

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINDEN LODGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2251 LINDEN ROAD ABERDEEN, NC 28315</b>
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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	<b>INITIAL COMMENTS</b>  An annual survey was completed on May 16, 2019. Deficiencies were cited.  The facility is licensed for the following service category: 10A NCAC 27 G .5600A Supervised Living for Adults with Mental Illness.	V 000	On 05/16/2019 the Executive Director held an emergency staff meeting to initiate corrections to the citations.  <b>DHSR - Mental Health</b>  <b>JUN 17 2019</b>	
V 117	<b>27G .0209 (B) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration;(E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117	(A) Correction <b>Lic. &amp; Cert. Section</b> (1) A meeting was held to make staff aware of deficiencies. (2) New training was developed and implemented to assure all staff members were familiar with all medications and packaging. (3) Medication is no longer kept in pill planners and is now kept in the original labeled packaging.  (B) Prevention (1) Original medication packages are kept in a tamper proof container inside a locked medication cart. (2) Each staff member now takes medication out of original labeled packaging during administration rather than a pill planner.  (C) Monitored by Executive Director on a daily basis.	

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

TITLE

(X6) DATE

*Deb Holmes*

*Executive Director 6/13/19*

Division of Health Service Regulation

STATE FORM

6899

IGOR11

If continuation sheet 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-089</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/16/2019</b>
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Division of Health Service Regulation

V 117	Continued From page 1	V 117	
	<p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility staff failed to assure prescription medications remained in tamper-resistant packaging with a packaging label for each prescription drug containing the required information. The findings are:</p> <p>Review on 5/15/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted on 9/07/09</li> <li>- diagnosis of Schizophrenia</li> <li>- physician's order, as dated, included the following daily medications:             <ol style="list-style-type: none"> <li>1. Buspar 5mg - 1 two times a day (1/15/19)</li> <li>2. Lexapro 20mg, 1 each day (1/15/19)</li> <li>3. Luvox 25mg, 1 each day (1/15/19)</li> <li>4. Lamictal 200mg - 2 at bedtime (1/15/19)</li> <li>5. Zyprexa 20mg - 1 each day (1/15/19)</li> <li>6. Levothyroxine 100MCG - 1 each day (5/1/19)</li> <li>7. Colace 100mg - 1 each day as needed for constipation (1/15/19)</li> <li>8. Vitamin D3 2000 Unit Soft Gels - 1 every day (5/1/19)</li> </ol> </li> </ul> <p>Review on 5/15/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted on 5/01/10</li> <li>- diagnoses of Schizoaffective Disorder, Bipolar Type; Hypothyroidism and Dysphagia</li> <li>- physician's order, as dated, included the following daily medications:             <ol style="list-style-type: none"> <li>1. Loratadine 10mg - 1 daily (12/31/18)</li> <li>2. Fanapt 8m - 1 tablet two times each day (12/31/18)</li> <li>3. Pantoprazole 40mg - 1 table two times each day (12/31/18)</li> <li>4. Clonazepam 0.5mg - 1/2 tablet two times a day</li> </ol> </li> </ul>		

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V 117	<p>Continued From page 2</p> <p>(3/4/19)</p> <p>5. Propranolol 40mg - 1 tablet two times a day (12/31/18)</p> <p>6. Divalproex ER 500mg - 4 tablets at bedtime (12/31/18)</p> <p>7. Citalopram Hydrobromide 40mg - 1 tablet once daily (7/30/18)</p> <p>8. Levothyroxine 75mcg - 1 tab once daily (10/5/16)</p> <p>9. Atorvastatin 80mg - 1 tablet each night (1/27/19)</p> <p>10. Mirtazapine 15mg - 1 tablet at bedtime (9/11/18)</p> <p>11. Furosemide 20mg - 1 daily (12/31/18)</p> <p>12. Multivitamin with Minerals - One daily (12/31/18)</p> <p>13. Folic Acid 1mg - Once daily (12/31/18)</p> <p>14. Fish Oil 1000mg - One capsule daily (9/30/16)</p> <p>15. Vitamin C 500mg - One tab two times each day (12/31/18)</p> <p>Review on 5/15/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted on 6/01/17</li> <li>- diagnoses of Schizoaffective Disorder;</li> </ul> <p>Major Depressive Disorder</p> <ul style="list-style-type: none"> <li>- physician's order, as dated, included the following daily medications:</li> </ul> <ol style="list-style-type: none"> <li>1. Bupropion HCL XL 150mg - 2 tabs each morning (4/15/19)</li> <li>2. Aripiprazole 5mg - 1 in the morning (4/15/19)</li> <li>3. Atorvastatin 40mg - 1 daily (4/15/19)</li> <li>4. Topiramate 50mg - 1 two times a day (4/15/19)</li> </ol> <p>Observation of the above client's medications revealed:</p> <ul style="list-style-type: none"> <li>- All client medications had been removed from the original pharmacy packing and placed together in daily individual dose pill containers.</li> <li>- The presence and identification of each medication could not be determined due to the</li> </ul>	V 117		

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Division of Health Service Regulation

MHL063-089

B. WING \_\_\_\_\_

05/16/2019

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**LINDEN LODGE 2251 LINDEN ROAD  
 ABERDEEN, NC 28315**

