

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1305921016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2019
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NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 55 RAILROAD STREET MARION, NC 28752
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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 and complaint survey was completed on 3/20/18. The complaint was unsubstantiated (Intake #NC00148478). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</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 conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 3/19/19 of the facility fire and disaster drills form 7/2018-12/2018 revealed: -No second shift fire drill for the quarter of 7/2018-9/2018 or 10/2018-12/2018.</p>	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 -No second shift disaster drill for the quarter of 7/2018-9/2018 or 10/2018-12/2018. Interview on 3/20/19 with the Qualified Professional revealed: -The facility had two shifts, 6am-10pm and 10pm-6am. -The facility now has a safety manager who will oversee the drills. -They are currently being conducted each 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 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.	V 118		

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V 118	<p>Continued From page 2</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 interview, and record review the facility failed to maintain the MAR current for 1 of 3 audited client (#2). The findings are:</p> <p>Observation on 3/18/19 at approximately 10:45am of the medications for Client #2 revealed: -Concerta 54mg 1 tablet daily. -Aripiprazole 10mg 1 tablet at bedtime. -Clonidine HCLER 0.1mg 1 capsule daily. -Polyethylene Glycol 3350 17g powder in liquid daily.</p> <p>Review on 3/18/19 of the record for Client #2 revealed: -Admission date of 6/25/18 with diagnoses of Attention Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder and Conduct Disorder by history.</p> <p>Review on 3/18/19 of the January 2019, February 2019 and March 2019 MAR for Client #2 revealed: -No documentation of Concerta 2/28/19 or Polyethylene on 2/28/19. -No documentation of Concerta on 3/18/19, Apriprazole 3/17/19, Clonidine 3/17/19, Atomoxetine 3/18/19 or Polyethylene on 3/17/19.</p> <p>Interview on 3/19/19 with Client #1 revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-He had not missed any of his medication.</p> <p>Interview on 3/19/19 with the Qualified Professional revealed:</p> <p>-Client #2 did receive his medications, but they were not documented.</p> <p>-Client #2 had some behaviors on 3/17/19 and the documentation was an oversight by staff.</p>	V 118		