

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/24/2019
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NAME OF PROVIDER OR SUPPLIER TAPESTRY EATING DISORDER PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 11 NORTH COUNTRY CLUB ROAD BREVARD, NC 28712
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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 follow up survey was completed on 4/24/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals of all Disability Groups/Mental Illness and 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally Ill.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>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, interview, and record review the facility failed to ensure prescription drugs were available to be administered as ordered by the physician for 1 of 2 sampled clients (#1). The findings are:</p> <p>Observation on 4/23/19 at 2:00pm of the medications for Client #1 included: -Ventolin HFA inhaler 2 puffs 3 times a day as needed, dispensed on 4/23/19.</p> <p>Review on 4/23/19 of the record for Client #1 revealed: -Admission date of 4/12/19 with diagnoses of Anorexia Nervosa, restricting type, Generalized Anxiety Disorder, Major Depressive Disorder, Dissociative Identity Disorder, Social Anxiety Disorder, Post-Traumatic Stress Disorder and Unspecified Insomnia. -Physician order dated 4/23/19 for Ventolin HFA inhaler 2 puffs 3 times a day as needed, may keep at bedside.</p> <p>Interview on 4/23/19 with Client #1 revealed: -She had her old inhaler with her today, but did not realize it was expired and received a new inhaler. -She had no concerns regarding medications.</p> <p>Interview on 4/23/19 with the Registered Nurse revealed:</p>	V 118		

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V 118	Continued From page 2 -He had just been working alone for 1 week and this was his 2nd day in this facility. -The old inhaler for Client #1 was expired and a new one was obtained today. -The client came to the facility with the inhaler and he did not do the intake upon admission. -His procedure would be to triple check the date filled for medications to ensure they were not expired on the day of admission.	V 118		