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V 117	<p>Continued From page 3 manner of storage.</p> <p>Interview on 5/15/19 with the facility's Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- Medications were stored in this manner for staff's convenience</li> <li>- Medications were stored in this way for the past two years.</li> <li>- She was unaware medications needed to be retained with the required information and thought it was correct to store the medications in this manner.</li> </ul>	V 117		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ul style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the</li> </ul>	V 367	<p>(A) Correction</p> <ul style="list-style-type: none"> <li>(1) A meeting was held with all staff to discuss incident reporting deficiency.</li> <li>(2) Proper policy was reviewed.</li> </ul> <p>(B) Prevention</p> <ul style="list-style-type: none"> <li>(1) All staff members know where the incidents reports are located in the office.</li> <li>(2) All staff members know how to fill out incident reports.</li> <li>(3) All staff members are now aware that all incidents must be documented.</li> <li>(4) All staff members are now aware that all Level II incidents must be reported to our LME within 72hrs.</li> <li>(5) The contact information to the facility's LME is located in the file containing the incident report forms and on the staff bulletin board.</li> </ul>	

Division of Health Service Regulation

		<p>All staff members know how to report the incidents with our LME.</p> <p>(C) Monitor</p> <p>(1) Our Executive Director will monitor staff and the incidents on a daily basis to ensure they are being reported correctly and on time.</p>
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Division of Health Service Regulation

V 367	<p>Continued From page 4</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall</p>	V 367		
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Division of Health Service Regulation

V 367	<p>Continued From page 5 include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to report all level II incidents within 72 hours of becoming aware of the incident for 1 of 3 audited clients (#1.) The findings are:</p> <p>Review on 5/15/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/1/10</li> <li>- Diagnoses of Schizoaffective Disorder, Bipolar Type; Hypothyroidism; Dysphagia and History of Substance Abuse.</li> </ul> <p>Review on 5/16/19 of staff notes revealed the Executive Director documented:</p> <ul style="list-style-type: none"> <li>- Client #1 exhibited aggressive and abnormal behaviors over a significant period.</li> <li>- Due to the behaviors, Client #1 was involuntarily committed to a local hospital on 4/3/19.</li> </ul>	V 367		
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Division of Health Service Regulation

<p>V 367</p>	<p>Continued From page 6</p> <p>During interview on 5/15/19, the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 began to exhibit unusual behaviors.- Staff and the client's guardian were concerned the client may have obtained and used illegal substances.</li> <li>- They determined the client needed to be admitted to the hospital</li> <li>- Blood test revealed the client's medication was not at the desired levels.</li> <li>- A search of the client's room revealed a significant number of empty containers from energy drinks.</li> <li>- Client #1 was consuming a large amount of energy drinks.</li> <li>- Staff was not aware the client was purchasing the energy drinks and consuming them in such a significant quantity.</li> <li>- The energy drinks interfered with the effectiveness of his medication.</li> <li>- He remained in the hospital for approximately two weeks until the medication levels in his blood was regulated.</li> <li>- She said the decision to involuntarily commit him to the hospital was made by his mother/guardian, so she did not think an incident report was required.</li> <li>- She confirmed she did not complete an incident report on the above incident.</li> </ul>	<p>V 367</p>		
<p>V 503</p>	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY</p> <p>(a) Each client shall be free from unwarranted invasion of privacy.</p> <p>(b) The governing body shall develop and implement policy that specifies the conditions</p>	<p>V 503</p>	<p>(A) Corrections</p> <p>(1) A meeting was held with all staff members to review the policy in regards to search and seizure.</p> <p>(B) Prevention</p> <p>(1) New trainings on policy and reporting were completed by all staff members.</p> <p>(2) Staff now know that all search and seizures must be documented according to policy.</p> <p>(3) Staff now know a clients personal space can not be searched without adequate cause.</p> <p>(C) Monitor</p> <p>(1) The Executive Director will monitor staff and the</p>	

Division of Health Service Regulation

			<p>incidents on a daily basis to ensure they are being reported correctly and on time. As well as no one being searched without cause.</p>	
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<p>V 503</p>	<p>Continued From page 7 under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client.</p> <p>(c) Every search or seizure shall be documented. Documentation shall include:</p> <ol style="list-style-type: none"> <li>(1) scope of search;</li> <li>(2) reason for search;</li> <li>(3) procedures followed in the search;</li> <li>(4) a description of any property seized; and</li> <li>(5) an account of the disposition of seized property.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility management failed to implement the facility policy specifying the conditions under which searches of the client or his living area may occur and documenting the search or seizure affecting all clients in the facility. The findings are:</p> <p>Review on 5/15/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/1/10</li> <li>- Diagnoses of Schizoaffective Disorder, Bipolar Type; Hypothyroidism; Dysphagia and History of Substance Abuse.</li> </ul> <p>During interview on 5/15/19, the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>- Police were called to the facility to conduct a search of all client rooms due to concerns related to Client #1.</li> <li>- Client #1 began to exhibit unusual behaviors. - Staff and Client #1's guardian were concerned the client may have obtained and used illegal substances.</li> <li>- During the time he was hospitalized, Client #1's room was searched.</li> </ul>	<p>V 503</p>		
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V 503	Continued From page 8 <ul style="list-style-type: none"><li>- In order to "be fair," all client rooms were searched.</li><li>- A search of Client #1's room revealed a significant number of empty containers from energy drinks hidden under his bed.</li><li>- She confirmed she did not complete a report documenting the above search as required.</li></ul>	V 503		
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