			SURVEY PLETED			
					F	₹
		MHL063-002	B. WING		04/1	17/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHES	DA INC		TH PINE STR EN, NC 2831	REET BUILDING A		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000			
		w up survey was completed eficiencies were cited.				
	categories: 10A NC Living for Adults wit Dependency and 10	sed for the following service AC 27G .5600 E Supervised h Substance Abuse DA NCAC 27G .3200 Social on for Substance Abuse.				
V 118	· ·	ication Requirements	V 118			
	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person and drugs. (2) Medications shad clients only when and client's physician. (3) Medications, incommodifications, incommodifications only bunlicensed persons pharmacist or other privileged to prepart (4) A Medication Administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests the strength of the commodities of the c	inistration: inon-prescription drugs shall d to a client on the written uthorized by law to prescribe ill be self-administered by uthorized in writing by the luding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
ANDELAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL063-002	B. WING		04/1	₹ <b>7/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BETHES	DA INC		TH PINE STR EN, NC 2831	REET BUILDING A 5		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	JLD BE	COMPLETE DATE
V 118	Continued From pa	ge 1	V 118			
	•	appointment or consultation				
	facility failed to ens administered by sta nurse, pharmacist,	et as evidenced by: views and interviews the ure medications were iff trained by a registered or other qualified person for dited (House Manager #1).				
	revealed: -Date of admission -Diagnoses of Alcol DependencePhysician's order of mg, one half to one neededPhysician's order of mg, three tablets one tablet daily; Divide tablets at bedtime at tablets dailyThe April 2019 MA 4 mg was administed 4/1, 4/9, 4/10 and 4/12 through 3/31 for all	dated 3/14/19 for Tizanidine 4 tablet three times daily as dated 2/11/19 for Risperidone at bedtime; Amlodipine 5 mg, valproex Sodium 500 mg, two and Sertraline 100 mg, two R had the following: Tizanidine ered by House Manager #1 on /12 through 4/15 all three 3 mg and Sertraline 100 mg by House Manager #1 on 4/1,				

Division of Health Service Regulation

STATE FORM 6899 8W5111 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		E SURVEY PLETED	
		MHL063-002	B. WING			R <b>17/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BETHES	DA INC		TH PINE STRI EN, NC 2831	EET BUILDING A 5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	Risperidone 3 mg v Manager #1 on 3/6, through 3/31. Sertradministered by Ho 3/28 through 3/31.  b. Review on 4/16/1 revealed: -Date of admission -Diagnoses of Alcol DependencePhysician's order omg, one tablet daily tablet at bedtimeThe April 2019 MA 100 mg was adminion 4/3 and 4/12 through 4/1 was administered by and 4/12 through 4/1 review on 4/16/19 review on 4/16/19 review on 4/16/19 review on 4/16/19 review with client redications to him redications to him redications to him redications alred linterview with House Manager #1 his medications alred linterview with House revealed:	and 3/14 through 3/19. vas administered by House 3/18, 3/19, 3/26 and 3/28 raline 100 mg was ruse Manager #1 on 3/6 and  19 of client #5's record  4/3/19. nol Dependence and Cocaine rated 4/3/19 for Losartan 100 rand Trazodone 100 mg, one  R had the following: Losartan ristered by House Manager #1 rough 4/15. Trazodone 100 mg ray House Manager #1 on 4/3 ray House Manager #1 on 4/3 ray House Manager #1 runinistration House Manager #1 runinistration training.  1 #4 on 4/17/19 revealed: 1 had administered 1 on several occasions. 1 of the medication room in dication. 1 would hand him a cup with				
		nt would put clients medication				

Division of Health Service Regulation

STATE FORM 6899 8W5111 If continuation sheet 3 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING:			
		MHL063-002	B. WING		04/1	7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BETHES	DA INC	204 NORT	H PINE STR	EET BUILDING A		
BETHES	DAINC	ABERDEE	N, NC 2831	5		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
V 118	-He was responsible medication to the classification cup and the pillsHe would put his in the medication was -He confirmed he has registered nurse, play person to administed Interview with the Darevealed: -House Manager #1 more each weekHouse Manager #1 facility since Januar -The Office Assistal medication in the cultiple area of the facilityThe Office Assistal giving the prepared area of the facilityThe Office Assistal Administration a few -The House Manager #2 medications to clier -The House Manager #3 the MARHe thought House Administration train -House Manager #4 medications since 10 -They changed the	e for administering the ients. just hand the client the lensure the client swallows nitials on the MAR to indicate administered. ad not been trained by a narmacist, or other qualified er medications.  Firector on 4/16/19 and 4/17/19  I worked at least five days or least would normally put ups for clients. In the would normally put ups for clients. In the was not responsible for medications are kept in a locked and was trained in Medication we years ago. I was employed with the responsible for medications to clients. In the was not responsible for medications to clients. In the was trained in Medication we was trained in Medication we was ago. I was employed with the responsible for medications to clients. In the was not responsible for medication administer the lats. I had been administering the was hired in January 2018. I had been administering the was hired in January 2018. I medication administration	V 118			
	for the House Mana -He confirmed House	procedure would work better				

