy 7/1 through 7/17 and Hy 7/1 through 7/17.  -There were no physical medical interview with the Cl 7/18/18 revealed:  -The Nurse Practition for writing medication the Nurse Practition facility several days clients' #1 and #2 who the facility nurses she was not sure well as the sure was not sure well as the sure of the sure o	16 and 7/17. sician's orders for any of the ation listed above.  urse Practitioner on 7/17/18 start the medication protocol illity almost daily to do and look at client's sibly forgot to sign the r client #1. acility failed to have a r client #1. /17/18 at 4:18 PM of client revealed: mlodipine 10 mg and 25 mg. of client #2's record revealed: R for client #2 had the tion dates/times: Lisinopril 20 //17; Amlodipine 10 mg on 7/1 //drochlorothiazide 25 mg on sician's orders for any of the ation listed above.  linical Director on 7/17/18 and oner was primarily responsible on orders for clients. oner would normally visit the a week. were administered medication	V 118				

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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V 1	and #2She confirmed the	ge 6 facility failed to have or clients' #1 and #2.	V 118			
V 1	Verification  G.S. §131E-256 HEREGISTRY  (d2) Before hiring health care facility of health care facility of health care facility of health care facility of access in the appropriate of access in the access in the appropriate of access in the access in the appropriate of access in the access	view and interviews, the less the Health Care Personnel ior to employment for one of aff #1). The findings are:  of the facility's personnel files date of 1/15/18.  as a Healthcare Technician.  PR check completed on immentation of a HCPR check	V 131	To correct the cited deficiency, director will reference current employees, who have not previous been referenced, against the He Care Personnel Registry.  To prevent the cited deficiency reoccurring, the HR director will reference all future candidates femployment against the Health Care Personnel Registry Employees will be referenced at the Health Care Personnel Registry Employees will be referenced at least every five years to ensure RTSA remain in compliance.  Referencing of candidates again Health Care Personnel Registry be conducted by the HR director to employment of all future candidates.	ously ealth from for gainst istry are that the will r prior	8/27/2018

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