STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		B. WING		R 10/04/2018		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
APEST	RY EATING DISORDE			CLUB ROAD		
(X4) ID	SUMMARY ST		RD, NC 28712	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETI DATE
V 000	INITIAL COMMEN	TS	V 000			
	A follow up survey was completed on 10/4/18. Deficiencies were cited.					
	This facility is licena category:	sed for the following service				
	10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.					
		100 Partial Hospitalization				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS					
	(c) Medication adm					
		non-prescription drugs shall				
	only be administered to a client on the written order of a person authorized by law to prescribe					
	drugs.	all be self-administered by				
		uthorized in writing by the				
	client's physician.					
		cluding injections, shall be by licensed persons, or by				
	unlicensed persons	s trained by a registered nurse	,			
		r legally qualified person and re and administer medications				
		dministration Record (MAR) of				
	current. Medication	red to each client must be kep is administered shall be	t			
	MAR is to include t	ely after administration. The he following:				
		, and quantity of the drug; administering the drug;				
	(D) date and time t	he drug is administered; and of person administering the				
	drug.					
		for medication changes or corded and kept with the MAR				
	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SI		TITLE		(X6) DATE

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(EACH DEFICIENC) REGULATORY OR L	R PROGRAM 11 NORT BREVAR	A. BUILDING: B. WING DRESS, CITY, S ^T H COUNTRY (D, NC 28712 ID PREFIX TAG V 118		BE COMPLET
Y EATING DISORDE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa	R PROGRAM TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Ige 1	DRESS, CITY, S [°] H COUNTRY (D, NC 28712 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	10/04/2018 N (X5) BE COMPLET
Y EATING DISORDE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa	R PROGRAM 11 NORT BREVAR	H COUNTRY (D, NC 28712 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLET
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa	R PROGRAM BREVAR	D, NC 28712	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLET
(EACH DEFICIENC) REGULATORY OR L Continued From pa	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Ige 1	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLET
REGULATORY OR L Continued From pa	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
ile followed up by a	-	V 118		
	appointment or consultation			
This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 2 of 2 clients (Client #1, #2). The findings are:				
Admission date of Anorexia, Bipolar D Disorder, Anxiety D Disorder. Physician order da Excedrin Extra St as needed (PRN) fo APAP 325mg 2 ta pain.	7/20/18 with diagnoses of bisorder, Borderline Personality bisorder and Alcohol Use ted 9/17/18 for: rength 2 tabs every 12 hours or pain. bs every 12 hours PRN for			
9/10/18.	, , , , ,			
Admission date of Major Depressive E Disorder, Post-Trau Social Anxiety Diso Physician order da	7/27/18 with diagnoses of Disorder, Binge Eating umatic Stress Disorder and rder. Ited 8/9/18 for Neosporin			
	Based on observation interviews, the facilic current and failed to obysician affecting The findings are: Record review on 1 Admission date of Anorexia, Bipolar D Disorder, Anxiety D Construction APAP 325mg 2 ta Disorder, Post-Trans Admission date of Major Depressive D Disorder, Post-Trans Social Anxiety Diso Physician order da Dintment-apply to a a band-aid daily.	Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a obysician affecting 2 of 2 clients (Client #1, #2). The findings are: Record review on 10/3/18 for Client #1 revealed: Admission date of 7/20/18 with diagnoses of Anorexia, Bipolar Disorder, Borderline Personality Disorder, Anxiety Disorder and Alcohol Use Disorder. Physician order dated 9/17/18 for: -Excedrin Extra Strength 2 tabs every 12 hours as needed (PRN) for pain. -APAP 325mg 2 tabs every 12 hours PRN for Dain. Review on 10/3/18 of MARs for August-October 2018 revealed: Excedrin administered every 12 hours beginning 0/10/18. APAP administered every 12 hours beginning 0/12/18. Record review on 10/3/18 for Client #2 revealed: Admission date of 7/27/18 with diagnoses of Major Depressive Disorder, Binge Eating Disorder, Post-Traumatic Stress Disorder and Social Anxiety Disorder. Physician order dated 8/9/18 for Neosporin Dintment-apply to abdominal sores and cover with a band-aid daily. Review on 10/3/18 of MARs for August-October	Based on observation, record review and Interviews, the facility failed to keep the MAR current and failed to follow the written order of a obysician affecting 2 of 2 clients (Client #1, #2). The findings are: Record review on 10/3/18 for Client #1 revealed: Admission date of 7/20/18 with diagnoses of Anorexia, Bipolar Disorder, Borderline Personality Disorder, Anxiety Disorder and Alcohol Use Disorder. Physician order dated 9/17/18 for: -Excedrin Extra Strength 2 tabs every 12 hours as needed (PRN) for pain. -APAP 325mg 2 tabs every 12 hours PRN for pain. Review on 10/3/18 of MARs for August-October 2018 revealed: Excedrin administered every 12 hours beginning 0/10/18. APAP administered every 12 hours beginning 0/12/18. Record review on 10/3/18 for Client #2 revealed: Admission date of 7/27/18 with diagnoses of Major Depressive Disorder, Binge Eating Disorder, Post-Traumatic Stress Disorder and Social Anxiety Disorder. Physician order dated 8/9/18 for Neosporin pintment-apply to abdominal sores and cover with a band-aid daily. Review on 10/3/18 of MARs for August-October	Based on observation, record review and hterviews, the facility failed to keep the MAR surrent and failed to follow the written order of a ohysician affecting 2 of 2 clients (Client #1, #2). The findings are: Record review on 10/3/18 for Client #1 revealed: Admission date of 7/20/18 with diagnoses of Anorexia, Bipolar Disorder, Borderline Personality Disorder, Anxiety Disorder and Alcohol Use Disorder, Anxiety Disorder and Alcohol Use Disorder. Physician order dated 9/17/18 for: -Excedrin Extra Strength 2 tabs every 12 hours is needed (PRN) for pain. -APAP 325mg 2 tabs every 12 hours PRN for nain. Review on 10/3/18 of MARs for August-October 2018 revealed: Excedrin administered every 12 hours beginning 0/10/18. APAP administered every 12 hours beginning 0/12/18. Record review on 10/3/18 for Client #2 revealed: Admission date of 7/27/18 with diagnoses of Alajor Depressive Disorder. Physician order dated 8/9/18 for Neosporin Disorder, Post-Traumatic Stress Disorder and Social Anxiety Disorder. Physician order dated 8/9/18 for August-October Disorder, Post-Traumatic Stress Disorder and Social Anxiety Disorder. Physician order dated 8/9/18 for August-October Physician order dated 8/9/18 for August-October Physician order dated 8/9/18 for August-October Disorder, Post-Traumatic Stress Disorder and Social Anxiety Disorder. Physician order dated 8/9/18 for August-October Physician order dated 7/27/18 with discorder and Physician order dated 7/27/18

