

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-538</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/18/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND MIST LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>913 HIGHLAND MIST LANE</b> <b>CHARLOTTE, NC 28218</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/18/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 10/18/18 of the fire and disaster drills for 1/2018 through 9/2018 revealed: -No third shift fire or disaster drill for the 3rd quarter 7/2018-9/2018.</p> <p>Interview on 10/17/18 with Clients 1-3 revealed</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	Continued From page 1  drills were conducted each month.  Interview on 10/18/18 with the President/Chief Executive Officer revealed: -The facility had 3 shifts. -He did the schedule for the fire and disaster drills. -He could not locate any documentation for the 3rd shift drills during the 3rd quarter. -The drills should have been conducted.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 117	27G .0209 (B) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and	V 117		

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V 117	<p>Continued From page 2</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure each prescription drug dispensed included a label with the name, prescribers name, dispensing date, strength, quantity, and expiration date for 1 of 3 sampled clients (#3). The findings are:</p> <p>Observation on 10/17/18 at 2:35pm of the medications for Client #3 included: -ProAir 90mcg inhaler, no label or box.</p> <p>Review on 10/18/18 of the record for Client #3 revealed: -Admission date of 9/26/17 with diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Cannabis Use Disorder. -No physician order in the record for ProAir inhaler.</p> <p>Interview on 10/17/18 with Client #3 revealed: -He received his medications as directed by physician. -He used the inhaler for shortness of breath.</p> <p>Interview on 10/17/18 with the Qualified Professional revealed: -The box with the label for the ProAir inhaler</p>	V 117		

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V 117	Continued From page 3  could not be located. -The boxes are usually maintained with the medications.	V 117		
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 with a physician.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 1 of 3 sampled clients (#3). The findings are:</p> <p>Observation on 10/17/18 at 2:35pm of the medications for Client #3 included: -ProAir 90mcg inhaler, no label or box.</p> <p>Review on 10/18/18 of the record for Client #3 revealed: -Admission date of 9/26/17 with diagnoses of Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder and Cannabis Use Disorder. -No physician order in the record for ProAir inhaler.</p> <p>Review on 10/17/18 and 10/18/18 of the MAR's for Client #3 revealed: -August 2018 MAR listed ProAir HFA as needed at 8am and 8pm. -September 2018 MAR listed ProAir HFA as needed at 8am. -October 2018 MAR listed as needed 90mcg 3 times daily at 8am, 4pm and 8pm, medication name was not on the MAR.</p> <p>Interview on 10/17/18 with Client #3 revealed: -He received his medications as directed by physician. -He used the inhaler for shortness of breath.</p> <p>Interview on 10/17/18 with the Qualified Professional revealed: -The ProAir inhaler was used as needed for</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>shortness of breath.</p> <p>Telephone interview on 10/18/18 with the pharmacy revealed: -The pharmacy did not have a current prescription for the ProAir inhaler. -The original physician order was dated 2/10/17 for ProAir 90mcg inhaler 2 puffs every 6 hours for wheezing.</p> <p>Interview on 10/18/18 with the President/Chief Executive Officer revealed: -The admission for Client #3 was a crisis placement and the order was missed during the intake process. -The facility process was to obtain a prescription prior to administration of the medication. -In reviewing the MAR's for Client #3 he thought the staff had documented the times based on when the client was present in the home. -He would take Client #3 to the physician and obtain a new prescription for the ProAir inhaler.</p>	V 118		