

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
NAME OF PROVIDER OR SUPPLIER TGH RESIDENTIAL SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 328 OLD CONCORD ROAD SALISBURY, NC 28144		
(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	INITIAL COMMENTS An annual survey was completed on 2/20/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III	V 000	DHSR - Mental Health MAR 12 2019 Lic. & Cert. Section TGH Behavioral Health Services, Inc. addressed the deficiency as follows:	March 4, 2019 and ongoing.
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: Review on 2/20/19 of the facility's emergency drills revealed: - 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	1. QA/QI & Compliance Director met with House Manager and Assistant House Manager on Monday March 4, 2019 to review the policy on completing fire and disaster drills. 2. Fire & Disaster drill binder was created and reviewed containing the following information: a) How to complete a fire /disaster drill b) Annual Fire Drill Record Form c) Participant Attendance Sign off sheet d) Post-Drill Summary Evaluation Form e) Monthly Dividers f) Facility policy and procedures [Section XIII-B Program Safety: Evacuation & Fire] g) Disaster Preparedness Kit Supply List 3. Quarterly schedule for completing drills will be set up and reviewed with responsible staff [Manager/Assistant Manager] and each shift. 4. Random drills will be completed in between quarterly drills	

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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	Who will monitor the situation to ensure it will not occur again: <ul style="list-style-type: none"> • House Manager • Assistant Manager • Director • QA/QI & Compliance How often the monitoring will take place. <ul style="list-style-type: none"> • Quarterly Facility was in transition with staffing issues [no notice resignations/terminations] at the time. TGH Behavioral Health Services, Inc. addressed the deficiency as follows: <ol style="list-style-type: none"> 1. MAR was inadvertently not signed by staff although they signed medication count sheets. 2. Medication Management policy and procedure was reviewed with House Manager and Assistant Manager during meeting on Monday March 4, 2019. 3. Responsibilities for reviewing and ensuring all staff signatures are on the MAR were given to House Manager/Assistant House 	
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		March 4, 2019 and ongoing.

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STATE FORM

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WSEV11

If continuation sheet 2 of 5

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			<p>Manager.</p> <ol style="list-style-type: none"> 4. Process for signatures and resident refusals was reviewed with all staff: <ol style="list-style-type: none"> a. Put initials in appropriate box when medication is given. b. Circle initials when not given. c. State reason for refusal / omission on back of form. d. PRN Medications: Reason given, and results must be noted on back of form. e. Legend: S = School; H = Home visit; W = Work; P = Program. 5. Unnecessary count sheets were removed to avoid confusion moving forward. 6. Procedure for reporting "missed" medications or "refusal" by resident was also reviewed. 7. Incident reports will be completed to ensure recording of missed medications as required in DMH/DD/SAS-Community Policy Management – INCIDENT MANUAL [10A NCAC 27G .0209(h)]. <p>Report the following errors as necessary:</p> <ol style="list-style-type: none"> a) Missed dose – Any dosage of a medication not given to a consumer. This does not include a refusal. b) Wrong dosage – Any dosage of a medication that does not follow the prescribed order c) Dose preparation error – Medication is not mixed properly. d) Wrong time – Any dosage of a medication not given 	
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			<p>within one hour before or after the prescribed dosing time</p> <p>e) Wrong administrative technique – Medication is given improperly, such as orally instead of via rubbed into the skin.</p> <p>f) Dose given to wrong consumer – Someone's medication given to someone else.</p> <p>g) Wrong medication – Any incorrect or expired prescription medication administered to a consumer</p> <p>h) Loss or spillage of medication - Pills are dropped and lost, liquid medication spilled</p> <p>i) Refusal - Missed dosages due to the individual's refusal to take the medication</p> <p>j) Other</p> <p>8. The facility will be contracting with RN or NP to review resident MAR's, count sheets monthly and conduct in-service trainings with staff as needed.</p>	<p>Within 30 days of date of initial review.</p>
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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	<p><i>Who will monitor the situation to ensure it will not occur again:</i></p> <ul style="list-style-type: none"> • House Manager • Assistant Manager • Director • QA/QI & Compliance • Contracted RN or NP <p><i>How often the monitoring will take place.</i></p> <ul style="list-style-type: none"> • Monthly <p><i>See above...</i></p>	

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V 118	Continued From page 3 following dates were not signed off by staff: - 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 Interview on 2/20/19 with The House Manager revealed: - 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 Interview on 2/20/19 with the Licensee revealed: - Staff should be signing the MARs when they administer medications.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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.	V 131	Per the TGH policy and procedure: Credentialing requires primary source verification of the following: a) Current licensure/certifications; b) Relevant education, training, or experience; c) Current competence; and d) Health fitness, or the ability to perform the requested privileges, can be determined by a statement from the individual that is	March 4, 2019 and ongoing.

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			<p>confirmed either by the director of a training program or a licensed physician designated by the organization.</p> <p>Credentialing also requires secondary source verification of the following:</p> <ul style="list-style-type: none"> a) Government issued picture identification; b) Drug Enforcement Administration registration (as applicable); c) Clean NC Healthcare Registry Report; d) Acceptable Criminal Background Report e) Immunization and PPD status; <p>TGH Behavioral Health Services, Inc. addressed the deficiency as follows:</p> <p>Annual Survey Review on 2/20/19 of the QP's record revealed:</p> <ul style="list-style-type: none"> - Hire date of 2/15/18 - The Healthcare Personnel Registry (HCPR) was accessed on 2/21/18 <ul style="list-style-type: none"> 1. At initial date of licensure reviewed QP in question had an HCR that was in compliance with the standard and hire date. <i>(See attached)</i> 2. Undated HCR was completed by HR staff, as it is the process that random HCR are conducted throughout the course of employment to ensure no negative reports are made. 3. QP in question original HCR and updated HCR was placed in master file, however HR mistakenly did not include both copies in QP Residential file. 	
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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	<p><i>Who will monitor the situation to ensure it will not occur again:</i></p> <ul style="list-style-type: none"> • Human Resource Director • QA/QI & Compliance <p><i>How often the monitoring will take place.</i></p> <ul style="list-style-type: none"> • Upon review of hiring documents (Immediately) • Quarterly Audits 	



NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 02/21/2018.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling 919-733-7615.

Social Security Number: [REDACTED]

The listing verification is completed. Please record confirmation number [REDACTED] in your business files to validate this inquiry which was made on 06/03/2015.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-715-0562 Monday through Friday from 9:00 a.m. to 3:00 p.m. and speaking with a registry representative.

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