

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  R <b>10/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND MIST HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>913 HIGHLAND MIST LANE CHARLOTTE, NC 28218</b>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on 10/18/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000			
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  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:  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.  Interview on 10/17/18 with Clients 1-3 revealed	V 114			

DHSR - Mental Health  
NOV 05 2018  
Lic. & Cert. Section

10/30/18  
→ Executive Director will continue to ensure quarterly fire drills are conducted on each shift. Effective Nov. 1st fire drills will be conducted on each shift 1st and 3rd of each month. This will exceed

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

STATE FORM

6899

Q82M11

TITLE

(X6) DATE

If continuation sheet 1 of 6

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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	<i>The minimum Amount needed 10/30/18 for each Quarter. ⇒ Executive Director will Review logs at the End of each Month to Ensure Compliance. ⇒ All staff will receive a INSERVICE Refresher Regarding Medication Documentation logs in Dose, Time, Container, Dispensing Time &amp; Expiration and Service Order Time.</i>	
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	<p>The Executive Director and Quality Improvement will meet w/ Dr. Seitz at Nov. 2nd Med Eval. To get a new Inhaler and will ensure that Meds remain in Box w/ Label and description of medication. All medication will be logged according to the prescription, Name, Dose, Time, Consumer Name etc.</p> <p>Additional!! his prescription oversight occurred due to timing of emergency intake from which Consumer was pulled from Drug in tested placement on Stand Notice.</p>		

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V 117	Continued From page 3  could not be located. -The boxes are usually maintained with the medications.	V 117	<i>MBH Inc. Policy is to have all prescription forward prior to intake on at intake in order to eliminate oversight on medication.</i>	10/30/18	
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	<p><i>On Nov. 2nd consumer will receive a new prescription during his monthly Med session which a copy will remain on chart per MAR. The protocol was passed appropriate label given by the doctor and pharmacy.</i></p> <p><i>⇒ MARs will be reviewed monthly by RN and Director of Nursing for compliance.</i></p>	

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V 118	Continued From page 5  shortness of breath.  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.  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.	V 118			

October 22, 2018  
Richard Taylor, President  
My B.R.O.T.H.E.R.'S House, Inc.

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,

*Sherry Waters*

Sherry Waters  
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