|                          | NT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                            | E CONSTRUCTION   |           | SURVEY<br>PLETED         |
|--------------------------|--|---|----------------------------|--|-----------|--------------------------|
|                          |  |   | A. BUILDING:               | <u> </u>   |           |                          |
|                          |  | MHL007-081  | B. WING                    |  |           | R<br>23/2019             |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY, S           | STATE, ZIP CODE  |           |                          |
| PORT H                   | EALTH SERVICES - R   | AY G SII VERTHO   | OWELL FARM<br>NGTON, NC 27 |  |           |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | SHOULD BE | (X5)<br>COMPLETE<br>DATE |
| V 000                    | INITIAL COMMEN   | ΓS  | V 000                      |  |           |                          |
|                          | on January 23, 201  This facility is licens categories: 10A No Abuse Intensive Ou  | w up survey was completed 9. Deficiencies were cited. sed for the following service CAC 27G .4400 Substance utpatient Program and 10A Facility Based Crisis Services I Disability Groups. |                            |  |           |                          |
| V 116                    | 10A NCAC 27G .02 REQUIREMENTS (a) Medication disp (1) Medications shawritten order of a plicensed to prescrib (2) Dispensing shalpharmacists, physic practitioners authorwith the North Caropermit to operate a nurse or other design physician or other redispensing so long and its contents are approved by the audispensing. (3) Methadone For supplied to a client service in a properly registered nurse en pursuant to the required somethadone is not content of the content of | ensing:<br>all be dispensed only on the<br>hysician or other practitioner   | F                          |  |           |                          |

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

|                          | NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY                   |
|--------------------------|---|--|------------------------------|---|-------------------|--------------------------|
|                          |   | MHL007-081   | B. WING                      |   |                   | ⋜<br>23/2019             |
| NAME OF I                | PROVIDER OR SUPPLIER  | STREET AD  | DRESS, CITY, S               | STATE, ZIP CODE   |                   |                          |
| PORT H                   | EALTH SERVICES - R  | AY G SII VERTHO  | VELL FARM<br>STON, NC 27     |   |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORREC'<br>(EACH CORRECTIVE ACTION SHOI<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE            | (X5)<br>COMPLETE<br>DATE |
| V 116                    | Continued From pa   | ge 1   | V 116                        |   | ,                 |                          |
|                          | Board of Pharmacy<br>locked supply of pre<br>Samples shall be d   | aining a permit from the NC  Physicians may keep a small escription drug samples. ispensed, packaged, and ace with state law and this    |                              |   |                   |                          |
|                          | interviews, the facili  | et as evidenced by:<br>views, observations and<br>ity failed to prevent the<br>n-emergency use of a stock of<br>drugs. The findings are: |                              |   |                   |                          |
|                          | - 33 year old male a<br>- Diagnoses include<br>severe, Opioid Use<br>Hypnotic and Anxio<br>- Physician's teleph<br>transcribed and sig<br>for Multivitamin one<br>100 milligrams (mg<br>Zantac (antacid and<br>daily, Thiamine 100<br>Chlordiazepoxide (s | sedative, can treat alcohol<br>ns) 50 mg every 8 hours as  |                              |   |                   |                          |
|                          | am of client #3's me  | 3/19 at approximately 11:40 edications on hand revealed eled by the pharmacy for the ent #3.   |                              |   |                   |                          |
|                          | - 34 year old male a<br>- Diagnosis of Opio   | of client #6's record revealed:<br>admitted to the facility 1/18/19.<br>id Use Disorder.<br>one order dated 1/18/19                      |                              |   |                   |                          |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 2 of 8

