

Division of Health Service Regulation

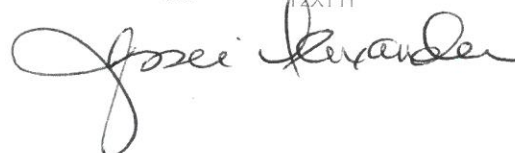
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712
--	--

(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	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 10/4/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness. 10A NCAC 27G .1100 Partial Hospitalization</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118	<p>DHSR - Mental Health</p> <p>OCT 29 2018</p> <p>Lic. & Cert. Section</p>	

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


 Executive Director
 10/23/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712
--	--

(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 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>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:</p> <p>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 9/10/18. -APAP administered every 12 hours beginning 9/12/18.</p> <p>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 ointment-apply to abdominal sores and cover with a band-aid daily. Review on 10/3/18 of MARs for August-October</p>	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712		
(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 118	<p>Continued From page 2</p> <p>2018 revealed: -Neosporin was not documented or listed on August MAR.</p> <p>Interview on 10/3/18 with Client #1 revealed: -She had gotten her meds like she was supposed to.</p> <p>Interview on 10/3/18 with Client #2 revealed: -She "got those topicals from direct care staff, showered and returned meds to staff." -"Staff forgot 1 pill once a long time ago." -"Everybody passes meds a little differently."</p> <p>Interview on 10/3/18 with Registered Nurse (RN) revealed: -She started September 5, 2018 as new nurse for the facility. -She had taken a verbal order from the Nurse Practitioner (NP) for Excedrin and APAP for Client #1 but did not document it. The NP did not sign the order until he was on site for his weekly visit. -"All residents have self-administer orders. Client #2 probably kept the topicals with her and staff just forgot to document it on the MAR." -There are new systems in place for administering medications and she along with the Corporate Nurse had retrained all staff. -She checked the MARs at the facility 3-4 times weekly to make sure all meds had been given. -She made sure orders were available for all medications. -The Licensee had hired a new NP and they would be available for than once weekly. -There had not been any med errors after her 2nd week of employment.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM		STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712		
(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	V 123		
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 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 3 sampled clients (Client #1 and Former Client (FC) #3). The findings are: 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. See Tag V118 for specifics. Review on 10/3/18 of medication error/incident reports from 8/26/18-10/3/18 revealed: -4 medication errors reports. -3 of these reports did not document the time the Nurse Practitioner (NP) was contacted therefore immediate notification could not be determined. Interview on 10/3/18 with Registered Nurse (RN) revealed:	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712
--	--

(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	<p>Continued From page 4</p> <p>-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.</p> <p>Interview on 10/3/18 with the Corporate Nurse revealed:</p> <p>-She had immediately notified the NP of the medication errors but did not include the time he was contacted on 2 of the 3 med error forms she had completed.</p> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 123		
-------	--	-------	--	--

Plan of Correction- Standard Deficiency- Tapestry, Brevard

In the last four months, the Tapestry system has initiated multiple, significant changes. Pyramid Healthcare initiated an internal audit that resulted in the replacement of all leadership and several team members within the Tapestry system. The leadership in place prior to this change, particularly the Executive Director, Program Director, Clinical Director, and Site Coordinator, were not effectively serving in their roles. The staff issues resulted in a state audit that coincided with the internal audit already underway for Tapestry. Several team members and purposely misled state auditors in an attempt to retaliate against the previous, ineffective leadership. Despite being licensed, masters level clinicians and medical professionals, the team members feigned incompetence and ignorance of basic client care.

Although this was a trying time for the existing team, it resulted in meaningful, positive change for the Tapestry. The structural reorganization of the Tapestry system has allowed for the development of a new leadership team that has implemented policies and procedures to ensure compliance with state and Accreditation agencies, clinical excellence, staff support, and quality comprehensive care for the Tapestry clients.

27G0209 Medication Requirements

“Neosporin was not documented or listed on the MAR.”

Plan of Correction:

Overview:

- All staff have completed a medication administration class by state approved trainer (pharmacist or RN) by 8/1/18.
- Retrained nurse on the use and need for physician orders for all client medications, the need for self-administration medication physician order for all clients, medication storage and management of medical supplies, appropriate use and management of comprehensive medication administration record, medical documentation, and use and management of scheduled drugs within the facility as of 8/1/18.
 - New RN started on 9/4/18
 - All staff/ Behavioral Health Technicians (BHT) are trained on assisting the nurse with the above as of 8/1/18.
- Development of a Nurses' House Assessment to monitor and increased accountability for medical management including availability/ prescription management, orders, documentation, and storage. Assessment in effect as of 8/1/18 and monitored by the Executive Director.
- Developed a Medication Administration Observation Form to assist in ongoing training and development of medication management skills for BHT (monitors technique, storage, communication). Monitored by Program Nurse weekly.
- Routine observations and supervision on each shift to ensure compliance with medication management protocol. Monitored by Program Nurse 2 x weekly and Site Coordinator daily.
- Developed a new procedure for medication errors that includes report to nurse as soon as error is discovered. Nurse then reports to physician for follow up plan. All medication errors are documented on Medical Error form. Monitored by Program Nurse.
 - Staff were retrained on medication errors and reporting on 8/18/18 by Program Nurse.
- Nurse will be supervised by Medical Director and Executive Director and will attend monthly medical meeting at Pyramid HQ for increased supervision and medical consultation.

