Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHH0976 B. WING 08/02/2019 NAME OF PROVIDEROR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE STRATEGIC BEHAVIORAL CENTER - LELAND LELAND, NC 28451 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX COMPLETE REGULATORY OR LSCIDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on August 2, 2019. The complaint was unsubstantiated (intake #NC00154134). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents. V 118 27G .0209 (C) Medication Requirements V 118 A. The processes that led to the deficiency 10A NCAC 27G .0209 MEDICATION REQUIREMENTS The facility failed to administer medications (c) Medication administration: on the written order of a physician and (1) Prescription or non-prescription drugs shall failed to keep the MARs current only be administered to a client on the written order of a person authorized by law to prescribe B. The procedure for implementing the drugs. acceptable plan of correction for the (2) Medications shall be self-administered by specific deficiency cited; clients only when authorized in writing by the client's physician. All nursing staff with medication administration (3) Medications, including injections, shall be responsibilities are being re-educated on the administered only by licensed persons, or by requirement that the Medication Administration unlicensed persons trained by a registered nurse. Record (MAR) must be kept current. Medications administered shall be recorded immediately after pharmacist or other legally qualified person and administration and include the name or initials of privileged to prepare and administer medications. the person who administered the drug. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be DHSR-Mental Health recorded immediately after administration. The MAR is to include the following: (A) client's name; AUG 2 8 2019 (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; Lic. & Cert. Section (D) date and time the drug is administered; and (E) name or initials of person administering the drug.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(5) Client requests for medication changes or

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3			X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G:	COMPL	ETED	
		MHH0976	B. WING		08/02	2/2019	
NAME OF	PROVIDEROR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		10.2.00.00	
STRATE	GIC BEHAVIORAL CE	NTER - LELAND 2050 MER	CANTILE	DRIVE			
OTTAIL	OIO BEITAVIOIVAE GE		NC 28451				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE	
V 118	This Rule is not me Based on record re facility failed to adr written order of a p MARs current affect	et as evidenced by: eviews and interviews, the ninister medications on the hysician and failed to keep the etting 6 out of 7 current clients	V 118	C. The monitoring procedure to enthe plan of correction is effective that specific deficiency cited recorrected; On a weekly basis, the Director of Nurstrained delegate, will observe a medication every shift to assess if the requirementated to medication administration are followed. In addition, audits of all MAR completed to ensure compliance. Nursing staff not meeting these requires the addressed on a progressive disciplination.	re and mains sing, or ation pass tents to being as will be the ments will		
	Finding #1 Review on 7/31/19 -17 year old female -Admission date 5/ -Diagnoses of Opp Major Depressive I Review on 7/31/19 medication orders -Vitamin D (treats V International Units -Magnesium Gluco magnesium) 500 m per dayOmega 3 Fatty Adraise good choleste reduce heart disea day -Miralax (treats cor and take daily for 5 -Flexeril (treats mu evening for 5 days -Vitamin B-6 (treats healthy skin) 50mg	20/19. ositional Defiant Disorder and Disorder. of client #1's signed revealed: Vitamin D deficiency) 50,000 (IU) - 1 capsule weekly. onate (treats low blood nilligrams (mg) - 2 tablets twice sids (used to lower triglycerides, erol, promote healthy skin, and se) 2 grams (g) - 3 times per instipation) -Mix in Gatorade		The findings are reported daily in the H Morning Meeting. The findings, conclurecommendations, and actions taken vaggregated and forwarded by the Direc Quality/Compliance/ Risk to the Hospit monthly Quality/PI Council, Medical Ex Committee and quarterly Governing Be each of their respective meetings. This process will continue as presente forward basis and has no end date. D. The title of the person responsitimplementing the acceptable placorrection. Director of Nursing	sions, vill be ctor of tal's secutive pard at d on a go-		

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		MHH0976	B. WING		08/	02/2019
NAME OF	PROVIDEROR SUPPLIER			, STATE, ZIP CODE		
STRATE	GIC BEHAVIORAL CE	NTER - LELAND	RCANTILE D	DRIVE		
		LELAND,	NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULDBE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	cholesterol, promot heart disease) 100r	ower triglycerides, raise good e healthy skin, and reduce mg - 6 capsules 3 times daily.				
