


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL097-003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 10/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SYNERGY RECOVERY AT THE BUNDY CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 PEACE STREET NORTH WILKESBORO, NC 28659</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual, follow up and complaint survey was completed on 10/17/18. The complaint was unsubstantiated (Intake # NC142840). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4400 - Substance Abuse Intensive Outpatient Program; and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups</p>	V 000	<p>DHSR - Mental Health NOV 28 2018 Lic. &amp; Cert. Section</p>	
V 123	<p><b>27G .0209 (H) Medication Requirements</b></p> <p>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.</p> <p>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 3 of 4 sampled clients (Client #1, Former Client (FC) #3 and FC #4). The findings are:  Record review on 10/16/18 for Client #1 revealed: -Admission date of 10/13/18 with diagnoses of Alcohol Use Disorder and Alcohol withdrawal symptoms.</p>	V 123	<p>V123: while synergy was processing med errors on Kinley's not being contacted with each error. we developed a form to be completed and sent to Dr Kinley for him to sign. The sheet will be sent after medication administration time - 7:00 am, 4:00p &amp; 11:30pm. Also Dr Kinley will be called immediately after each error Also rewrite the med error list to reflect changes 2/16/18</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>CEO</b>	(X6) DATE <b>11/14/18</b>
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<b>Subject: 20 - Medication Errors and Adverse Reactions</b>	<b>Effective Date: 5/01/01</b>
<b>Approved:</b>	<b>Updated: 12/29/04</b>
_____ / _____	<b>Updated: 12/01/05</b>
Signature _____	<b>Updated: 01/31/09</b>
Date _____	<b>Updated: 07/01/2012</b>
	<b>Updated: 07/01/2014</b>
	<b>Updated: 11/16/2018</b>

**I. POLICY 20**

It is policy to report and review all medication errors and adverse reactions to medications in order to ensure client safety. All medication errors must be documented during closed chart audits.

**II. DEFINITION**

A medication error is defined as follows:

- a) Administering a medication when not ordered or necessary;
- b) Not administering a medication when ordered or indicated;
- c) Administering a medication outside the allowed time frame; and
- d) Administering incorrect dosage.

**III. PROCEDURES**

- A. Each error made will be reviewed with the employee by the Unit Manager.
- B. All medication errors and adverse reactions are to be reported to the Medical Director immediately.
- C. When medication errors and adverse reactions are emergent or life threatening a member of Management will contact the Physician/Medical Personnel on-call for direction.
- D. All medication errors and adverse reactions are to be documented by staff using the Medication Error/Adverse Reaction Report. It will be completed after med pass times 7:00 am, 4:00 pm And 11:30 pm. After completion it will be faxed to the Medical Director for signature. An Entry of the drug administered and drug reaction shall be properly recorded in the client's MAR.
- E. The Medication Error/Adverse Reaction Report is to be forwarded to the CEO. The CEO will determine the severity of the incident and how it needs to be reported according to State guidelines.
- F. The CEO will meet with the Medical Director and review the incident and report. At that time a determination will be made as to how the situation was handled and how to prevent the same situation in the future.
- G. Synergy Recovery will provide all the training necessary in order for staff members to properly administer medications.
- H. Excessive medication errors or any level of medication errors that cause harm to the client will not be tolerated and any staff member who has an unacceptable number of medication errors will be counseled and a corrective action plan will be developed.

Medication Error/Adverse Reaction Report

Clients Name:	Date & Time Incident Occurred	Date & Time Error Noticed	Staff Member Involved	List Type of Error & Occurrences	Describe Error (Include name of any medications, dosage, and list what was the error)	Date & Time Dr. Kirley was contacted	Dr. Kirley's Response

**Reportable Incidents:** Refused Medications, Missed Dose, Wrong Time (more than 1 hour before or after prescribed time), Dose given to wrong person, Dose taken by wrong person, dose preparation error, Loss or spillage of medication, other.

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Dr. Kirley is to be contacted about all reportable incidents then fax the form at the end of each shift.*

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

SYNERGY RECOVERY, Inc.

November 16, 2018

Susan McMickle, AS I  
Williams Building  
1800 Umstead Drive  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: Annual Survey completed 10/17/2018  
Synergy Recovery, 118 Peace Street, North Wilkesboro NC28659  
MHL#097-003

Dear Ms. Susan McMickle:

Here is the Plan of Correction as requested regarding the 10/17/2018 annual, follow-up and complaint survey. The complaint was unsubstantiated. There was only 1 deficiency regarding the immediate reporting of med errors to our Medical Director, Steve Kirley MD.

Synergy rewrote the Policy for Medication Errors to include immediate contact of our Medical Director and the completion of the Medication Errors and Adverse Reactions Form.

This policy was initiated on 11/13/2018. The Standard Level of Deficiency will be corrected by 2/16/2018.

On behalf of my staff I would like to thank you for your assistance and professionalism.

Sincerely,



Carl Spake, CEO

DHSR - Mental Health  
NOV 28 2018  
Lic. & Cert. Section