10A NCAC 27G .0209 Medication Requirements (V118)

- RN/ Executive Director is no longer working for the organization and new leadership is established in the program.
- Effective immediately, all medications, including standing orders, will only be dispensed with MD order.
 - Program Nurse, in consultation with program MD, developed medical records with medical notes, medical orders, and initial evaluations.
 - All copies of orders will be uploaded into Carelogic and stored in the Document Library of the eCR in addition to the paper copy located in the medical chart.
- All staff involved in medication administration will be trained in medication administration by state standards and program/ facility. No untrained staff will provide med services.
 - New RN started on 9/4/18.
- Tapestry nursing staff will ensure that medications provided for clients will only be dispensed with an order from a person authorized to prescribe medications by State of North Carolina.
- All current staff will be trained in medication administration by Blue Ridge Pharmacy or RN. All new hires will be fully trained by an authorized medication administration trainer prior to providing client services associated with medications.
- All staff will be retrained in state approved medication administration on an annual basis.
- Development of a new MAR system to ensure the following:
 - Client's name
 - Name, strength, and quantity of the drug
 - Instructions for the administering the drug
 - Date and time of the administration of the drug
 - Name or initials of person administering the drug
- All medications administered by client will be documented on the MAR.
- Development of system for management of medical records to ensure competent review of medical orders
 - Medication orders will be reviewed immediately following MD visits.

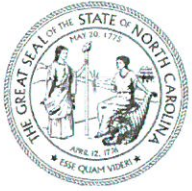
Compliance and Prevention:

- All new hires will be scheduled for state approved medication administration training at time of hire by Site Coordinator.
- No staff member will be permitted to pass medications until they have received medical administration training that is up to state standards by an approved trainer.
- Program nurse will engage in routine observation of MAR process with each client/ trained staff member.
- MD will provide consultation progress notes for each medical visit and program nurse will review documentation to initiate any orders in a timely manner.
- All orders will be transcribed/ documented to the MAR in a timely manner by RN. MAR is routinely monitored by RN and Site Coordinator.
- The nurse will obtain written consent for all medication orders for minors.

Monitoring:

- It is the responsibility of the Program RN to routinely monitor the MAR for accuracy. Monitoring will occur on a daily basis.

- It is the responsibility of the Site Coordinator to schedule all new hires for state approved medication administration training. Staff will not permitted provide any services related to medication prior to receiving state approved training.
- It is responsibility of the Program Nurse to ensure that all medications provided are only administered with an MD order.
- It is the responsibility of the nurse to ensure that all MD orders are initiated within 24 hours.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 15, 2018

Jessie Alexander, Executive Director
Appalachian Outpatient Services, LLC
11 North Country Club Road
Brevard, NC 28712

Re: Follow-up Survey completed October 4, 2018
Tapestry Eating Disorder Program, 11 North Country Club Road, Brevard, NC 28712
MHL # 088-023
E-mail Address: jalexander@silverridgerecovery.com

Dear Ms. Alexander:

Thank you for the cooperation and courtesy extended during our follow up survey completed 10/4/18. This survey was conducted as a result of the Type A1 deficiencies cited during the 8/3/18 survey.

As a result of the follow up survey, it was determined that all of the following deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

- 10A NCAC 27G .5601 Scope (V289) – Type A1
- 10A NCAC 27G .0202 Personnel Requirements (V107) cross referenced;
- 10A NCAC 27G .0202 Personnel Requirements (V108) cross referenced;
- 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) cross referenced;
- 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110) cross referenced;
- 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) cross referenced;
- 10A NCAC 27G .0209 Medication Requirements (V118) cross referenced;
- 10A NCAC 27G .0209 Medication Requirements (V123) cross referenced;
- 10A NCAC 27G .0603 Incident Response Requirements for Category A and B Providers (V366) cross referenced;
- 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536) cross referenced.

Although the reviewed deficiencies are now in compliance, you remain responsible for payment of penalties levied against Appalachian Outpatient Services, LLC during the complaint survey completed 8/3/18.

Additional deficiencies were cited during the survey.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is 11/3/18.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

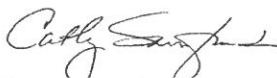
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,



Cathy Samford
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File