|                          | NT OF DEFICIENCIES<br>I OF CORRECTION  | (X1) PROVIDER/SUPPLI<br>IDENTIFICATION NU  |   | (X2) MULTIPLI<br>A. BUILDING:                | E CONSTRUCTION   |                                | E SURVEY<br>PLETED       |
|--------------------------|--|--|---|--|--|--------------------------------|--------------------------|
|                          |  | MHL007-081   |   | B. WING                                      |  |                                | R<br><b>23/2019</b>      |
|                          | PROVIDER OR SUPPLIER   | AY G SILVERTHC   | 1379 COV  | DRESS, CITY, S<br>WELL FARM I<br>GTON, NC 27 |  |                                |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIE<br>MUST BE PRECEDED BY<br>SC IDENTIFYING INFORM  | Y FULL  | ID<br>PREFIX<br>TAG                          | PROVIDER'S PLAN OF C<br>(EACH CORRECTIVE ACTION<br>CROSS-REFERENCED TO THE<br>DEFICIENCY | ON SHOULD BE<br>HE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 116                    | for Multivitamin, on (antihypertensive) hours, Ibuprofen (a fever and mild to se hours for 72 hours, addiction to narcotisublingual twice damg sublingual twice Buprenorphine 2 m 2 days then discont Trazodone (sedative 1 dose only Order signed by the (FNP) dated 1/22/1 bedtime Physician's order (antihistamine) 25 m Observation on 1/2 am of client #6's me One bubble carded dispensed 1/18/19 instructions "Use as No other medicati by client #6.  Review on 1/23/19 - 45 year old femaled 1/22/19 Diagnosis of Opio - Physician's teleph transcribed and sig Nurse for Multivitant every 8 hours for 75 sublingual twice damg sublingual twice damg sublingual twice | ned by the Registere e daily, Clonidine 1 mg every 8 hours nti-inflammatory; ca evere pain) 600 mg of Buprenorphine (treat c pain relievers) 4 m ily for 3 days, Bupre e daily for 1 day, g sublingual every nation. Dated 1/20/19 re and anti-depressa the Family Nurse Pra 9 for Trazodone 100 dated 1/21/19 for Vistag twice daily.  3/19 at approximate edications on hand r of Buprenorphine 2 in for client #6 with the s Directed." ons labeled for use  of client #8's record e admitted to the fact and Use Disorder. Inches pra ind Use Disorder | for 72 n treat every 8 ats ng norphine 2 morning for for ant) 50 mg actitioner mg at staril  ely 11:45 revealed: mg, printed exclusively revealed: cility  1 Practical line .1 mg .00 mg nine 4 mg norphine 2 |  |  |                                |                          |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 3 of 8

| STATEMEN                 | NT OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                     | E CONSTRUCTION  | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--------------------------|---|---|---------------------|---|-------------------|--------------------------|
|                          |   |   | 7 t. BOILBING.      |   | F                 | 2                        |
|                          |   | MHL007-081  | B. WING             |   |                   | 3/2019                   |
| NAME OF                  | PROVIDER OR SUPPLIER  | STREET ADI  | DRESS, CITY, S      | STATE, ZIP CODE   |                   |                          |
| PORT H                   | EALTH SERVICES - R  | AY G SILVERTHO 1379 COV   | VELL FARM           | ROAD  |                   |                          |
| ı okt III                | LALITI GERVIGES - IX  | WASHING   | TON, NC 27          | 7889  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI<br>DEFICIENCY) | D BE              | (X5)<br>COMPLETE<br>DATE |
| V 116                    | Continued From pa   | ge 3  | V 116               |   |                   |                          |
|                          | am of client #8's me - One bubble card of dispensed 1/22/19 instructions "Use as - No other medication by client #8.  Observation on 1/2 11:45 am and 12:05 medication storage cabinets; one cabin baskets labeled with number and contain The other cabinet comedications with phonames, with instructions of the come medications with phonames, with instructions of the come medications. | 3/19 between approximately pm of the facility's room revealed two locked let contained small plastic heach client's bedroom ling medication bubble cards. Contained stock supplies of larmacy labels with no client letions to "Use as Directed." observed included Vistaril, Ibuprofen, Multivitamins, |                     |   |                   |                          |
|                          | stated: - One of her respormedications She kept the stock rotated older stock used before its exp - Medications were doctors' orders; if a detoxing from opiat "Buprenorphine prowas ordered for clie from alcohol The pharmacy was corporate office app - Medications were - There was one nu  | administered according the client was withdrawing or res, the doctor would order the procol, the "Librium protocol" ents withdrawing or detoxing as located in the Licensee's proximately 20 miles away.  |                     |   |                   |                          |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 4 of 8

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

|                          | NT OF DEFICIENCIES OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                          | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--------------------------|--|--|--------------------------|--|-------------------|--------------------------|
|                          |  |  | A. BUILDING:             |  | F                 | ,                        |
|                          |  | MHL007-081   | B. WING                  |  |                   | 3/2019                   |
| NAME OF                  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S           | STATE, ZIP CODE  |                   |                          |
| PORT H                   | EALTH SERVICES - R   | AY G SII VERTHO  | VELL FARM<br>STON, NC 27 |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG      | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | _D BE             | (X5)<br>COMPLETE<br>DATE |
| V 116                    | was on duty on sec<br>on duty during third<br>During interview on<br>Supervisor stated of<br>treatment of opioid<br>Buprenorphine, we<br>exclusively for indiv   | ond shift; there was no nurse  | V 116                    |  |                   |                          |
| V 118                    | 10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person a drugs. (2) Medications shaclients only when a client's physician. (3) Medications, incadministered only builicensed persons pharmacist or other privileged to prepar (4) A Medication Acall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the | inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be ely licensed persons, or by to trained by a registered nurse, regally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The | V 118                    |  |                   |                          |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 5 of 8

