

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HALL AVENUE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>136 HALL AVENUE BURLINGTON, NC 27215</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<b>INITIAL COMMENTS</b>  An annual survey was completed on 7/18/18. Deficiencies were cited.  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	V 000	<b>DHSR - Mental Health</b>  <b>AUG 07 2018</b>  <b>Lic. &amp; Cert. Section</b>	
V 105	<b>27G .0201 (A) (1-7) Governing Body Policies</b>  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	V 105	To correct the deficient practice, RTSA will apply to DHHS to meet CLIA certification. All clients will be educated and asked to sign a consent for CLIA UDS testing to be performed.  Acquisition of CLIA certification and production of CLIA UDS waiver will prevent RTSA from falling out of compliance.  The collection of signed CLIA waivers will be monitored by clinical and nursing staff upon admission. To ensure that CLIA waivers remain present, charts will be reviewed by staff on at least a quarterly basis.	8/27/2018

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

TITLE

(X6) DATE

STATE FORM

6899

JIZD11

If continuation sheet 1 of 8

*Candace E. Carter* *Chemical Director*

*August 3<sup>rd</sup>, 2018*

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

136 HALL AVENUE  
BURLINGTON, NC 27215

This Rule is not met as evidenced by:

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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:</p> <ul style="list-style-type: none"> <li>- Admission date of 7/12/18.</li> <li>- Diagnoses of Opioid Use Disorder, Alcohol Use Disorder, Bipolar Disorder, Diabetes and Hypertension.</li> </ul> <p>b. Review on 7/17/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/22/18.</li> <li>- Diagnoses of Cannabis Use Disorder, Opioid Use Disorder and Hepatitis C.</li> </ul> <p>c. Review on 7/17/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 1/19/18.</li> <li>- Diagnoses of Alcohol Use Disorder, Cocaine Use Disorder and Human Immunodeficiency Virus.</li> </ul> <p>Interview with the Facility Nurse on 7/17/18 revealed:</p> <ul style="list-style-type: none"> <li>-The nurses would check a client's urine at admission.</li> <li>-Nurses would also randomly do urine drug screens for clients.</li> <li>-Nurses would also do urine drug screens for clients if they suspected clients were using a substance.</li> <li>-He was not aware the facility required a CLIA waiver to do urine drug screens for clients.</li> </ul>	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	To correct the cited deficiency, each residential client will be scheduled a one-on-one session with a staff RN to ensure that all medications are correctly transcribed and have corresponding physicians orders.  To prevent the cited deficiency from reoccurring, third shift nursing staff will review Medication Administration Records to ensure that correct orders are present and that RTSA remains within compliance. Furthermore, an announcement will be made at a staff meeting to be held 08-14-2018 reaffirming the correct policies and procedures surrounding physicians orders, particularly that all physicians orders are to be signed within 24 hours of admission.  Collection of signed physicians orders will be monitored by clinical and nursing staff. The continued presence of signed physicians orders, charts will be reviewed by staff on an at least quarterly basis.	8/27/2018
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	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 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:  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.  Interview on 7/18/18 with the Human Resources Director revealed: -She had been the Human Resources Director for almost a year.	V 131	To correct the cited deficiency, the HR director will reference current employees, who have not previously been referenced, against the Health Care Personnel Registry.  To prevent the cited deficiency from reoccurring, the HR director will reference all future candidates for employment against the Health Care Personnel Registry. Employees will be referenced against the Health Care Personnel Registry at least every five years to ensure that RTSA remain in compliance.  Referencing of candidates against the Health Care Personnel Registry will be conducted by the HR director prior to employment of all future candidates.	8/27/2018

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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.</p> <p>-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:</p> <p>-The HCPR check was not completed for staff #1 prior to hire.</p>	V 131		