

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-214	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2019
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NAME OF PROVIDER OR SUPPLIER TGH RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 328 OLD CONCORD ROAD SALISBURY, NC 28144
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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 survey was completed on 2/20/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III</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 review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 2/20/19 of the facility's emergency drills revealed:</p> <ul style="list-style-type: none"> - No 2nd or 3rd shift fire drill in the 4th quarter of 2018 - No 1st or 3rd shift disaster drills in the 4th 	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	Continued From page 1 quarter of 2018 - No Disaster drills in the 1st quarter of 2019 Interview on 2/20/19 with Client #1 revealed: - There were no fire or disaster drills done in the facility Interview on 2/20/19 with Client #2 revealed: - He had not done any fire or disaster drills in the facility Interview on 2/20/19 with Client #3 revealed: - He had not done any fire or disaster drills in the facility, but he had practiced them at school Interview on 2/20/19 with the House Manager revealed: - Emergency drills were completed once a month	V 114		
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	V 118		

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V 118	<p>Continued From page 2</p> <p>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>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to keep the MARs current affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Review on 2/20/19 of Client #3's January-February 2019 MARs revealed the following dates were not signed by staff:</p> <ul style="list-style-type: none"> - Focalin 20mg- blanks on 1/25, 1/26, 2/1, 2/15-2/19 - Focalin 10mg (12pm dose)- banks on 1/7- 1/11, 1/15- 1/18, 1/23-1/25, 1/28- 1/31, 2/1, 2/4- 2/8, 2/11-2/20 - oxcarbazepine 150mg- blanks on 1/25, 1/26, and 1/28, 2/1- 2/4, 2/7- 2/9, 2/11- 2/13, 2/16, 2/17 - Clonidine 0.2mg- blanks on 2/1, 2/2, 2/7- 2/9, 2/11- 2/13, 2/15, 2/16 - Sertraline 25mg- blanks on 2/1, 2/2, 2/7, 2/8, 2/11- 2/13, 2/15, 2/16 <p>Review on 2/20/19 of Client #1's January-February 2019 MARs revealed the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>following dates were not signed off by staff:</p> <ul style="list-style-type: none"> - olanzapine 20mg- blanks on 2/3, 2/4, 2/7- 2/9, 2/11- 2/13, 2/16 - Ferrous Sulfate 325mg- blanks on 2/1, 2/4, 2/7- 2/9, 2/11- 2/13, 2/16, 2/17 - Cetirizine 10mg- blanks on 2/4, 2/7- 2/9, 2/11- 2/14, 2/16, 2/17 - Doxepine 10mg- blanks on 2/4, 2/7- 2/9, 2/11- 2/13, 2/16, 2/17 - Guanfacine 3mg- blanks on 2/1, 2/15- 2/19 - Paliperidone 9mg- blanks on 2/1, 2/15- 2/19 - Ranitidine 150mg- blanks on 2/1, 2/4, 2/7- 2/9, 2/11-2/13, 2/16, 2/17 <p>Interview on 2/20/19 with The House Manager revealed:</p> <ul style="list-style-type: none"> - Duties included keeping up with medications and the paperwork - She was responsible for some of the blanks on the MARs. The clients got all their medications. She had been rushing and signed the count sheets but not the MARs. - She will make sure that staff starts signing off on the MARs for each client <p>Interview on 2/20/19 with the Licensee revealed:</p> <ul style="list-style-type: none"> - Staff should be signing the MARs when they administer medications. 	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was accessed prior to hire for The Qualified Professional (QP). The findings are:</p> <p>Review on 2/20/19 of the QP's record revealed: - Hire date of 2/15/18 - The Healthcare Personnel Registry (HCPR) was accessed on 2/21/18</p> <p>Interview on 2/20/19 with the QP revealed: - She wasn't aware of the late HCPR. The office administrators would have more information</p> <p>Interview on 2/20/19 with the Licensee revealed: - She wasn't aware that the HCPR was out of compliance but would make sure they are done prior to hire dates going forward</p>	V 131		