STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL023-171			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		06/25/2019		
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
LEVELA	ND CRISIS AND RECOV	/ERY CENTER		STREET		
		SHELBY	7, NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 000	INITIAL COMMENTS	6	V 000			
	An annual survey wa 2019. Deficiencies v	as completed on June 25, vere cited.				
	categories: 10A NC Medical Detoxification Substance Abusers,	ed for the following service AC 27G .3100 Nonhospital on for Individuals who are 10A NCAC 27G .3300 ation for Substance Abuse,				
	10A NCAC 27G .500 Service for Individua and 10A NCAC 27G	00 Facility Based Crisis Is of all Disability Groups, .1100 Partial Hospitalization re Acutely Mentally III.				
V 118	27G .0209 (C) Media	cation Requirements	V 118			
	10A NCAC 27G .020 REQUIREMENTS (c) Medication admir	nistration:				
	only be administered	on-prescription drugs shall I to a client on the written thorized by law to prescribe				
	(2) Medications shal clients only when au client's physician.	l be self-administered by the				
	administered only by unlicensed persons	uding injections, shall be v licensed persons, or by trained by a registered nurse, legally qualified person and				
	privileged to prepare (4) A Medication Adr	and administer medications. ninistration Record (MAR) of to each client must be kept				
	current. Medications	administered shall be y after administration. The				
	<ul><li>(A) client's name;</li><li>(B) name, strength, a</li><li>(C) instructions for a</li></ul>	and quantity of the drug; dministering the drug;				
	(ם) date and time the	e drug is administered; and				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL023-171         VAME OF PROVIDER OR SUPPLIER       STREET A		(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED 06/25/2019	
		B. WING		06		
		ADDRESS, CITY, STATE		00	0/2019	
		609 NO	RTH WASHINGTON			
LEVELA	ND CRISIS AND RECO	SHELB	Y, NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE COMP O THE APPROPRIATE DAT	
V 118	Continued From page 1		V 118			
	drug. (5) Client requests for checks shall be reco	of person administering the or medication changes or orded and kept with the MAR ppointment or consultation				
	review the facility fai were administered o physician and the M	on, interview and record iled to ensure all medications only on the written order of a ledication Administration kept current affecting one of				
	-admission date of 6 -diagnoses of Subst	ance Abuse Disorder, Major r, Severe without Psychotic /lood Disorder, and				
	standing orders date	of Client #4's physician ed 6/22/19 revealed: ne tablet as needed for				
	revealed: -6/23/19 - "leave o -6/24/19 - Gabapent a.m. and one at 2:00	tin - 300 mg - one at 7:00 0 p.m. and two capsules at pazepine - 300 mg - 1 and 1/2				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171 AME OF PROVIDER OR SUPPLIER STREET A			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			06/25/2019	
		ADDRESS, CITY, STATE	. ZIP CODE	06	/25/2019	
	ND CRISIS AND RECOV	609 NO	RTH WASHINGTON			
	ND CRISIS AND RECOV	SHELBY	(, NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From page 2		V 118			
	<ul> <li>a.m. of Client #4's medications revealed:</li> <li>-Cogentin - 2 mg - in stock medications for Crisis Unit Clients.</li> <li>-Gabapentin - 300 mg - one at 7:00 a.m one at 2:00 p.m. and two at bedtime.</li> <li>-Oxcarbazepine - 300 mg - not observed.</li> <li>Review on 6/25/19 of Client #4's MAR for June 2019 revealed:</li> <li>-Benztropine Mesylate (Cogentin) - 2 mg - one tablet as needed - 6/25/19 "Administered".</li> <li>-Gabapentin - 300 mg - one at 2:00 p.m 6/24/19 blank.</li> <li>-Oxcarbazepine - 300 mg - 1 and 1/2 tablet - two times a day - 6/24/19 - 9:00 p.m. and 6/25/19 - 7:00 a.m. "Not Available."</li> <li>Interview on 6/25/19 with the Crisis Nurse Manager revealed:</li> <li>-Client #4's Cogentin - 2 mg - as needed was ordered again, however the order had not been</li> </ul>					
	the doctor ordered to -the client was sleep time for Gabapentin a -she gave the mornin 12:00 p.m. and did n dose so close togeth -the Oxcarbazepine	confusing since on 6/23/19 b leave off the Cogentin . ing during the morning dose at 7:00 a.m. ng dose of Gabapentin at ot want to give the 2:00 p.m.				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i	EMENTS				

STATE FORM

QDBS11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			06/25/2019	
			DDRESS, CITY, STATE		00	0/2019
LEVELA	ND CRISIS AND RECOV	VERY CENTER	TH WASHINGTON , NC 28150	STREET		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	ACTION SHOULD BE COMPL TO THE APPROPRIATE DATE	
V 736	Continued From page 3		V 736			
		, clean, attractive and orderly kept free from offensive				
	This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:					
	p.m. revealed: -the bathroom on the the facility had an op right corner. -the tile had thick rus along both sides of t	/19 at approximately 2:15 e intake/assessment side of ben shower area in the far sty/brown like colored stains he wall, on the floor and bap-dispenser, and the hand				
	revealed: -he was aware of the intake/assessment b -the bathroom was o	athroom. leaned daily with Clorox and stains could not be removed.				
	lth Service Regulation					

QDBS11