

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/19/2018
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NAME OF PROVIDER OR SUPPLIER MORSE CLINIC OF ROANOKE RAPIDS	STREET ADDRESS, CITY, STATE, ZIP CODE 608 JACKSON STREET, SUITE 108 ROANOKE RAPIDS, NC 27870
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 12/19/18. Deficiencies were cited. The census for this facility was 50.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a plan was developed within 30 days of admission for 1 of 5 audited clients (#9). The findings are:</p> <p>Review on 12/19/18 of client #9's record revealed: - an admission date of 10/3/18 - a Physician Note dated 10/3/18 with a diagnosis of Opioid Dependence - a treatment plan dated 4/14/18 from a previous admission - no evidence of a treatment plan for the 10/3/18 admission</p> <p>During an interview on 12/19/18, the Administrator reported treatment plan should have been completed for the 10/3/18 admission.</p>	V 112		
V 113	<p>27G .0206 Client Records</p> <p>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</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 5 audited clients (#9, #033 & #060) had completed assessments. The findings are:</p> <p>Review on 12/19/18 of client #9's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 10/3/18 - a Physician Note dated 10/3/18 with a 	V 113		

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V 113	<p>Continued From page 3</p> <p>diagnosis of Opioid Dependence</p> <ul style="list-style-type: none"> - a treatment plan dated 4/14/18 from a previous admission - no documentation of a completed psychosocial assessment <p>Review on 12/19/18 of client #033's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 6/20/18 - diagnosis of Opioid Dependency - no documentation of a completed psychosocial assessment <p>Review on 12/19/18 of client #060's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 10/2/18 - diagnosis of Opioid Dependency - no documentation of a completed psychosocial assessment <p>During interview on 12/19/18 counselor #1 reported:</p> <ul style="list-style-type: none"> - psychosocial assessments were completed by the counselor the day a client was admitted to the facility - she was client #060 counselor and was sure she completed the psychosocial assessment - she spoke with the Program Director and he reported during client #060 admission it were glitches with the system <p>During interview on 12/19/18 the Program Director reported:</p> <ul style="list-style-type: none"> - psychosocial assessments were completed by the counselors the same day clients are admitted 	V 113		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	<p>Continued From page 4</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 5 clients (#060) medications were administered on the written order of a physician. The findings are:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 12/19/18 of client #060's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 10/2/18 - diagnosis of Opioid Dependency - no documentation of a physician's order for Methadone (can treat moderate to severe pain..can also treat narcotic drug addiction) <p>Review on 12/19/18 of client #060's November 2018 MARs revealed:</p> <ul style="list-style-type: none"> - 12/3/18 to present she received 40mg of Methadone <p>During interview on 12/19/18 the Program Director reported:</p> <ul style="list-style-type: none"> - he was sure the physician signed for the 40mg of Methadone - the computer system was set as "enter by" and it needed to be set to "job role" to accept the physician's electronic signature - it was a logistical error and he would correct it today (12/19/18) 	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal</p>	V 119		

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V 119	<p>Continued From page 6</p> <p>date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a controlled substance was disposed of in accordance with the North Carolina Controlled Substance Act. The findings are:</p> <p>Review on 12/19/18 of the facility's disposal policy revealed: "...to obtain guidance on the destruction of any narcotic...contact the local DEA (drug enforcement administration) diversion field office..."</p> <p>Observation on 12/19/18 at 9:52am of the facility's locked medication storage revealed:</p> <ul style="list-style-type: none"> - three different shelves - an unopened bottle of Buprenorphine 60 mg (it can treat pain as well as addiction to narcotic pain) - the Buprenorphine had an expiration date of August 2018 	V 119		

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V 119	<p>Continued From page 7</p> <ul style="list-style-type: none"> - it was located on the 3rd shelf away from the other current medications (Methadone & Buprenorphine) <p>During interview on 12/19/18 the registered nurse reported:</p> <ul style="list-style-type: none"> - there were no current clients she administered the Buprenorphine to - the Program Director contacted the DEA and made the DEA aware of the expired Buprenorphine - the DEA requested the Program Director to keep the Buprenorphine at the facility until they (DEA) arrive - the DEA has to witness the Buprenorphine being disposed of <p>During interview on 12/19/18 the Program Director reported:</p> <ul style="list-style-type: none"> - he was aware the Buprenorphine was expired - he was not sure of how to dispose of the medication - he needed to contact the DEA to find out how to dispose of the expired Buprenorphine - he will contact the DEA today (12/12/18) to find out how to dispose of the medication 	V 119		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a level II incident report was reported to Local Management Entity (LME) within 72 hours of an incident. The findings are:</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Review on 12/19/18 of the Incident Reporting Improvement System (IRIS) revealed no evidence of a report involving the local police responding to an incident on the premises of the facility.</p> <p>During an interview on 12/19/18, the Program Director (PD) reported the local police responded to the site after client #20's mother and brother became involved in an altercation in the parking lot. The PD reported he was not sure if the incident warranted a report in IRIS because a client was not directly involved and the incident was in the parking lot. The PD reported client #20's mother called the police.</p>	V 367		