


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 DU	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	<p>1. The residential supervisor will provide a training with the residential staff on how to conduct emergency drills and how to completely fill out the drill form.</p> <p>2. The residential supervisor will review the drill logs every month to insure that drills are being conducted on all shifts and that the forms are being completed correctly.</p>	3/15/19 On-going
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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Misty Zuehl</i>	TITLE VP – NC Operations	(X6) DATE 2/15/19
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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 there 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: (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.</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	<p>1. Residential supervisor will review with the residential staff the importance of following the physician orders. She will also review with staff the protocol for documenting when a client refuses a medication.</p> <p>2. Residential supervisor will assign a 3rd shift residential staff to review the MAR's every night to insure that every section of the MAR is filled out and the staff have initialed. The residential supervisor will review the MAR's monthly to make sure that staff are accurately completing the MAR's.</p>	<p>3/15/19</p> <p>2/22/19 & on-going</p>
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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:</p> <ul style="list-style-type: none"> -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: <ol style="list-style-type: none"> (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>Observation on 2/4/19 at approximately 10:25 AM of the medication area for client #1 revealed:</p> <ul style="list-style-type: none"> -There was no Suboxone 8-2mg films available for client #1. <p>Interview with client #1 on 2/1/19 revealed:</p> <ul style="list-style-type: none"> -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 	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		
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