|                          | NT OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIE<br>IDENTIFICATION NU  |  | (X2) MULTIPL<br>A. BUILDING:               | E CONSTRUCTION  |                              | E SURVEY<br>PLETED       |
|--------------------------|---|---|--|--|---|------------------------------|--------------------------|
|                          |   | MHL007-081  |  | B. WING                                    |   |                              | R<br><b>23/2019</b>      |
|                          | PROVIDER OR SUPPLIER  | AY G SILVERTHO  | 1379 COV   | DRESS, CITY, S<br>VELL FARM<br>STON, NC 27 |   |                              |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)  | TEMENT OF DEFICIENCIE<br>/ MUST BE PRECEDED BY<br>SC IDENTIFYING INFORM                       | FULL   | ID<br>PREFIX<br>TAG                        | PROVIDER'S PLAN OF CO<br>(EACH CORRECTIVE ACTIO<br>CROSS-REFERENCED TO THI<br>DEFICIENCY) | N SHOULD BE<br>E APPROPRIATE | (X5)<br>COMPLETE<br>DATE |
| V 118                    | (5) Client requests checks shall be rec   | ge 5<br>for medication chang<br>orded and kept with<br>appointment or consi                   | the MAR  | V 118                                      |   |                              |                          |
|                          | failed to obtain write from a physician or  | view and interview, to<br>en orders for medical<br>other person authoredications for 2 of 3 a | ations<br>ized by  |  |   |                              |                          |
|                          | - 33 year old male a - Diagnoses include severe, Opioid Use Hypnotic and Anxio - Physician's teleph transcribed and sig for Multivitamin one 100 milligrams (mg Zantac (antacid and daily, Thiamine 100 Chlordiazepoxide (s withdrawal symptor needed for 96 hour - No signature by a | sedative, can treat al<br>ns) 50 mg every 8 ho  | y 1/21/19. rder, edative, nild. 1/19 ed Nurse amin B1) only, mg twice lcohol ours as |  |   |                              |                          |
|                          | - 34 year old male a<br>- Diagnosis of Opio<br>- Physician's teleph<br>transcribed and sig<br>for Multivitamin, on  | one order dated 1/18 ned by the Registere   | y 1/18/19.<br>8/19<br>ed Nurse   |  |   |                              |                          |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 6 of 8

