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V 000	INITIAL COMMENTS An annual survey was completed on January 31, 2019. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .4100 Therapeutic Homes for Individuals with Substance Abuse Disorders and Their Children.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop a plan to include client outcomes, and strategies for the licensed service category affecting 1 of 3 audited clients (#1). The findings are: Review on 1/30/19 of client #1's record revealed: -26 year old female admitted 11/21/18. -Diagnoses included cocaine use disorder, severe; Marijuana use disorder, severe; sedative use disorder. -Client #1 continued to participate in the outpatient program operated by the Licensee following her admission. Review on 1/30/19 of client #2's service plan revealed: -PCP (Person Centered Profile) dated 6/1/18. -No goals or strategies documented for the facility licensed category. -Goals documented in client #1's plan were for the SACOT service (Substance Abuse Comprehensive Outpatient Treatment Program). Interview on 1/31/19 client #1 stated: -She felt moving into the residential facility would give her an "extra boost on recovery." -She felt this would help get her kids back. -She wanted to start school, get a vehicle, and secure housing. Interview on 1/30/19 Qualified Professional #5 stated: -Client #1 started with the provider in the outpatient program in May 2018. -She was not successful, missed meetings, and continued to use.	V 112		

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V 112	Continued From page 2 -Client #1 was admitted to the residential program on 11/21/18. -Client #1 needed help with staying clean and complete drug court so she could re-unite with her children.	V 112		
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	Continued From page 3 This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to assure medications were administered as ordered by the physician affecting 1 of 3 clients audited (clients #1). The findings are: Review on 1/30/19 of client #1's record revealed: -26 year old female admitted 11/21/18. -Diagnoses included cocaine use disorder, severe; Marijuana use disorder, severe; sedative use disorder. -Order dated 12/26/18 for Celebrex 200 mg (milligrams) daily. (anti-inflammatory, relieves pain and swelling) -Order dated 12/21/18 for Cetirizine 10 mg daily. (Allergy relief) -Order dated 11/28/18 for Suboxone 8 mg - 2 mg twice daily. (opioid dependence) -Order dated 1/15/19 for Suboxone 8 mg - 2 mg, 1 film under the tongue at 7 am, 2 pm, and 1/2 film at 8 pm. Review on 1/30/19 and 1/31/19 of client #1's MARs for December 2018 and January 2019 revealed: -No Celebrex 200 mg documented from 1/13/19 - 1/17/19. -No Cetirizine 10 mg documented from 1/20/19 - 1/22/19. -Suboxone 8 mg - 2 mg, 1 film under the tongue at 7 am, 2 pm, and 1/2 film at 8 pm documented starting 12/21/18. Review on 1/31/19 of client #1's Medication Count Sheets revealed:	V 118		

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V 118	Continued From page 4 -A balance of "0" of Celebrex 200 mg on 1/12/19. -A balance of "0" of Cetirizine 10 mg on 1/19/18. Interview on 1/31/19 client #1 stated she attended a physician practice that was "all inclusive" and provided her medications ordered by the clinic provider. Interview on 1/31/19 the Facility Manager stated: -Client #1 got her medications from the Suboxone clinic. -Client #1 missed doses of Celebrex and Cetirizine because she ran out of her medications before her next appointment. When she went to the next appointment she returned with a medication supply. -The client did not have prescriptions that could be filled at a pharmacy. -The Facility Manager had tried to get up with someone at the clinic with no luck. -The facility did not have an order to change the dosage of Suboxone on 12/21/19.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures	V 366		

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V 366	Continued From page 5	V 366		

to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as

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V 366	Continued From page 6 follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and	V 366		

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V 366	Continued From page 7 (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are: Review on 1/30/19 of client #1's record revealed: -26 year old female admitted 11/21/18. -Diagnoses included cocaine use disorder, severe; Marijuana use disorder, severe; sedative use disorder. -Order dated 12/26/18 for Celebrex 200 mg (milligrams). -Order dated 12/21/18 for Cetirizine 10 mg daily. Review on 1/30/19 and 1/31/19 of client #1's MARs for January 2019 revealed: -No Celebrex 200 mg documented from 1/13/19 - 1/17/19. -No Cetirizine 10 mg documented from 1/20/19 - 1/22/19. Review on 1/31/19 of client #1's Medication Count Sheets revealed: -A balance of "0" of Celebrex 200 mg on 1/12/19. -A balance of "0" of Cetirizine 10 mg on 1/19/18. Review of facility level 1 incident reports revealed no incident reports for missed doses of Celebrex or Cetirizine in January 2019. Interview on 1/31/19 client #1 stated she attended a physician practice that was "all inclusive" and	V 366		

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V 366	Continued From page 8 provided her medications ordered by the clinic provider. Interview on 1/31/19 the Facility Manager stated: -Client #1 got her medications from the Suboxone clinic. -Client #1 missed doses of Celebrex and Cetirizine because she ran out of her medications before her next appointment. When she went to the next appointment she returned with a medication supply. -The staff notified the pharmacy of the omissions.	V 366		