

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-959	(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 #3 COMET	STREET ADDRESS, CITY, STATE, ZIP CODE 975 COMET CIRCLE FAYETTEVILLE, NC 28314
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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 category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 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 with a physician.</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</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews, and observations the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 3 clients audited (#1, #2). The finding are:</p> <p>Finding #1: Review on 1/11/19 of client #1's record revealed: -16 year old female admitted 5/29/18. -Diagnoses included Oppositional Defiant Disorder. -History of shellfish allergy. -No order for Epi Pen. (severe allergic reactions, anaphylaxis) -Order dated 10/24/18 for Ensure with meals. Boost discontinued. (Dietary supplements)</p> <p>Review on 1/15/19 of client #1's Comprehensive Clinical Assessment dated 5/2/18 documented client #1 had an Epi Pen for her history of shellfish allergy.</p> <p>Review on 1/11/19 of client #1's MARs from 10/1/18 - 1/11/19 revealed: -No MAR for Epi Pen. -No Documentation client had received either Boost or Ensure.</p> <p>Observation on 1/11/19 at 12:58 pm of client #1's medications revealed: -1 unlabeled Epi Pen in client #1's medications. -A label on the front of client #1's record in the group home that listed no allergies. -No Ensure on hand.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Finding #2: Review on 1/11/19 of client #2's record revealed: -14 year old female admitted 10/23/18. -Diagnoses included Oppositional Defiant Disorder; Unspecified Attention Deficit Hyperactive Disorder (ADHD); Cannabis Use Disorder, Mild. -Order dated 10/17/18 for Cetirizine 10 mg daily for seasonal allergies. -Order dated 10/16/18 for Guanfacine 3 mg every evening. (ADHD)</p> <p>Review on 1/11/19 of client #2's MARs revealed: -2 MARs documenting Guanfacine 3 mg at 7 pm from 10/23/18 -10/31/18. -No documentation Cetirizine 10 mg administered from 12/17/18 through 1/11/19.</p> <p>Observation on 1/11/19 approximately 1:15 pm of client #2's medications revealed no Cetirizine 10 mg on hand.</p> <p>Interview on 1/11/19 the Associate Professional/Group Home Manager stated: -She thought client #2's duplicate Guanfacine MARs in October was a documentation error and that she would not have received the medication twice daily. -Client #2's order for Cetirizine could not be filled until ordered by a current provider. The client's psychiatry provider for medication management would not renew the order for Ceterizine. They would contact the client's primary care provider to either order or discontinue the order. -She was aware client #1 had an allergy to shellfish. There had been a sign on the refrigerator that had been removed that documented this allergy. -Client #1's payor would not pay for Boost or</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Ensure. The Qualified Professional bought her supplement for about 2 weeks. In her home town there was a program where the mother could go pick it up for no charge but the mother refused to to this. Since client #1's payor would not pay the supplements, it had not been purchased. She thought the physician discontinued the Boost and wrote for Ensure thinking the client's payor would pay for Ensure.</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> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118		
V 300	<p>27G .1708 Residential Tx. Child/Adol - Trans or dischg</p> <p>10A NCAC 27G .1708 TRANSFER OR DISCHARGE</p> <p>(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.</p> <p>(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.</p> <p>(c) The facility shall meet with existing child and family teams or other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and</p>	V 300		

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V 300	<p>Continued From page 4</p> <p>treatment of the child or adolescent, including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.</p> <p>(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge of the child or adolescent as soon as the emergency situation is stabilized.</p> <p>(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure requirements were met for the non-emergency discharge/transfer of clients between sister facilities affecting 1 of 1 former clients (FC) audited (FC #1). The findings are:</p> <p>Review on 1/10/19 of FC #1's record revealed: -13 year old female, admission date 4/6/18. -No discharge date documented. -Diagnoses included attention deficit hyperactive disorder, combined presentation; unspecified disruptive impulse control and conduct disorder; generalized anxiety disorder; reactive attachment disorder of childhood, persistent, severe. -No documentation of advance written notification of the treatment team, including the legally responsible person, of the client's planned discharge to a sister facility.</p>	V 300		

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V 300	<p>Continued From page 5</p> <p>Interview on 1/9/19 FC #1 stated: -She was admitted 10 months and 3 days prior. -She started out at a sister facility. -She moved from the sister facility in the summer of 2018.</p> <p>Interview on 1/15/19 the Associate Professional/Group Home Manager of the sister facility stated: -FC #1 moved into the sister facility in August of 2018. She could not identify the exact date.</p> <p>Interview on 1/15/19 the Licensee/Qualified Professional stated: -She did not realize when a client was moved from one licensed sister facility to another that a discharge and admission had to be done. -The treatment team discussed the plan to move the client. -She would review discharge procedures and make sure the facility was in compliance going forward.</p>	V 300		