STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL091-001	A. BUILDING: _____ B. WING _____	C 10/16/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADDICTION RECOVERY CENTER FOR MEN	1020 COUNTY HOME ROAD HENDERSON, NC 27536

(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 A complaint survey was completed 10/16/18. The complaint (Intake #NC00138789) was not substantiated. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.	V 000	In order to comply with 10 A NCAC 27G.0206(8) the following will take place: The completed sign-out and sign-in log documenting unsupervised time will be retained by Program Director/QP and maintained so as to document progress toward outcomes. 10/16/18	
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable:	V 113		

DHSR - Mental Health
NOV 20 2018
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeanne C Harrison — TITLE: Executive Director — (X6) DATE: 11/19/18

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V 113	Continued From page 1 (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interviews, the Qualified Professional failed to assure information pertaining to client outcomes was maintained in the record for one of one deceased clients (deceased client #1). The findings are: Review on 5/16/18 of the Incident Response Improvement System (IRIS) revealed a report 4/20/18. The report revealed: - on 4/20/18 at approximately 6:20 AM, the Manager could not find deceased client #1 (DC1) - after knocking on a closed, locked bathroom door, the Manager was assisted in getting the door open - a client slid into the bathroom and found DC1 unresponsive - the Manager called 911 and clients took the bathroom door off the hinges - the Manager checked for a pulse but there was no pulse - Emergency Medical Service personnel arrived and administered CPR and used a defibrillator unsuccessfully	V 113		

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V 113	Continued From page 2 - local police officers arrived as the Manager contacted the Director/Qualified Professional (QP) - the police informed staff there was no evidence of foul play or drug paraphernalia - the family was notified and await a report from the Medical Examiner Review on 5/22/18, 6/21/18 of deceased client #1's (DC1) record revealed: - an admission date of 1/3/18 - a screening assessment dated 12/29/18 listed heroine and Xanax as drugs of choice and previous substance abuse treatment - an assessment dated 1/3/18 with diagnoses including Opioid Use Disorder, Sedative Use Disorder and Unspecified Anxiety Disorder - a treatment plan dated 1/3/18, last updated 4/2/18, with goals including maintaining sobriety; keeping symptoms of anxiety under control; working on character and responsibility through cooperation and participation in treatment related activities; working on family relationships and utilizing unsupervised time to seek employment - six urine drug screenings (including screen for Fentanyl) performed between 1/3/18 up to 4/2/18 were negative - progress notes for April 2018 included documentation regarding attendance at substance abuse group meetings; going with a counselor to look for employment; visits with family and getting a physical for a job he was to start - the unsupervised time, sign-out and sign-in log was not available for review	V 113		

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V 113	Continued From page 3	V 113		

Review on 6/19/18 of a Report Of Autopsy Examination for DC1 revealed his cause of death was Fentanyl toxicity. The Summary and Interpretation of the autopsy findings revealed, "...A peripheral blood specimen showed the presence of Fentanyl in a concentration of 12 mg/mL, and very low concentration of morphine, 0.015 mg/L was also present..." The report further revealed a syringe was found in the pocket of DC1's clothing. The syringe was not examined for findings.

During interviews on 5/23/18, 5/24/18 and 5/25/18, clients present the day before and the day DC1 died reported he was well liked and appeared to be doing well.

During an interview on 5/24/18, client #2, DC1's roommate, reported the night before he died, DC1 looked pale and said he didn't feel well around dinner time. Client #2 reported he checked in with DC1 later that same evening and DC1 reported he felt better. Client #2 reported he last saw DC1 at about 1:00 AM the morning he died; DC1 got up to go to the bathroom.

During an interview on 5/23/18, client #9 reported he was up at about 3:30 AM the morning DC1 died to clean the bathroom before his peers got up. Client #9 reported that was his usual routine. Client #9 found one of the bathrooms locked and just assumed someone was using it. Client #9 moved on to finish his cleaning and returned to the locked door and it was still locked so he returned to bed.

During an interview on 6/21/18, DC1's primary Substance Abuse Intensive Outpatient Program (SAIOP) therapist reported DC1 was very

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V 113	Continued From page 4	V 113		

receptive of therapy and all his drug screens were negative. DC1 graduated from SAIOP two weeks before he died.

During an interview on 5/24/18, staff #2 reported he worked the evening before DC1 died. Staff #2 transported DC1 and other clients to a 12 step meeting and stayed in the meeting with the clients. Staff #2 reported he did not notice any usual behavior from DC1 that night or at any other time. Staff #2 reported DC1 was cooperative and was well liked.

During an interview on 5/24/18 the Manager reported DC1 was a cooperative client. DC1 was excited about starting a new job. The Manager reported he secured the facility with staff #2 at about 10:00 PM. The next morning at about 6:00 AM, the Manager reported he was not able to locate DC1 to take his medication. At bathroom door was found locked but no one responded. The Manager reported clients helped open the door and DC1 was inside the bathroom unresponsive. The Manager called 911 and stayed on the phone with the dispatcher while clients took the bathroom door off the hinges. Emergency Medical Staff arrived within 7 - 8 minutes but they were not able to relive DC1.

During interview on 6/21/18, the QP reported after 45 days in program, with demonstrated compliance, a client can earn access to the community with a family member. After 90 days and successful completion of SAIOP, clients can have a little more freedom usually for vocational efforts and free time.

During an interview on 6/21/18, the Executive Director reported that initially, client receive urine drug screens (UDS) once or twice per week and

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V 113	Continued From page 5 then once or twice per month on a random schedule. If clients test positive for anything other than a verified prescription, they are discharged. The facility is secured at night and alarms are on the doors. The Executive Director reported the clients are usually in their rooms for the night by 10:00 PM During an interview on 6/21/18, the Director/ Qualified Professional (QP) reported DC1 had earned unsupervised time. The QP reported any client with unsupervised time signed out and in when they used unsupervised time and documented where they were going. The QP reported the sign-out and sign-in log for April 2018 was no longer available as the logs were not filed but shredded. During an interview on 10/16/18, the Executive Director reported the sign-out and sign-in log should have been maintained.	V 113		