

Division of Health Service Regulation


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2019
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NAME OF PROVIDER OR SUPPLIER CHAPARRAL YOUTH SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5973 MCLEOD DRIVE MAXTON, NC 28364
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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
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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on May 2, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure For Children or Adolescents.	V 000	<p>DHSR - Mental Health</p> <p>MAY 17 2019</p> <p>Lic. & Cert. Section</p>	
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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	CEO	5/09/19

STATE FORM 6899 1C2111 If continuation sheet 1 of 5

Appendix 1-B: Plan of Correction Form

Plan of Correction Survey Date: 5/01/2019

Provider Name: CHAPARRAL YOUTH SERVICES LLC		Phone: 910 827-1169	
License # MHL-078-170		Fax: 910 775-9181	
Provider Contact Person for follow-up: Sheree Sampson, CEO Sheree Sampson		Email: sheree1157@gmail.com	
Address: 5973 McLeod Dr. Maxton NC 28364			
Finding	Corrective Action Steps & Preventative Measures	Responsible Party & Frequency of Monitoring	Time Line
<p>V118</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 05/01/19 of client #1's record revealed: - 15 year old male. - Admission date of 12/27/18. - Diagnoses of Post Traumatic Stress Disorder and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 05/01/19 of client #1's signed medication orders dated 03/26/19 revealed: - Guanfacine (treats high blood pressure) 4 milligrams (mg) - 1</p>	<p>V118 Finding #1:</p> <p>1.) A medication class is scheduled for 5/27/2019 with Taylor Locklear, RN to educate staff on documentation on MARs and the importance of keeping them current. Additionally, group supervision will be done with all staff by the LP (Mariah Oxendine, LPCA) to emphasize the importance of MAR documentation.</p> <p>PREVENTATIVE MEASURES:</p> <p>2.) Tammie Oxendine, AP-Residential Mgr will check MAR's daily (M-F) to ensure that staff from previous day(s) have correctly documented their administration of medications.</p> <p>3.) A debriefing is scheduled for 5/29/2019 to inform all staff of the findings of the Survey and to meet as a group for supervision regarding the POC.</p>	<p>Taylor Locklear, RN, Mariah Oxendine, LPCA & Sheree Sampson, LPC</p> <p>Frequency: Daily (M-F)</p>	<p>Implementation Date: 5/27/2019</p> <p>Projected Completion Date: 6/01/2019</p>

tablet daily. - Fluticasone (Flonase-treats seasonal allergies) - 1 spray in each nostril twice a day. - Hydroxyzine (treats itching) 50mg - take 1 tablet every evening. - Quetiapine (antipsychotic) 400mg - take 1 tablet at bedtime. - Trazodone (antidepressant) 150mg - take 1 tablet at bedtime. - Loratadine (treats seasonal allergies) 10mg - take 1 tablet daily.

Review on 05/01/19 of client #1's March 2019 and April 2019 MARs revealed the following blanks for staff signatures and/or time of medication administration: March 2019 - Guanfacine - 03/23/19 and 03/30/19 thru 03/31/19. - Fluticasone - 03/23/19 x 1, 03/24/19 x 1, 03/26/19 x 1 and 03/29/19 thru 03/31/19 x 2. - Hydroxyzine - 03/26/19 and 03/28/19 thru 03/31/19. - Quetiapine - 03/26/19 and 03/28/19 thru 03/31/19. - Trazodone - 03/26/19 and 03/28/19 thru 03/31/19. - Loratadine - 03/02/19, 03/03/19, 03/05/19, 03/07/19, 03/09/19, 03/10/19, 03/12/19 thru 03/17/19, 03/19/19, 03/20/19, 03/22/19, 03/23/19, 03/26/19

<p>thru 03/31/19.</p> <p>April 2019 - Guanfacine - 04/27/19 and 04/28/19. - Fluticasone - 04/25/19 and 04/27/19 thru 04/28/19 x 2. - Trazodone - 04/25/19, 04/27/19 and 04/28/19. - Loratadine - 04/02/19 thru 04/04/19, 04/06/19, 04/17/19, 04/18/19, 04/20/19 thru 04/23/19, 04/25/19, 04/27/19 and 04/28/19.</p> <p>Interview on 05/01/19 client #1 stated he received his medications as ordered by his primary care provider.</p>	<p>-----</p>	<p>-----</p>	<p>-----</p>
<p>Finding #2: Review on 05/01/19 of client #2's record revealed: - 17 year old male. - Admission date of 03/27/19. - Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Cannabis Abuse and Intermittent Explosive Disorder.</p> <p>Review on 05/01/19 and 05/02/19 of client #2's medication orders revealed: 04/22/19 - Adderall (treats ADHD) 30mg - take 1 tablet daily.</p>	<p>Corrective Action Steps & Preventative Measures</p> <p>V118 Finding #2</p> <p>1.) Client's medications have been refilled.</p> <p>Preventative Measures:</p> <p>2.) Change in Admission Policy: Prior to admission to Chaparral Youth Services, it will be a requirement that client have a 30-day supply of his medications.</p>	<p>Responsible Party & Frequency of Monitoring</p> <p>Mariah Oxendine, LPCA & Sheree Sampson, LPC</p> <p>Frequency: Upon each admission</p>	<p>Time Line:</p> <p>Implementation Date: May 29, 2019</p> <p>Projected Completion Date: 6/01/2019</p>

- Aripiprazole (treats Bipolar) 15mg - take 1 tablet daily. - Omeprazole (treats reflux disease) 20mg - take 1 tablet daily.

- Sertraline (antidepressant) 100mg - take 1 tablet daily. - Melatonin (assists with sleep) - take 1 tablet daily at bedtime. - Gabapentin (treats neuropathic pain) - take 1 tablet daily at bedtime.

Review on 05/01/19 of client #2's April 2019 MAR revealed the following blanks for staff signatures, missed medications and/or time of medication administration:

- Adderall - 04/20/19 thru 04/23/19 - medication out, 04/27/19 and 04/28/19. - Aripiprazole - 04/06/19, 04/07/19 and 04/20/19 thru 04/26/19 - medication out. Omeprazole - 04/20/19 thru 04/22/19 - medication out, 04/27/19 and 04/28/19. - Sertraline - 04/13/19, 04/20/19 thru 04/23/19 - medication out, 04/27/19 and 04/28/19. - Melatonin - 04/25/19, 04/27/19 and 04/28/19. - Gabapentin - 04/20/19 thru 04/22/19 - medication out, 04/27/19 and

<p>04/28/19.</p> <p>Interview on 05/01/19 client #2 stated he received his medications as ordered.</p> <p>Interview on 05/01/19 the Licensee/Qualified Professional stated: - She was aware the MARs must be kept current. - She would address the incomplete MARs with the staff.</p> <ul style="list-style-type: none"> - Client #2 had run out of his medication for a few days. - Client #2's physician would not fill medications during the recent holiday. - She would ensure new clients are admitted to the facility with scripts for medications. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>			
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Sheree Dampyr RPE 205-501-1000 5/09/19