

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
---	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/27/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 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 record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 8/27/18 of fire and disaster drills from July 2017-June 2018 revealed: -No documentation of fire drill having been conducted during: --1st shift from April 2018 through June 2018. --2nd shift from October 2017 through December</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
---	---

(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 114	<p>Continued From page 1</p> <p>2017; January 2018 through March 2018 nor April 2018 through June 2018. --3rd shift from January 2018 through March 2018 nor April 2018 through June 2018.</p> <p>-No documentation of disaster drill having been conducted on: --1st shift from January 2018 through March 2018 nor April 2018 through June 2018. --2nd shift from January 2018 through March 2018 nor April 2018 through June 2018. --3rd shift from January 2018 through March 2018 nor April 2018 through June 2018.</p> <p>Interview on 8/27/18 with the Residential Director revealed: -Disaster drills were conducted campus wide by the maintenance department but each cottage was responsible for recording it in their log books. -Each cottage had a Program Manager (PM) who was responsible for making sure fire drills were completed. -The PMs had been providing coverage-filling in gaps when needed, which had taken most of their time. -He was responsible for supervising each cottage PM and making sure they followed the corporate master schedule. -They now have an administrative position who will be in charge of seeing that fire and disaster drills are completed as scheduled.</p>	V 114		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
---	---

(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 123	<p>Continued From page 2</p> <p>pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 2 of 4 sampled clients (Client #3 and Former Client (FC) #4). The findings are:</p> <p>Record review on 8/24/18 for Client #3 revealed: -Admission date of 7/5/18 with diagnoses of Bipolar Disorder, Oppositional Defiant Disorder (ODD), Post- Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD) and Asthma.</p> <p>Review on 8/24/18 of Incident Reports for Client #3 from 2/1/18-8/15/18 revealed: -2 incident reports- one 1 of which was a medication error. -Client #3 refused the 8am dose of Loratadine due to making her sleepy. -No notification to pharmacist or physician was made.</p> <p>Record review on 8/24/18 for FC #4 revealed: -Admission date of 5/2/18 with diagnoses of ODD, Disruptive Mood Dysregulation Disorder, ADHD and Borderline Intellectual Disability. -Discharge date of 7/12/18. Review on 8/24/18 of Incident Reports for FC #4 from 5/15/18-7/5/18 revealed: -15 incident reports- 3 of which were medication</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
---	---

(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 123	<p>Continued From page 3</p> <p>errors.</p> <p>--5/15/18-Client left campus for a family visit, did not take his eye drops and missed his 1pm dose. "Health Professional Guidance for Medication Error: Continue with eye drops this evening upon return." No immediate notification or identification of who was contacted or when.</p> <p>--5/28/18-Client "refused his Fluticasone cream this morning saying he does not need it today." "Health Professional Guidance for Medication Error: [Medical Director (MD)] will be notified in evening report." No immediate notification was made.</p> <p>--6/30/18-"When giving meds this AM, student noticed an extra med and asked what they were. I let him know that 3 were for allergies and one was Guanfacine, he did not allow me to explain before he refused and started escalating. He refused mouth check and then refused med watch and eyesight ..." Client refused medication through 7/12/18. "Health Professional Guidance for Medication Error: Per nursing judgment, will try to begin this medication tomorrow. Will inform [MD]. [MD] notified evening report for all refused days." No immediate notification was made.</p> <p>Interview on 8/27/18 with the Registered Nurse (RN) revealed:</p> <ul style="list-style-type: none"> -There were 13 RNs on staff to cover the entire campus. -There were 2 RNs on campus from 6am-10pm. -Numerous attempts were made to convince clients to take ordered medications. -Notified lead RN either by text or phone for any missed or refused medications. -Made "nursing judgment" for missed or refused medications as to what medications required immediate notification to MD. Otherwise MD would be notified at evening report. -The RN had evening report every night between 	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-203	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER REUTER COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2 COMPTON DRIVE ASHEVILLE, NC 28806
---	---

(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 123	Continued From page 4 10pm and 11pm with MD. Interview on 8/27/18 with the Director of Performance and Quality Improvement revealed: -She was unaware of the requirement for immediate notification to physician or pharmacist for refused or missed meds as it had never been cited before. -"We will figure this out."	V 123		