

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/31/2018
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NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 12/31/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.5600E Supervised Living for Adults with Substance Abuse.</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		

Division of Health Service Regulation 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 observation, record review and interview, the governing body failed to assure medication was available to be administered on the written order of a person authorized to prescribe medications for one of three audited clients (#11). The findings are:</p> <p>Observation on 12/28/18 at approximately 3:00 PM of client #11's medications revealed an order for Vistaril 50 mg tablets was not present.</p> <p>Review on 12/28/18 of client #11's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 10/22/18 - an assessment dated 10/2/18 with diagnoses including Cocaine Use Disorder, Alcohol Use Disorder moderate, Cannabis Use Disorder mild and Unspecified Anxiety Disorder - a physician's order dated 10/28/18 for client #11 to self administer his medications - a physician's order dated 10/22/18 for Vistaril 50 mg tablets with instructions to administer every 6 hours as needed for anxiety - Medication Administration Records (MAR) for October, November and December 2018 with documentation to reflect the client self administered the medication daily - there was no evidence of a signed physician's order to discontinue Vistaril 	V 118		

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V 118	<p>Continued From page 2</p> <p>During an interview on 12/28/18, the Qualified Professional reported client #11's Vistaril was discontinued but she could not locate the signed discontinue order.</p> <p>Review on 12/31/18 of a medication list for client #11 revealed Vistaril was present but was listed as "inactive". The medication list did not contain a physician's signature or a date when the medication became inactive.</p>	V 118		