

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-026</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/21/2018</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

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

(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 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	<b>DHSR - Mental Health</b>  <b>OCT 10 2018</b>  <b>Lic. &amp; Cert. Section</b>	
V 118	<b>27G .0209 (C) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (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	1) In staff meeting On 9/26/18 Clinical Director stated that she was in error on 8/20/18 to approve the use of a Standing Medication Order (SMO) that was not the most current SMO for the client.  2) At the same staff meeting Clinical Director reiterated that staff is not to call her to ask for permission to alter any current SMO for any client as she is not doctor.  3) Attached is the a) is the 9/26/18 staff meeting agenda b) sign-in sheet that staff attended the meeting c) new request for medical attention to ensure client brings a copy of their SMO when they return from a medical pass.	9/26/18

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

TITLE

(X6) DATE

*Vernetta Eleazer*

*Clinical Director*

*10/5/18*

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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>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:</p> <p>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.</p>	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	a	
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	1) At Staff meeting on 9/26/18 staff participated in an Incident Report training and were instructed to complete incident report during shift that the incident occurs and to note on shift change if the next shift needs to follow up.	9/26/18

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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	<p>Continued From page 4</p> <p>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</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>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:</p> <p>Review on 9/20/18 of Level I incident reports from 4/1/18-9/18/18 revealed:</p>	V 366		



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V 366	<p>Continued From page 5</p> <p>-65 Level I incident reports. -37 of these were medication related errors. -9 had no disposition or follow up to the incident.</p> <p>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."</p>	V 366			

Staff Meeting Agenda  
9/26/18

1pm Client safety

History of Swain Medication System

Audit results Standing Medication Orders (SMO)

Clarification

- 1) Use most current SMO
- 2) Only a physician can change a SMO

1:30pm New standing med order form

New Request for medical services form

1:45pm Incident Reports Training

- 1) Incident Report complete on shift that incident occur
- 2) Fill IR out completely
- 3) Make sure to complete narrative description
- 4) Sign and date report
- 5) Complete narrative of follow-up or note in shift change that next shift must follow up because follow-up is occurring on next shift
- 6) Sign follow-up

2:30pm Check-in, staff needs

# Monthly Staff Meeting Sign-in Sheet

Date: 9/26/18

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17





**Insight Human Services  
INCIDENT REPORT**

IRIS Level for this report:

☒ I    ☐ II    ☐ III

Directions: Complete this form, as fully and as accurately as possible, stating facts on any unusual occurrence involving a client, staff member or the physical plant. Route the completed form to your supervisor. Supervisor review and sign the form and route to the Chief Operating Officer within 48 hours of the incident. **DO NOT PLACE IN CLIENT CHART.**

Date of Report	Date of Incident	Time of Incident	Staff Reporting	Supervisor of Reporter
Name of Party Involved in Incident		Address		Sex
Identification: <input type="checkbox"/> Client <input type="checkbox"/> Visitor <input type="checkbox"/> Staff <input type="checkbox"/> Other		Location of Incident:		Equipment Involved: (Specify)  <input type="checkbox"/> Faulty <input type="checkbox"/> Not Faulty
Client: Program		Activity:		Condition Before Incident:  <input type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Other <input type="checkbox"/> Specify:
<b>Nature of Alleged Injury/Damage (Check all that apply)</b>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contusion, cut, laceration  <input type="checkbox"/> Contagious, infectious disease  <input type="checkbox"/> Fracture, dislocation  <input type="checkbox"/> Sprain, strain         </div> <div> <input type="checkbox"/> Needle wound  <input type="checkbox"/> Concussion  <input type="checkbox"/> Burn, scald  <input type="checkbox"/> Overdose         </div> <div> <input type="checkbox"/> No injury  <input type="checkbox"/> No apparent injury  <input type="checkbox"/> Property damage  <input type="checkbox"/> Other         </div> </div>				
<b>Nature of Incident (Check all that apply)</b>				
<u><b>SLIP/FALL</b></u> <input type="checkbox"/> While walking <input type="checkbox"/> While sitting <input type="checkbox"/> On stairs <input type="checkbox"/> Other <u><b>BURN</b></u> <input type="checkbox"/> Electricity <input type="checkbox"/> Heating appliance <input type="checkbox"/> Spill <input type="checkbox"/> Other <u><b>MEDICAL</b></u> <input type="checkbox"/> Needle stick <input type="checkbox"/> Contamination <input type="checkbox"/> Venipuncture <input type="checkbox"/> Medication error <input type="checkbox"/> Medication reaction <input type="checkbox"/> Other	<u><b>TRAFFIC ACCIDENT</b></u> <input type="checkbox"/> Staff only <input type="checkbox"/> Staff & client(s) <u><b>ILLEGAL ACTIVITY ON PREMISE</b></u> <input type="checkbox"/> Firearm(s) <input type="checkbox"/> Drugs- List <input type="checkbox"/> Assault on staff <input type="checkbox"/> Assault on client <u><b>MEDICAL EMERGENCY: NOT RELATED TO TREATMENT</b></u> <input type="checkbox"/> Seizure <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Respiratory arrest <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Overdose/toxic <input type="checkbox"/> Unknown etiology	<u><b>PERSONAL ARTICLES</b></u> <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other <u><b>MISCELLANEOUS</b></u> <input type="checkbox"/> Failure to discharge <input type="checkbox"/> Refusal to admit <input type="checkbox"/> Electrical shock <input type="checkbox"/> General power failure <input type="checkbox"/> Trapped by elevator <input type="checkbox"/> Fire <input type="checkbox"/> Natural disaster <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Sentinel events <input type="checkbox"/> Exploitation		
Other persons involved in incident:				

INSIGHT HUMAN SERVICE  
SWAIN RECOVERY CENTER  
932 Old US 70  
Black Mountain, NC 28711  
828-669-4161  
828-669-4164 Fax

Client Name: \_\_\_\_\_

REQUEST FOR MEDICAL SERVICES  
(This form is not considered a med order)

Reason why you need medical care: \_\_\_\_\_  
\_\_\_\_\_

***Note to SRC staff: If a client will be on medical pass during their scheduled dosing time, please send medications with them (excludes emergency room visit). Also, please attach a copy of the client's hot sheet and med history form to this form.***

**>> To Be Completed by Physician's Office <<**

Please be aware that this client is participating in a substance abuse treatment program at Swain Recovery Center. If he/she is given or prescribed narcotics, it could be grounds for discharge from the program.

- Physician's impression/diagnosis as a result of this medical exam:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Was any medications administered during this visit? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was given: \_\_\_\_\_

- Is this client contagious? Circle one: YES NO If yes for how long? \_\_\_\_\_

- Discharge Time: \_\_\_\_\_

- Due to state regulations we must have a **COPY** of any prescriptions you prescribe. Please attach these copies to the form.

Physician's Office Signature: \_\_\_\_\_

Date: \_\_\_\_\_