

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(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, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE 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 service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on interviews and record review, the facility failed to follow the facility admission policy</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>and procedures when admitting clients from a sister facility. The findings are:</p> <p>Review on 1/10/19 of client 2's record revealed: -13 year old female, admission date 4/6/18 to the licensee. -No admission date to the current facility. -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 the admission procedures were implemented when client was discharged from a sister facility and moved into the current facility.</p> <p>Interview on 1/9/19 client #2 stated: -She was admitted 10 months and 3 days prior. -She started out at a sister facility. -She moved into this facility in the summer of 2018. Her time in the current facility was part of the 10 months and 3 day stay.</p> <p>Interview on 1/15/19 the Associate Professional/Group Home Manager stated: -Client #2 moved into the facility from a sister facility in August of 2018. She could not identify the exact date. -The admission process was not implemented when client #2 moved into the facility because it was considered an "internal transfer."</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 was aware of the decision to move the client.</p>	V 105		

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V 105	Continued From page 3 -She would review these procedures and make sure the facility was in compliance going forward.	V 105		
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	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and maintain an accurate MAR affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 1/10/19 of client #3's record revealed: -16 year old female admitted 11/26/18. -Diagnoses included conduct disorder; post traumatic stress disorder; unspecified mood disorder, disruptive mood dysregulation disorder; vitamin D deficiency. -Seen by her primary care provider on 12/4/18. -Orders dated 11/25/18 as follows: -Magnesium Gluconate 500 mg (milligrams) twice daily. (Mineral supplement) -Doxycycline Hyclate 100 mg twice daily. (antibiotic used to treat bacterial infections, i.e. acne, urinary tract infections) -Olanzapine 20 mg at bedtime. (Antipsychotic) -Melatonin 3 mg, administer 2 tablets at bedtime. (Sleep aid) -Order dated 12/20/18 for Melatonin 3 mg at bedtime as needed. -No orders documented for Zinc Gluconate 50 mg. (Mineral supplement) -No orders documented for Folic Acid 1 mg. (Folic acid deficiency and certain types of anemia caused by folic acid deficiency) -Order dated 12/20/18 for Vitamin B6, 100 mg, 2 tablets twice daily. (Supplement)</p> <p>Review on 1/10/19 of client #3's MARs revealed: -Magnesium Gluconate 500 mg, Doxycycline Hyclate 100 mg were schedule to be administered twice daily at 7 am and 7 pm. No documentation either medication had been</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>administered at 7 pm from 11/26/18 - 11/30/18. -Olanzapine 20 mg scheduled to be administered at 7 pm. No documentation the medication had been administered at 7 pm from 11/26/18 - 11/30/18. -Melatonin order dated 12/20/18 had not been transcribed to the December 2018 or January 2019 MARs. Melatonin 3 mg, 2 tablets documented as administered nightly from 12/20/18 - 1/9/19 at 7pm. -Zinc Glucanate 50 mg documented daily from 11/26/18 - 12/27/18. -Folic Acid 1 mg, 2 tabs (tablets) daily in the morning transcribed on the November 2018 and December 2018 MARS and documented as administered from 11/27/18 - 12/19/18. -Vitamin B6, 100 mg, 2 tablets twice daily scheduled to be administered at 7am and 7 pm daily. No Vitamin B6 documented as administered at 7 am from 1/1/19 - 1/5/19.</p> <p>Interview on 1/9/18 client #3 stated: -She had lived in the facility for about 1 month. -She moved from a higher level of care facility located about 2 hours from the facility. -She was given medications in the morning, noon, and at night.</p> <p>Interview on 1/10/19 the Associate Professional/Group Home Manager stated: -She could not locate client #3's November 7 pm MARs for Magnesium Gluconate, Doxyclyne Hyclate, or Olanzapine. -When client #3 moved into the facility she had a supply Zinc Glucanate and Folic Acid, but no orders. The staff administered the Zinc Glucanate and Folic Acid until all medication had been taken. When client #3 was seen by ther primary care provider after her admission to the facility, he did not order either of these medications to be</p>	V 118		

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V 118	Continued From page 6 continued. -She believed it was a documentation omission of Vitamin B between 1/1/19 - 1/5/19, and that the client would have received the medication. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. 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	V 293		

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V 293	<p>Continued From page 7</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</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 review 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 (#2). The findings are:</p> <p>Review on 1/10/19 of client 2's record revealed: -13 year old female, admission date 4/6/18. -Diagnoses included attention deficit hyperactive disorder, combined presentation; unspecified</p>	V 293		

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V 293	<p>Continued From page 8</p> <p>disruptive impulse control and conduct disorder; generalized anxiety disorder; reactive attachment disorder of childhood, persistent, severe.</p> <p>-Seen in the Emergency Room 1/1/19 and diagnosed with Bacterial Pneumonia. Physician ordered antibiotics, Azithromycin 250 mg (milligrams), 2 tablets on 1/1/19, and 1 daily for the following 4 days.</p> <p>-No documentation client #2 was seen by her primary care provider for follow up within 3 days of her 1/1/19 Emergency Room visit and diagnosis of Bacterial Pneumonia.</p> <p>-No documentation client #2's temperature was monitored while on antibiotics.</p> <p>Review on 1/10/19 and 1/15/19 of client #2's Emergency Room discharge instructions revealed:</p> <p>-Follow up with client #2's primary care provider in 3 days.</p> <p>-Discharge instructions read. "Close follow up with your child's doctor is required. You should take your child to see his/her pediatrician for a recheck to make sure the infection is getting better..."</p> <p>-Seek medical attention immediately for fever that persisted after 1-2 days of antibiotics.</p> <p>Interview on 1/15/19 the Associate Professional/Group Home Manager stated she had requested a copy of the documentation the client #2 was seen by her primary care physician for follow up of the Emergency Room visit on 1/1/19.</p> <p>No documentation received by time of survey exit of a physician follow up visit for client #2's diagnosis of Bacterial Pneumonia made 1/1/19.</p> <p>This deficiency constitutes a re-cited deficiency</p>	V 293		

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V 293	Continued From page 9 and must be corrected within 30 days.	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> <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 1 of 4 current clients (Client #1). The findings are:</p> <p>Observations on 1/10/19 at approximately 9 am revealed:</p> <ul style="list-style-type: none"> -Inside client #1's bedroom was a locked door leading to a restroom. -The only way to access the restroom was by walking through client #1's bedroom. 	V 539		

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V 539	Continued From page 10 Interview on 1/10/19 the Associate Professional/Group Home Manager stated: -The restroom inside client #1's bedroom was the staff restroom. -The door to the restroom was always locked and only used by the staff. 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.	V 539		
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,#2, #4). The findings are: Observations on 1/10/19 between 8:45 am and	V 774		

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V 774	<p>Continued From page 11</p> <p>9:03 am of client bedrooms revealed: -The facility had 4 clients. -Bedrooms for clients #1, #2, and #4 had no bedside tables.</p> <p>Interview on 1/15/19 the Licensee/Qualified Professional stated the facility would provide a bedside table for all clients.</p>	V 774		