

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-451	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2018
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NAME OF PROVIDER OR SUPPLIER HEALING TRANSITIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 GOODE STREET RALEIGH, NC 27603
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(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 Survey was completed on August 24, 2018. Deficiencies were cited.</p> <p>The facility is licensed for a 10A NCAC 27G 3200 Social Setting Detoxification.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the 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>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure prescriptions drugs were administered on the written order of a person authorized by law to prescribed drugs for two of three audited clients (#5 and #11). The findings are:</p> <p>Review on 08/23/18 of the facility's public record maintained by Division of Health Service Regulation revealed: -An approved Waiver dated 05/22/18 Rule 10A NCAC 27G .0209 (c)(2) provides, "[m]edications shall be self-administered by clients only when authorized in writing by the client's physician....Renewal of the waiver will allow clients to self-administer their own medications without authorization in writing by the client's physician"...no other rules regarding medications included in the Waiver</p> <p>A. Observation on 08/23/18 between 11:30 AM-12 Noon of client #5's medications revealed Carvedilol (Beta blocker used to treat high blood pressure) 25 mg one tablet twice a day</p> <p>Review on 08/23/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 08/20/18 - Diagnosis of Substance Use, Hypertension and Asthma - No physician's orders <p>B. Observation on 08/23/18 between 11:30 AM-12 Noon of client #11's medications revealed: Seroquel (antipsychotic used to treat</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Schizophrenia) 300 mg one tablet at night, Celexa (Selective Serotonin Inhibitor used to treat depression) 20 mg one tablet daily, Neurontin (nerve management medication) 300 mg two tablets three times a day and Trazadone (antidepressant) 50 mg one tablet at night.</p> <p>Review on 08/23/18 of client #11's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 08/21/18 - Diagnosis of Substance Use - No physician's orders <p>During interview on 08/23/18, the Program's Coordinator reported:</p> <ul style="list-style-type: none"> - He was aware of the Waiver and knew the premise of the Waiver was regarding medications and the physician - The physician was not at the facility full time...physician would sign orders for the clients on the day he was physically at the facility. - Clients did not see the physician upon admission or as part of the admission process....he used to sign the physician's orders periodically. 	V 118		
V 221	<p>27G .3201 Social Setting Detox - Scope</p> <p>10A NCAC 27G .3201 SCOPE</p> <p>(a) Social setting detoxification is a 24-hour residential facility which provides social support and other non-medical services to individuals who are experiencing physical withdrawal from alcohol and other drugs.</p> <p>(b) Individuals receiving this service need a structured residential setting but are not in need of immediate medical services; however, back-up physician services shall be available, if indicated.</p> <p>(c) The facility is designed to assist individuals in</p>	V 221		

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V 221	<p>Continued From page 3</p> <p>the withdrawal process and to prepare them to enter a more extensive treatment and rehabilitation program.</p> <p>This Rule is not met as evidenced by: Based on interviews, the facility failed to assure services were provided to persons only within its licensure scope of practice. The findings are:</p> <p>During interview on 08/23/18, three of three staff reported: -At night, the physical property provided housing to the homeless population. Once the assigned area for the homeless population was at capacity, if beds were vacant in the area licensed for social setting detoxification, the homeless population was housed in those beds. The overflow of homeless population occurred at least twice a week</p> <p>During interview on 08/23/18, the Program Coordinator reported: -Agency was in the process of trying to expand their spacing within the facility in hopes of eliminating the co-mingling of the licensed service of detoxification with the unlicensed service of shelter for the homeless.</p>	V 221		