STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-026	A. BUILDING: _____ B. WING _____	R 09/21/2018

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ROBERT S SWAIN RECOVERY CENTER	932 OLD US 70 BLACK MOUNTAIN, NC 28711

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9/21/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders.	V 000		
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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 1 of 4 clients (Former Client (FC) #4). The findings are: Record review on 9/20/18 for FC #4 revealed: -Admission date of 7/31/18 with diagnosis of Stimulant Use Disorder. -Discharge date of 8/27/18. -Physician order dated 6/28/18 for Acetaminophen 250-500mg 1-2 tabs every 4 hours as needed (PRN). -Physician order dated 8/16/18 for Acetaminophen 200mg 3 tabs three times daily for tooth pain/infection. Review on 9/20/18 of MARs for August 2018 revealed: -Acetaminophen 500mg administered 2 tabs at each dose on: --8/17/18 at 7:20pm, 9:52pm and 11:50pm (daily total 3000mg); --8/18/18 at 6:09am and 9:58pm (daily total 2000mg); --8/19/18 at 5:50am, 9:52pm and 10:34pm (3000mg); --8/20/18 at 5:43am and 5:45pm (2000mg). -Hand written note attached to August MAR referred to original standing order for PRNs per Clinical Director. -The current order to administer 200mg 3 times daily was not followed.	V 118		

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V 118	Continued From page 2 Interview on 9/20/18 with the School Teacher/Medication Coordinator revealed: -"I thought we had to follow the most current order". -"The clinical director is not a doctor and can't overrule what the doctor wrote". -"This client's orders were a bit confusing. He was in pain from an abscessed tooth."	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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V 366	Continued From page 3 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The	V 366		

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V 366	Continued From page 4 final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to Level I incidents. The findings are: Review on 9/20/18 of Level I incident reports from 4/1/18-9/18/18 revealed:	V 366		

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V 366	Continued From page 5 -65 Level I incident reports. -37 of these were medication related errors. -9 had no disposition or follow up to the incident. Interview on 9/20/18 with the School Teacher/Medication Coordinator revealed: -The new process was for catching missed or medications given incorrectly was the responsibility of each shift to review the previous shift. If staff found a med was missed they would contact the pharmacist to determine if the medication could still be given or just resumed at next dose. They were also having 3rd shift review all MARs. That staff who made the error would be responsible for completing an incident report with the required information. -"I guess we need to beef up our incident report training."	V 366		