

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-287</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIRACLE HOUSES - TWIN AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2004 TWIN AVENUE</b> <b>GASTONIA, NC 28052</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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 8/8/19. The complaints were substantiated (Intakes #NC153689, #NC153711). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Adolescents and Children.</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</p>	V 118		

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>drug.</p> <p>(5) Client requests for medication changes or 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 records review, observations and interviews, the facility failed to ensure the MARs were kept current and accurate and medications were administered on the order of a physician affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 7/24/19 of client #1's record revealed: -admission date of 9/7/18 with the diagnoses of Post Traumatic Stress Disorder(PTSD) and Oppositional Defiant Disorder (ODD); -physicians' orders dated 6/18/19 for the following medications: Vyvanse 40mg one tablet daily, escitalopram (generic for Lexapo) 20mg one tablet daily, Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet at bed and Hydroxyzine HCL 25mg one tablet three times daily as needed; -physician's order dated 2/28/19 for Buspirone 10mg one tablet twice daily; -no physicians' orders present in the record for Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily</p> <p>Observation on 7/25/19 at 9:45am of client #1's medications on site revealed: -Vyvanse 40mg one tablet daily;</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-escitalopram 20mg one tablet daily,</li> <li>-Prazosin 1mg one tablet at bed;</li> <li>-Trazadone 100mg one tablet at bed;</li> <li>-Hydroxyzine HCL 25mg one tablet three times daily as needed;</li> <li>-Buspirone 10mg one tablet twice daily;</li> <li>-Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not on site.</li> </ul> <p>Review on 7/24/19 and 7/25/19 (in the am) of client #1's MARs from 6/16/19-7/25/19 revealed the following:</p> <ul style="list-style-type: none"> <li>-the pm dosing dates of 7/25/19 for Prazosin 1mg one tablet at bed, Trazadone 100mg one tablet at bed, Hydroxyzine HCL 25mg one tablet three times daily as needed and Buspirone 10mg one tablet twice daily documented as administered;</li> <li>-6/30 pm dosing date for Prazosin 1mg one tablet at bed left blank;</li> <li>-6/28, 6/29 and 6/30 pm dosing dates for Buspirone 10mg one tablet twice daily left blank;</li> <li>-Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily listed on the 6/2019 MAR and documented as administered;</li> <li>-Mucinex one tablet every 12 hours and Mupirocin 2% ointment apply three times daily not listed on the 7/2019 MAR.</li> </ul> <p>Finding #2: Review on 7/24/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>-admission date of 4/11/18 with diagnoses of PTSD, ODD and Attention Deficit Hyperactivity Disorder;</li> <li>-physicians' orders dated 1/14/19 for Risperdone 1mg one tablet at bed and Melatonin 3mg one tablet at bed;</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>-no physician order present in the record for Deep Sea Spray one spray each nostril twice daily.</p> <p>Observation on 7/25/19 at 9:39am of client #2's medications on site revealed: -Risperdone 1mg one tablet at bed; -Melatonin 3mg one tablet at bed; -Deep Sea Spray one spray each nostril twice daily not on site.</p> <p>Review on 7/24/19 and 7/25/19 (in the am) of client #2's MARs from 6/16/19-7/25/19 revealed the following: -the pm dosing dates of 7/25/19 documented as administered for Risperdone 1mg one tablet at bed and Melatonin 3mg one tablet at bed; -Deep Sea Spray one spray each nostril twice daily documented as administered from 6/16-6/30 am dose with the pm dosing date of 6/30 left blank.</p> <p>Finding #3 Review on 7/24/19 of client #3's record revealed: -admission date of 10/19/18 with diagnoses of PTSD, Major Depressive Disorder, Cannabis Abuse and Generalized Anxiety Disorder; -dated physicians' orders for the following medications: 4/8/19 for certizine (generic for Zyrtec) 10mg on tablet daily, 5/8/19 for escitalopram 10mg one tablet daily, topiramate (generic for Topomax) 50mg one tablet twice daily and Olanzapine 5mg one tablet daily, 7/11/19 for lamotrigine (generic for Lamictal) 25mg at bed and 7/8/19 for Triamcinolone Acetonide 0.1% apply twice daily.</p> <p>Observation on 7/25/19 of client #3's medications on site revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-certizine 10mg on tablet daily;</li> <li>-escitalopram 10mg one tablet daily;</li> <li>-topiramate 50mg one tablet twice daily;</li> <li>-Olanzapine 5mg one tablet daily;</li> <li>-lamotrigine 25mg at bed;</li> <li>-Triamcinolone Acetonide 0.1% apply twice daily.</li> </ul> <p>Review on 7/24/19 and 7/25/19 (in the am) of client #3's MARs from 6/16/19-7/25/19 revealed the pm dosing date of 7/25/19 documented as administered for the medications certizine 10mg on tablet daily, escitalopram 10mg one tablet daily, topiramate 50mg one tablet twice daily, Olanzapine 5mg one tablet daily, lamotrigine 25mg at bed and Triamcinolone Acetonide 0.1% apply twice daily.</p> <p>Interview on 7/25/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-all physician orders should be in the records;</li> <li>-client #1's Mucinex and Mupirocin were completed and no longer being administered;</li> <li>-staff #1 administered the 7/25/19 am doses of medications for all the clients and must have accidentally signed off on the 7/25/19 pm doses also;</li> <li>-will address with staff #1.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		