

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-924	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/15/2019
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NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 6033 CONCHO COURT FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 15, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</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</p>	V 118		

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

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to administer medications as ordered by a physician and failed to keep MARs current affecting 1 of 3 clients (#2). The findings are:</p> <p>Review on 1/9/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 13 year old female. - Admitted to the facility on 12/18/18. - Diagnoses included Oppositional Defiant Disorder; Adjustment Disorder with Mixed Disturbance and Conduct; and Unspecified Eating Disorder. -No physician signed orders for Olanzapine 10 mg (antipsychotic); Vitamin D2 50,000 units (supplement); Vitamin D3 5,000 units (supplement); Proventil 6.7 gm inhaler (asthma); Flovent inhaler (asthma). -A list of non-prescription medications, including Ibuprofen (pain) signed by client #2's mother/guardian. Not signed by a physician. -At the bottom of the list of medications signed by the mother, "Asthma-Flovent" had been hand written. -Client #2's History and Physical (H&P) dated 5/23/18 documented client #2 was switched from Qvar to Flovent (2 different inhaled steroids used to treat asthma). Order documented on the H&P read, "Flovent HFA 110 mcg (micrograms) /actuation inhalation every 12 hours." The Order for Proventil HFA (Albuterol inhaler used to treat asthma) was 90 mcg/actuation every 4 hours as needed, and dated 11/19/18, "status 	V 118		

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V 118	<p>Continued From page 2</p> <p>discontinued."</p> <p>Review on 1/9/19 of client #2's MARs for December 2018 and January 2019 revealed:</p> <ul style="list-style-type: none"> -Olanzapine 10 mg, transcription read to take ½ to 1 tablet by mouth every night at bedtime. There were no directions on how to determine if ½ or 1 tablet should have been administered. Staff documented Olanzapine had been administered at 7 pm from 12/18/18 - 1/8/19. There was no documentation if 1/2 or 1 tablet was administered or on what basis staff determined the dose to be given. -Vitamin D2 50,000 units, transcription read to take one capsule every Monday. Staff documented the medication had been administered 12/24/18 and 12/31/18. -Vitamin D3 5,000 units transcription read to administer daily with food at 7 am. Staff documented the medication had been administered 1/1/19 - 1/9/19. -Proventil 6.7 gm transcription read to administer 2 puffs every 4 hours as needed for wheezing, cough, or shortness of breath. Staff documented the medication had been administered 12/27/18 at 8:20 am, 12/28/18 at 7:23 am, 12/28/18 at 6:47 pm, and 1/9/18 6:48 am. -Ibuprofen 200 mg had been documented as administered 12/28/18 at 7:30 pm. <p>Observations on 1/9/19 at 10:37 am of client #2's medications on hand revealed:</p> <ul style="list-style-type: none"> -2 containers labeled Olanzapine 10 mg, Take 1/2 to 1 tablet every night at bedtime. Bottle with a dispense date of 12/18/18 contained 17 whole tablets and 7 irregularly broken tablets. A second unopened bottle, dispense date 1/8/19 remained sealed. -Over the counter bottle labeled Vitamin D3 5,000 units. 	V 118		

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V 118	<p>Continued From page 3</p> <p>-2 inhalers labeled Proventil 6.7 gm (grams), dispense date 12/18/18. Inhale 2 puffs every 4 hours as needed.</p> <p>Interview on 1/9/19 the Qualified Professional (QP) and Associate Professional/Group Home Manager (AP/GHM) stated:</p> <p>-There was no order for Vitamin D2 50,000 units weekly or every Monday. The staff may have gotten this from the label on the medication brought to the facility when client #2 was admitted.</p> <p>-The medication list provided by client #2's mother instructed to administer Vitamin D3 5,000 unit, 1 tablet daily with meal after completing the Vitamin D2 50,000 units.</p> <p>-There was no way to tell if client #2 received ½ or 1 Olanzapine 10 mg. The QP stated she understood they needed to be more clear.</p> <p>-QP was not aware client #2 should have had Flovent.</p> <p>-AP/GHM called client #2's mother (in front of surveyor) for clarification. The AP/GHM stated the mother informed her client #2's physician had changed her inhaler from QVar to Flovent because her payor source would not pay for QVAR.</p> <p>-The QP stated the mother did not provide any Flovent when client #2 had been admitted.</p> <p>-The QP requested the mother obtain copies of all prescriptions/e-scripts and fax to the provider's office.</p> <p>-QP stated client #2 had an appointment with the psychiatrist on Monday and they would seek clarification of Olanzapine.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