Division of Health Service Regulation

STATE FORM 8W5111 If continuation sheet 4 of 5

NAME OF PROVIDER OR SUPPLIER  BETHESDA INC  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  MHL063-002  STREET ADDRESS, CITY, STATE, ZIP CODE  204 NORTH PINE STREET BUILDING A  ABERDEEN, NC 28315  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  BETHESDA INC  204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28315  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 4 other qualified person to administer medications.  Review on 4/17/19 of a Plan of Protection written by the Director dated 4/17/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?: "Restrict [House Manager #1] from any contact with client's medications given to clients will be changed to meet current standard." Describe your plans to make sure the above happens: "Secure training as soon as possible. Nurse has been contacted to set up training. Will meet with staff and nurse to put new procedure in place by the end of this week."  House Manager #1 had been employed with the facility since January 2018. The Office Assistant was preparing the client's medications to clients on a weekly							
Summary Statement of Deficiencies   ABERDEEN, NC 28315			MHL063-002	B. WING		04/1	7/2019
ABERDEEN, NC 28315  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY)  REGULATORY OR LSC IDENTIFYING INFORMATION)  V118  Continued From page 4 other qualified person to administer medications.  Review on 4/17/19 of a Plan of Protection written by the Director dated 4/17/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?: "Restrict [House Manager #1] from any contact with client's medications given to clients will be changed to make sure the above happens: "Secure training as soon as possible. Nurse has been contacted to set up training. Will meet with staff and nurse to put new procedure in place by the end of this week."  House Manager #1 had been employed with the facility since January 2018. The Office Assistant was preparing the client's medication for House Manager #1. House Manager #1 was administering medications to clients on a weekly	NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CX4) ID   REFIX   CACH DEFICIENCY MUST BE PRECEDED BY FULL   PREFIX   TAG   REGULATORY OR LSC IDENTIFYING INFORMATION)   TAG   PROVIDER'S PLAN OF CORRECTION COMPLETE DATE	BETHES	DA INC					
other qualified person to administer medications.  Review on 4/17/19 of a Plan of Protection written by the Director dated 4/17/19 revealed: What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm?: "Restrict [House Manager #1] from any contact with client's medications until properly trained. Process of medications given to clients will be changed to meet current standard." Describe your plans to make sure the above happens: "Secure training as soon as possible. Nurse has been contacted to set up training. Will meet with staff and nurse to put new procedure in place by the end of this week."  House Manager #1 had been employed with the facility since January 2018. The Office Assistant was preparing the client's medication for House Manager #1. House Manager #1 was administering medications to clients on a weekly	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
medication was given. House Manager #1 had not been trained by a registered nurse, pharmacist, or other qualified person to administer medications.  This violation constitutes a Type B violation which is detrimental to health, safety or welfare of clients. If the violation is not corrected within 45 days, administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118	other qualified pers Review on 4/17/19 by the Director date What will you imme rule violations in ord further risk or additi Manager #1] from a medications until pr medications given t meet current standa make sure the abov as soon as possible to set up training. W to put new procedu week."  House Manager #1 facility since Januar was preparing the of Manager #1. House administering medication was given to been trained by pharmacist, or othe administer medicati This violation const is detrimental to he clients. If the violatid days, administrative will be imposed for	on to administer medications.  of a Plan of Protection written ed 4/17/19 revealed: diately do to correct the above der to protect clients from onal harm?: "Restrict [House any contact with client's operly trained. Process of o clients will be changed to ard." Describe your plans to be happens: "Secure training ender with staff and nurse are in place by the end of this will meet with staff and nurse are i	V 118	DEFICIENCY)		

Division of Health Service Regulation STATE FORM

6899 8W5111 If continuation sheet 5 of 5