STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-065	A. BUILDING: _____ B. WING _____	R 11/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTHIE'S PLACE	71 EAST 4TH STREET MARION, NC 28752

(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, follow up and complaint survey was completed on 11/28/18. Deficiencies were cited. The complaint was substantiated (#NC00144047). This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
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 (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.	V 117		

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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure that medications for administration were packaged and labeled as required for 1 of 3 client's sampled (Client #2). The findings are: Review on 11/15/18 of Client #2's record revealed: -admitted 6/23/18 -diagnoses of Post-Traumatic Stress Disorder, Adjustment Disorder, and Attention Deficit Hyper-Active Disorder. Observation on 11/15/18 at approximately 1:00 p.m. of Client #2's medications revealed: -ProAir HFA - No label to indicate the client's name, directions for administration, or prescriber's name. Review on 11/15/18 of Client #2's Medication Administration Record for September 2018 revealed: -handwritten "ProAir HFA 90 MCG [micrograms] Inhaler 4 to 6 hrs 2 puffs" -starting 9/19/18 and various dates there-after were initials to indicate the medication was administered or that the client was on a home visit. Interview on 11/15/18 with the House Manager revealed: -he understood a client's medication needed to	V 117		

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V 117	Continued From page 2 be properly labeled -he assumed the client took this medication on a home visit and didn't bring the packaging back to the facility.	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	Continued From page 3	V 118		

This Rule is not met as evidenced by:
Based on record review, observation, and interview, the facility failed to ensure medications were only administered on the written order of a person authorized by law to prescribe medications and failed to ensure the Medication Administration Record (MARs) were kept current affecting 3 of 3 sampled clients (Clients #1, #2 and #3). The findings are:

Review on 11/15/18 of Client #1's record revealed:
-admitted 9/25/18
-diagnoses of Major Depressive Disorder, and Oppositional Defiant Disorder.

Review on 11/15/18 of Client #1's MARs for September 2018 through November 2018 revealed:
-there was not a MAR for September.

Review on 11/28/18 of Client #1's "Discharge Medication Reconciliation" dated 9/25/18 revealed:
-no signature by a physician
-upon discharge of a local hospital to the facility the client was prescribed:
- -Geodon 40 milligrams (mg) - 2 times a day
- -Wellbutrin 150 mg - 1 tablet a day
- -Vistaril 50 mg - 3 times a day
- -Clonidine 0.1 mg - 1 tablet a day at bedtime

Interview on 11/15/18 with the House Manager revealed:
-he could not locate the client's September MAR

Review on 11/15/18 of Client #2's record

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V 118	Continued From page 4	V 118		

revealed:
-admitted 6/23/18
-diagnoses of Post-Traumatic Stress Disorder, Adjustment Disorder, and Attention Deficit Hyper-Active Disorder.

Observation on 11/15/18 at approximately 1:00 p.m. of Client #2's medications revealed:
-ProAir HFA - No label to indicate the client's name, directions for administration, or prescriber's name.
-Lamotrigine 100 mg - 1 tablet a day
-Benzonatate 100 mg - 3 times a day as needed for cough

Review on 11/15/18 of Client #2's September 2018 through November 2018 MAR revealed:
-over-the-counter Night Cold/Flu, Benadryl, and cough drops were administered in September.

Review on 11/15/18 of Client #2's physician orders revealed:
-no signed order for ProAir HFA
-signed order dated 10/4/18 for "Lamictal" (Lamotrigine) - no amount of mg or directions for administration
-no signed order for Benzonatate
-no orders for over-the-counter medications

Review on 11/15/18 of Client #3's record revealed:
-admission date: 6/19/18
-diagnoses: Post-Traumatic Stress Disorder, Mood Dysregulation Disorder, Major Depressive Disorder and Attention Deficit Hyper-Activity Disorder.

Observation on 11/15/18 at approximately 2:00 p.m. of Client #3's medications revealed:
-Polyethylene Glycol 3350 Powder - 17 grams in

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V 118	Continued From page 5 8 ounces of water as needed Review on 11/15/18 of Client #3's September 2018 through November 2018 MAR revealed: -Polyethylene Glycol was given on 10/1/18 -over-the-counter medications of Ibuprofen, Benadryl, Daytime/Nighttime Severe, and Ducolax were given in September and October. Review on 11/15/18 of Client #3's physician orders revealed: -no signed order for Polyethylene Glycol 3350 Powder 17 grams in 8 ounces of water as needed -no orders for over-the-counter medications Interview on 11/15/18 with the House Manager revealed: -he started his new position as House Manager on 10/19/18 -he was still trying to get a handle on making sure all the physician orders and MARs were accurate This deficiency constitutes a re-cited deficiency and must be corrected in 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;	V 120		

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V 120	Continued From page 6 (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure all internal medications were stored separately from external medications affecting 1 of 3 clients (Client #3). The findings are: Review on 11/15/18 of Client #3's record revealed: -admission date: 6/19/18 -diagnoses: Post-Traumatic Stress Disorder, Mood Dysregulation Disorder, Major Depressive Disorder and Attention Deficit Hyper-Activity Disorder. Observation on 11/15/18 at approximately 2:00 p.m. of Client #3's medications revealed: -Erythromycin Eye Ointment 0.5% was stored in the same locked box as the internal medications. Interview on 11/15/18 with the House Manager revealed: -he was aware the internal medications needing to be separated from the external medications -purchasing new containers was already on his to-do list.	V 120		