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V 118	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;	V 293		

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V 293	<p>Continued From page 5</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/9/19 of client #1's record revealed: -15 year old female. -Admission date of 8/10/18. -Diagnoses Post Traumatic Stress Disorder.</p> <p>Review on 1/9/19 of client #1's Emergency Department Summary dated 11/16/18 revealed: -Seen in the Emergency Department at 7:12 pm on 11/16/18. -Discharge diagnoses of contusion of hand, concussion with no loss of consciousness. -Discharge instructions to follow up with Pediatrician in 48-72 hours for further evaluation.</p>	V 293		

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V 293	<p>Continued From page 6</p> <p>Talk with your health care provider about when your child should return to school and other activities and how to deal with challenges your child may face.</p> <p>Interview on 1/9/19 the Associate Professional/Group Home Manager stated: -Client #1 was seen in the Emergency Room following an altercation with peers. -Could not locate any documentation client #1 had followed up with her primary care physician as instructed.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 293		
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p>	V 539		

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V 539	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on interview and observation, the facility failed to provide an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours affecting 2 of 4 current clients (Clients #1, #4). The findings are:</p> <p>Observations on 1/9/19 at approximately 9 am revealed: -Inside clients #1 and #4's bedroom was a locked door leading to a restroom. -The only way to access the restroom was by walking through the client's bedroom.</p> <p>Interview on 1/9/19 client #1 stated the door to the bathroom was always locked because it was the staff bathroom.</p> <p>Interview on 1/10/19 the Associate Professional/Group Home Manager stated: -The restroom inside client #1 and #4's bedroom was the staff restroom. -The door to the restroom was always locked and only used by the staff.</p> <p>Interview on 1/15/19 the Licensee/Qualified Professional stated they would find a way to provide a staff restroom without having to pass through a client bedroom.</p>	V 539		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 1/9/19 between 8:45 am and 9:00 am revealed:</p> <ul style="list-style-type: none"> -Kitchen base cabinet door fell from the cabinet frame when opened and the corner struck the floor. -Non-functioning base cabinet drawer wall by the sink. -No knobs/handles on cabinets above the washer and dryer in the kitchen. -Brown splatter on ceiling above the door nearest the washer and dryer. -At least 3 broken blind slats on client #3's window. Window was on front of the home. -Window in client #2's bedroom could not be opened because it had been secured with a nail or screw to prevent it from being opened. -Hall bathroom vanity doors unevenly secured leaving a gap at the bottom of the doors when closed. Inside the cabinet the bottom shelf discolored and worn/warped surface. <p>Interview on 1/9/19 with the Associate Professional/Group Home Manager stated she was not aware the window in client #2's room had been secured with a nail/screw.</p> <p>Interview on 1/9/19 with the Assistant Director stated:</p> <ul style="list-style-type: none"> -He did not know when the nail/screw had been put in client #2's window. -Window sensors were replaced recently. The repairmen may have put the nail/screw in client #2's window during this time. This work had been 	V 736		

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V 736	Continued From page 9 done in the last week. -He had removed the nail/screw from the window.	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100 and 116 degrees Fahrenheit. The findings are:</p> <p>Observation on 1/9/19 between 8:45 am and 9 am revealed: -The water temperature at the kitchen sink was 124 degrees Fahrenheit. -The water temperature at the hall bathroom sink was 120 degrees Fahrenheit.</p> <p>Interview on 1/9/19 the Associate Professional/Group Home Manager stated she was not aware the water temperatures were too hot.</p> <p>Interview on 1/9/19 with the Assistant Director revealed: -He had notified of the water temperatures being too hot.</p>	V 752		

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V 752	Continued From page 10 -He was adjusting the temperatures on the water heater.	V 752		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain minimum furnishings for client bedrooms affecting 3 of 4 clients (#1,#3, #4). The findings are: Observations on 1/9/19 between 8:45 am and 9:0 am of client bedrooms revealed: -The facility had 4 clients. -Bedrooms for clients #1, #3, and #4 had no bedside tables. Interview on 1/15/19 the Licensee/Qualified Professional stated the facility would provide a bedside table for all clients.	V 774		