| NAME OF PROVIDER OR SUPPLIER  PORT HEALTH SERVICES - RAY G SILVERTHC  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 6  hours, Ibuprofen (anti-inflammatory; can treat fever and mild to severe pain) 600 mg every 8 hours for 72 hours, Buprenorphine (treats addiction to narcotic pain relievers) 4 mg sublingual twice daily for 3 days, Buprenorphine 2 mg sublingual twice daily for 1 day, Buprenorphine 2 mg sublingual every morning for 2 days then discontinue. Dated 1/20/19 for Trazodone (sedative and anti-depressant) 50 mg   | STATEMENT OF DEFIC<br>AND PLAN OF CORRE  |  | (X1) PROVIDER/SUPPLI IDENTIFICATION NU   |   | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION                             |                                   | E SURVEY<br>PLETED |
|---|--|--|--|---|------------------------------|--|-----------------------------------|--------------------|
| NAME OF PROVIDER OR SUPPLIER  PORT HEALTH SERVICES - RAY G SILVERTHC  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 6  hours, Ibuprofen (anti-inflammatory; can treat fever and mild to severe pain) 600 mg every 8 hours for 72 hours, Buprenorphine (treats addiction to narcotic pain relievers) 4 mg sublingual twice daily for 1 day, Buprenorphine 2 mg sublingual every morning for 2 days then discontinue. Dated 1/20/19 for  |  |  |  |   |                              |  |                                   | R                  |
| PORT HEALTH SERVICES - RAY G SILVERTHC  1379 COWELL FARM ROAD WASHINGTON, NC 27889  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 6  hours, Ibuprofen (anti-inflammatory; can treat fever and mild to severe pain) 600 mg every 8 hours for 72 hours, Buprenorphine (treats addiction to narcotic pain relievers) 4 mg sublingual twice daily for 3 days, Buprenorphine 2 mg sublingual twice daily for 1 day, Buprenorphine 2 mg sublingual every morning for 2 days then discontinue. Dated 1/20/19 for  |  |  | MHL007-081   |   | B. WING                      |  | 01/2                              | 23/2019            |
| PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 6  hours, Ibuprofen (anti-inflammatory; can treat fever and mild to severe pain) 600 mg every 8 hours for 72 hours, Buprenorphine (treats addiction to narcotic pain relievers) 4 mg sublingual twice daily for 3 days, Buprenorphine 2 mg sublingual twice daily for 1 day, Buprenorphine 2 mg sublingual every morning for 2 days then discontinue. Dated 1/20/19 for  |  |  | AAY G SILVERTHC  | 1379 COV  | VELL FARM                    | ROAD                                       |                                   |                    |
| hours, Ibuprofen (anti-inflammatory; can treat fever and mild to severe pain) 600 mg every 8 hours for 72 hours, Buprenorphine (treats addiction to narcotic pain relievers) 4 mg sublingual twice daily for 3 days, Buprenorphine 2 mg sublingual twice daily for 1 day, Buprenorphine 2 mg sublingual every morning for 2 days then discontinue. Dated 1/20/19 for  | PREFIX (EAC  | H DEFICIENC  | Y MUST BE PRECEDED BY  | Y FULL  | PREFIX                       | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO | TION SHOULD BE<br>THE APPROPRIATE | COMPLETE           |
| 1 dose only.  No signature by a physician or other person authorized by law to prescribe medications.  Observation on 1/23/19 at approximately 11:45 am of client #6's medications on hand revealed a bubble card of Buprenorphine 2 mg, dispensed 1/18/19 for client #6 with the printed instructions "Use as Directed."  During interview on 1/23/19 the Registered Nurse stated: Referrals for admission were typically sent via email; when a referral was received the "on call doctor" was contacted and relevant information was relayed. The "on call doctor" approved or denied admissions. The length of stay at the facility was 7 days. Telephone orders for medications were given to the nurse at the time of admission, based on the client's reason for admission. The nurse taking the medication orders would fax the orders to the pharmacy. The Family Nurse Practitioner (FNP) made rounds daily and a Physicians' Assistant (PA) made rounds on the weekends. The FNP and PA would write orders, but would not sign orders given by the physician. The "on call doctors" did not come to the facility. When a client was discharged, the medication | hours, Il fever an hours for addiction sublingumg suble Buprend 2 days to Trazodo 1 dose of a house | puprofen (a d mild to se or 72 hours, in to narcoti al twice da ingual twice or phine 2 miles or 1/2 hours, in the disconsisted of the control of the contro | anti-inflammatory; can evere pain) 600 mg of Buprenorphine (treated pain) 600 mg of Buprenorphine (treated pain) 70 days, Buprenorphine 2 mg, and anti-depressant physician or other proposed prescribe medications on hand reference and anti-depressant physician or other proposed prescribe medications on hand reference and anti-depressant physician or other proposed prescribe medications on hand reference and relevant informations and relevant informations are decided and relevant informations and reserved or denied and relevant informations are of admission, basing admission. The medication order of admission and the medication order of physicians' Assistant event when the physician are well of the physician or sidd not come to see the pain and the physician or sidd not come to see the pain and the physician. | every 8 ats ats ag norphine 2 norning for a for ant) 50 mg person ons.  Ely 11:45 revealed a spensed structions ered Nurse e "on call primation ed days. The given to ed on the as would made at (PA) out would the facility. | V 118                        |  |                                   |                    |

Division of Health Service Regulation

STATE FORM BF8E11 If continuation sheet 7 of 8

|                          | IT OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPL<br>A. BUILDING: | E CONSTRUCTION   | (X3) DATE<br>COMP | SURVEY<br>LETED          |
|--------------------------|--|---|------------------------------|--|-------------------|--------------------------|
|                          |  | MHL007-081  | B. WING                      |  | 01/2              | R<br>23/2019             |
|                          |  |   |                              |  | 1 01/2            | 3/2019                   |
| NAME OF I                | PROVIDER OR SUPPLIER   |   |                              | STATE, ZIP CODE  |                   |                          |
| PORT H                   | EALTH SERVICES - R.  | AY (3 SII VERTHO  | VELL FARM<br>STON, NC 27     |  |                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | ILD BE            | (X5)<br>COMPLETE<br>DATE |
| V 118                    | eventually sent to the reviewed and signed. She did not know to the Medical Director state. They had never had orders before.  The FNP did round signed orders.  The Medical Doctor they did rounds at the reviewed and so were discharged.  The FNPs took can health needs. | o a book and the book was ne Medical Director who d all the medication orders. how often "the book" was sent otor.  Iterview on 1/23/19 the ated: ad an issue with telephone ds everyday and wrote and ors also signed orders when he facility. Signed all orders after clients are of the clients' physical re ways to ensure a provider | V 118                        | DEFICIENCY)  |                   |                          |
|                          |  |   |                              |  |                   |                          |

Division of Health Service Regulation