

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-390	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/04/2019
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NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLIAMSBURG ROAD, APARTMENT F DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 4, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review on 1/31/19 of the facility's fire drill log revealed the following: -11/27/18-2nd shift -11/24/18-weekend-no time indicated</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -10/21/18-weekend-no time indicated -10/12/18-1st shift -8/19/18-weekend-no time indicated -7/20/18-1st shift -7/12/18-2nd shift -6/6/18-weekend-no time indicated -5/3/18-2nd shift -4/9/18-1st shift -3/19/18-3rd shift -2/29/18-weekend-no time indicated -2/13/18-2nd shift -There were no fire drills conducted during the 3rd shift for the 4th, 3rd and 2nd quarter of 2018. -There were no 1st shift fire drills conducted during 1st quarter of 2018. <p>Review on 1/31/19 of the facility's disaster drill log revealed the following:</p> <ul style="list-style-type: none"> -12/26/18-1st shift -11/9/18-3rd shift -10/28/18-2nd shift -10/26/18-2nd shift -10/10/18-1st shift -8/25/18-weekend-no time indicated -7/7/18-1st shift -7/6/18-1st shift -6/28/18-1st shift -5/26/18-2nd shift -5/10/18-2nd shift -4/5/18-1st shift -3/28/18-3rd shift -3/17/18-weekend-no time indicated -2/24/18-weekend-no time indicated -There were no disaster drills conducted during the 3rd shift for the 3rd and 2nd quarter of 2018. -There were no 2nd shift disaster drills conducted during the 1st quarter of 2018. -There were no 1st shift disaster drills conducted during the 1st quarter of 2018. 	V 114		

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V 114	<p>Continued From page 2</p> <p>Interview with client #1 on 2/1/19 revealed: -She was admitted to the program in November 2018. -Staff had never done any fire and disaster drills with her. -She had seen other clients doing fire and disaster drills at their apartments with staff.</p> <p>Interview with client #2 on 2/1/19 revealed: -Staff had just recently talked to her about doing fire and disaster drills. -Staff asked her if she knew what to do if their was a fire and/or disaster. -Staff did not do a fire or disaster drill with her.</p> <p>Interview with the Residential Supervisor on 1/31/19 revealed: -Staff worked three separate shifts Monday through Friday. -Staff also worked two separate shifts on the weekends. -She thought staff were doing the fire and disaster drills during all shifts. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>Interview with the Program Director on 2/4/19 confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 3</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> <p> </p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to follow the physician's orders for one of three clients (#1) and failed to keep the MAR current affecting three of three clients (#1, #2 and #3). The findings are:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>1. The following is evidence the facility failed to follow client's physician's orders.</p> <p>Review on 2/4/19 of client #1's record revealed: -Admission date of 11/1/18. -Diagnoses of Opioid Dependence, Cannabis Dependence and Amphetamine Type Substance Abuse. -Physician's order dated 12/14/18 for Suboxone 8-2 mg, 1/2 half film underneath tongue in the morning and 1 film at night. -Incident reports had the following information: (1). 1/27/19-Client #1 refused 8 pm Suboxone. (2). 1/26/19-Client #1 refused Suboxone-no time indicated. (3). 1/18/19-Client #1 refused Suboxone-no time indicated. (4). 1/17/19-Client #1 refused Suboxone-no time indicated and (5). 11/11/18-Client #1 refused 2 pm Suboxone. -The February 2019 MAR had blank spaces on 2/1 through 2/4 for AM/PM doses for the Suboxone. -The January 2019 MAR indicated client #1 refused the Suboxone on 1/17, 1/18, 1/26 and 1/27 PM doses. -The December 2018 MAR had blank spaces for the Suboxone on 12/9 AM, 12/1 through 12/4 PM doses, 12/7 PM dose and 12/14 PM dose.</p> <p>Observation on 2/4/19 at approximately 10:25 AM of the medication area for client #1 revealed: -There was no Suboxone 8-2mg films available for client #1.</p> <p>Interview with client #1 on 2/1/19 revealed: -She had issues with Medicaid paying for her Suboxone. -She had Medicaid in another county and the Medicaid was not transferred to Durham. -She had been going back and forth with Medicaid about transferring her services to</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Durham.</p> <ul style="list-style-type: none"> -She was not currently following her order for the Suboxone. -Some days she would use the Suboxone once. -She knew that the Suboxone was supposed to be taken twice a day. -She was using it once some days in order to conserve the Suboxone. -She just recently talked to someone from the Medicaid office. -She was told her services would be transferred on February 1, 2019. <p>Interview with the Residential Supervisor on 1/31/19 and 2/4/19 revealed:</p> <ul style="list-style-type: none"> -Client #1 had some recent issues with Medicaid paying for her Suboxone. -Client #1 had Medicaid in another county. -She was told client #1's Medicaid would not transfer over until 2/1/19. -Client #1 told them she did not want to take the Suboxone twice a day. -Client #1 told them she did not want to run out of the Suboxone. -Client #1 would sometimes refuse to take the Suboxone. -The days that client #1 had blank spaces on the MAR were possibly refusals. -Staff tried to encourage client #1 to take the Suboxone two times daily. -She confirmed staff failed to follow the physician's orders for client #1. <p>Interview with the Program Director on 2/4/19 revealed:</p> <ul style="list-style-type: none"> -Client #1 just recently spoke with someone from her medical office. -Client #1 informed the medical office she wanted to discontinue her use of Suboxone. -The medical office was supposed to fax over a 	V 118		

