Division of Health Service Regulation

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REUTER COTTAGE	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	INITIAL COMMENTS An annual and follow up survey was completed on 8/27/18. Deficiencies were cited. 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.	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 11:18 am, Sep 24, 2018	
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 review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: 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	V 114	**10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES** Eliada's Residential Treatment Fire and Disaster Drill Procedures and Drill Log have been revised. (attached for review) Revised procedures were reviewed with Cottage Supervisors on 9/17/18 and Direct Care staff were trained on the new procedures and compliance standards during the Team Supervision Meeting on 9/18/18.	9/17/18 9/17/18 9/18/18

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

Kelley Haislo, MSW, Director of Performance and Quality Improvement — 9/21/18

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REUTER COTTAGE	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	Continued From page 1 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. -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. 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.	V 114	**10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES** Eliada's Maintenance Supervisor will develop an annual schedule for Disaster Drills to ensure that all types are scheduled with appropriate shift variation. The cottage drill log will be compared to this annual schedule by the Residential Administrative Assistant to ensure compliance and accuracy. As reflected on the Revised Fire and Disaster Drill Procedure, the Residential Administrative Assistant will monitor drill completion and documentation monthly: I. Drills must be completed by the 15th of each month. Cottage supervisors are required to scan each cottage's drill log and email to the Residential Administrative Assistant by the 25th each month. II. The Residential Administrative Assistant will notify the respective Cottage Supervisor, Residential Director and PQI team of any incomplete drills on the 26th each month, or the first business day following the 25th. III. The Residential Administrative Assistant will send an email confirmation that all monthly drills have been completed by the 1st of the month (for the month prior) to the Residential Director and PQI	10/1/18 9/18/18
V 123	27G .0209 (H) Medication Requirements 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	V 123		

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REUTER COTTAGE	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 2 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. . 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: 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. 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. 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	V 123	**10A NCAC 27G .0209 MEDICATION REQUIREMENTS** Eliada's Nurse Manager, in consultation with Eliada's Medical Director and Physician's Assistant revised the documentation and notification protocol for medication errors. The new protocol directs: • The student's primary care provider or pharmacy will be notified IMMEDIATELY in the event of any medication error. This INCLUDES medication refusals by the student. • If a psych medication was missed or an error occurred, Eliada's Medical Director (Psychiatrist) will be contacted immediately. • If a medication that Eliada's PA prescribed was missed or another error occurred, Eliada's nursing department will notify the PA immediately and seek guidance for monitoring symptoms. • Eliada nurses may contact the pharmacy to provide immediate notification of student refusals of medications that were prescribed by an external physician or to seek additional recommendations and advice for monitoring symptoms or side effects. • An incident report is completed for every medication error. The administering nurse must document the medication error notification in the professional guidance section of Incident Report, including date/ time and provider notified, as well	8/30/18

			as specific recommendations or education received. • The nurse completing the Incident Report also notifies one lead nurse, who reviews the incident documentation and adds their recommendations and confirmation of follow-up in the supervisory debriefing section of the incident report. • The Eliada nursing team will continue to include medication error reports in the evening correspondence which provides a summary of student needs/issues with the nurse team, Medical Director, PA, PQI and Residential Leadership.. The above protocol was provided to all nurses, Eliada's Medical Director and PA.	8/30/18

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REUTER COTTAGE	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 3 errors. --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. --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. --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. Interview on 8/27/18 with the Registered Nurse (RN) revealed: -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		

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

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REUTER COTTAGE	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		

Eliada Homes, Inc.
FIRE & Disaster DRILL LOG

COTTAGE:_____

MONTH/YEAR:_____

Immediately and accurately complete each section of this log upon completion of the Drill. One fire drill and one disaster drill must be completed each month.

Type of Drill (please specify what type of disaster)	**Date**	**Shift**	**Start Time**	**Time all students in the designated location**	**Designated Location**	**Notes**	**Staff Signature**
Fire		□ 1st □ 2nd □ 3rd					
Disaster: □ Tornado □ Earthquake □ Chemical Release □ Bomb Threat □ Partially Secure Lockdown □ Fully Secure Lockdown		□ 1st □ 2nd □ 3rd					

Agency Disaster Plan reviewed with new students admitted to the program:				
Date of Admit	**Date of Review**	**Student Initials**	**Notes**	**Staff Signature**

Updated 10/2012; Revised 9/2018 kls

Residential Treatment

Fire and Disaster Drill Procedures

I. Residential Cottage Supervisors complete a review of the Agency Disaster Plan with each new student admitted to the Cottage within 24 hours.

II. Residential Programs conduct two Emergency Disaster Drills each month**:**

- **Fire Drill**
- **Disaster Drill** (One disaster drill needs to be done each month; Disaster drills will be initiated by the Facilities Supervisor. Program staff are required to document the drill and indicate on Drill Log the type conducted)
    - Tornado Drill
    - Earthquake Drill
    - Chemical/Hazardous Materials Release
    - Evacuation due to a Bomb Threat
    - Secure Campus Lockdown (Partial and Full)

III. Monthly Drills will be conducted quarterly on each shift per the schedule below. Drills are to be conducted under conditions which simulate the emergency.

IV. Drills may be conducted on the same day provided it is clear they are separate drills and documented as such, however, it is preferable to do them on different days when possible.

V. Drills must be completed by the 15th of each month. Cottage supervisors are required to scan each cottage's drill log and email to the Residential Administrative Assistant by the 25th each month.

VI. The Residential Administrative Assistant will notify the respective Cottage Supervisor, Residential Director and PQI team of any incomplete drills on the 26th each month, or the first business day following the 25th.

VII. The Residential Administrative Assistant will send an email confirmation that all monthly drills have been completed by the 1st of the month (for the month prior) to the Residential Director and PQI

VIII. Drills are documented on the Drill Log and kept in the cottages **RED** Safety Notebook.

a. Paper copies of the drill logs are maintained on site in the **RED** Safety Notebook in each cottage for a full calendar year. The Residential Administrative Assistant will verify that a scanned copy of the drills for the full year have been received saved, and will then direct the Cottage Supervisor to shred to the paper copies.

Quarterly Drill Rotation

Responsible Shift	**1st Shift**	**2nd Shift**	**3rd Shift**
Quarter 1	July	August	September
Quarter 2	October	November	December
Quarter 3	January	February	March
Quarter 4	April	May	June