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If continuation sheet 2 of 5

Division of Health Service Regulation BITATEMENT OF DEFICIENCIES NDD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		R 10/04/2018		
JAME OF PROVIDER OR SUPPLIER STREET ADD			DDRESS, CITY, ST	DRESS, CITY, STATE, ZIP CODE		
APEST	RY EATING DISORDE	R PROGRAM		LUB ROAD		
		BREVAR	D, NC 28712			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 2	V 118			
	2018 revealed: -Neosporin was not documented or listed on August MAR.					
	Interview on 10/3/18 with Client #1 revealed: -She had gotten her meds like she was supposed to.					
	-She "got those top showered and retur -"Staff forgot 1 pill o	8 with Client #2 revealed: icals from direct care staff, rned meds to staff." once a long time ago." s meds a little differently."				
	revealed: -She started Septer the facility.	8 with Registered Nurse (RN) mber 5, 2018 as new nurse for				
	Practitioner (NP) fo #1 but did not docu the order until he w	erbal order from the Nurse r Excedrin and APAP for Clien ment it. The NP did not sign as on site for his weekly visit. self-administer orders. Client				
	#2 probably kept th just forgot to docum -There are new sys	e topicals with her and staff nent it on the MAR." tems in place for				
	Corporate Nurse ha -She checked the N weekly to make sur	cations and she along with the ad retrained all staff. //ARs at the facility 3-4 times re all meds had been given. ders were available for all				
	-The Licensee had would be available	hired a new NP and they for than once weekly. n any med errors after her 2nc nt.				
	This deficiency con must be corrected	stitutes a recite deficiency and within 30 days.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023				CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		B. WING		R 10/04/2018			
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
APEST	RY EATING DISORDE			CLUB ROAD			
_		BREVAR	RD, NC 28712				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 123	Continued From pa	age 3	V 123				
V 123	27G .0209 (H) Med	lication Requirements	V 123				
	and significant adverted immediate pharmacist. An entrand the drug reaction	209 MEDICATION rs. Drug administration errors erse drug reactions shall be ely to a physician or ry of the drug administered on shall be properly recorded A client's refusal of a drug					
	Based on record re facility failed to imm pharmacist of medi sampled clients (Cl #3). The findings an Record review on 1 -Admission date of Major Depressive D	0/3/18 for Client #2 revealed: 7/27/18 with diagnoses of Disorder, Binge Eating umatic Stress Disorder and rder.)				
	Review on 10/3/18 reports from 8/26/1 -4 medication error -3 of these reports Nurse Practitioner (of medication error/incident 8-10/3/18 revealed:					
	Interview on 10/3/1 revealed:	8 with Registered Nurse (RN)					

STATE FORM

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If continuation sheet 4 of 5

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
MHL088-023		IDENTIFICATION NUMBER.	A. BUILDING:		-	
		B. WING			R 04/2018	
ME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
DEST	RY EATING DISORDE	11 NORT	H COUNTRY O			
PESIF	T EATING DISORDE	BREVAR	D, NC 28712			
X4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	ION SHOULD BE	(X5) COMPLE DATE
V 123	Continued From page 4		V 123			
	-She had contacted the NP that same date but failed to indicate on the form or in the nursing note that she had contacted him at that time. The NP signed the note the next time he was in the facility. Interview on 10/3/18 with the Corporate Nurse					
	medication errors b was contacted on 2 had completed.	tely notified the NP of the but did not include the time he 2 of the 3 med error forms she institutes a recite deficiency and				
	must be corrected					

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