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V 118	<p>Continued From page 6</p> <p>medication discontinuation order for the Suboxone.</p> <p>-She confirmed staff failed to follow the physician's orders for client #1.</p> <p>2. The following is evidence the facility failed to keep the MAR current.</p> <p>a. Review on 2/4/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Physician's order dated 12/14/18 for Suboxone 8-2 mg, 1/2 half film underneath tongue in the morning and 1 film at night. -Physician's order dated 10/29/18 for Polyethylene 17 gm, mix one capful into eight ounces of water daily. -The February 2019 MAR had blank spaces on 2/1 through 2/4 for AM/PM doses for the Suboxone 8-2 mg. -The December 2018 MAR had blank spaces for the Suboxone 8-2 mg on 12/9 AM, 12/1 through 12/4 PM doses, 12/7 PM dose and 12/14 PM dose. There was a blank space on the MAR for the Polyethylene 17 gm on 12/26. <p>b. Review on 2/4/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 11/14/18. -Diagnoses of Opioid Disorder and Cocaine Use Disorder. -Physician's order dated 1/31/19 for Suboxone 4-1 mg, one film underneath tongue two times daily. -Physician's order dated 1/17/19 for Sertraline 100 mg, take 1.5 tablets daily. -The December 2018 MAR had blanks on 12/1 through 12/3, 12/11 through 12/14, 12/16, 12/18 through 12/20 and 12/30 for the Sertraline 100 mg. There were blank spaces on 12/14 PM dose, 12/20 PM dose, 12/21 PM dose, 12/27 PM dose 	V 118		

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V 118	<p>Continued From page 7</p> <p>and 12/28 AM dose for the Suboxone 4-1 mg.</p> <p>c. Review on 2/4/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/6/18. -Diagnoses of Opioid Disorder, Cannabis Dependence, Major Depressive Disorder, Post Traumatic Stress Disorder and Amphetamine Type Substance Use Disorder-Mild. -Physician's order dated 1/23/19 for Sertraline 50 mg, take one tablet in the morning. -Physician's order dated 7/26/18 for Suboxone 8-2 mg, one film underneath tongue daily. -The January 2019 MAR had blank spaces on 1/20 and 1/21 for the Suboxone 8-2 mg. -The December 2018 MAR had a blank space on 12/20 for the Suboxone 8-2 mg. There were blank spaces on 12/1 through 12/6 for the Sertraline 50 mg. <p>Interview with the Residential Supervisor on 1/31/19 and 2/4/19 revealed:</p> <ul style="list-style-type: none"> -The days the clients had blank spaces on their MAR's were possibly refusals. -Some of the blank spaces on MAR's could have been a staff error. -Staff possibly forgot to sign off on administered medication. -She confirmed staff failed to keep the MAR's current for clients' #1, #2 and #3. <p>Interview with the Program Director on 2/4/19 confirmed:</p> <ul style="list-style-type: none"> -Staff failed to keep the MAR's current for clients' #1, #2 and #3. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		