	July 2019 MARs red June 2019 -Vitamin D - 6/21/19 -Vitamin B-6 - 6/20/ -Zinc Gluconate - 6 -Magnesium Glucon 6/28/19 at 7pm.	19 at 8am. /30/19 at 7pm. nate - 6/20/19 at 8am and ds - 6/22/19 at 7pm. 6/28/19				
	July 2019 -Fish Oil - 7/01/19 a -CyanocobalaminOmega 3 Fatty Aci 7/19/19 at 7pm.					
	Interview on 7/31/19 medications daily as	9 client #1 stated she had her s ordered.				
	-16 year old female. -Admission date 4/1 -Diagnoses of Bipol	1/19. ar Disorder, Post-Traumatic nduct Disorder, Cannabis				
	-Melatonin (treats sl tablets at 7pm.					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
AIND FLAIN	OF CONTRECTION	IDEITH IOMINION HOMBER.	A. BUILDING:		COMPLETED	
		MHH0976	B. WING		08/0	2/2019
NAME OF	PROVIDEROR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
		2050 MER	CANTILE D			
STRATE	GIC BEHAVIORAL CE		NC 28451			
	OUR MADY OT			DROVIDERIS DI ANI CE CORRECTI	ON	0.5
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SCIDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 118	Continued From pa	age 3	V 118			
20.101.00.00	*					
		hloride (treats blood sugar				
	levels) 500mg - 1 t					
		% Cream (treats inflammation)				
	- Apply topically tw	ower triglycerides, raise good				
		te healthy skin, and reduce				
		00mg - 1 capsule 3 times daily.				
		nate (treats low blood				
		nilligrams (mg) - 1 tablet 3				
	times daily.	3 (3,				
		treats skin conditions) 1000				
	micrograms (mcg)	- 1 milliliter (ml)				
	intramuscularly one					
		eats Zinc deficiency) 50mg - 1				
	tablet at 7pm.					
		nloride (treats hypertension) 0.1				
	mg - 1 tablet twice	daily.				
	Paview on 7/31/10	of client #2's June 2019 and				
		evealed the following blanks:				
	June 2019	vealed the following blanks.				
	-Cetrizine - 6/30/19	at 7pm.				
		9 and 6/26/19 (no specified				
	time).	,				
	-Zinc Gluconate - 6	6/30/19 at 7pm.				
	-Clonidine Hydroch	nloride - 6/20/19 and 6/21/19 at				
	7pm.					
		hloride - 6/21/19 and 6/30/19				
	at 7pm.	0/ 0 0/47/40				
		% Cream - 6/17/19 and				
		22/19 and 6/24/19 at 8am.				
		at 8am. 6/21/19 , 6/22/19, 9 at 4pm. 6/30/19 at 7pm.				
	0/20/15,and 0/30/1	σ at 4 μπ. 0/00/19 at /μπ.				
	July 2019					
	-Cetrizine - 7/07/19	9 at 7pm.				
	-Melatonin - 7/07/1					
		9 and 7/24/19 (no specified				
	time).					
		7/04/19 and 7/07/19 at 7pm.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
7110121			A. BUILDING	A. BUILDING:			
		MHH0976	B. WING		08/	02/2019	
NAME OF	PROVIDEROR SUPPLIER			STATE, ZIP CODE			
STRATE	GIC BEHAVIORAL CE	NTER - LELAND	RCANTILE D	PRIVE			
			NC 28451			7	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLDBE	(X5) COMPLETE DATE	
V 118	Continued From pa	ige 4	V 118				
	-Triamcinolone 0.19 7/15/19 at 8am. 7/0	nloride - 7/07/19 at 7pm. % Cream - 7/14/19 and 04/19 and 7/08/19 at 7pm. nate - 7/04/19, 7/07/19, and					
	Interview on 7/31/19 medications daily a	9 client #2 stated she had her s ordered.					
	-14 year old female -Admission date 3/0 -Diagnoses of Unsp						
	medication orders re-Clindamycin 1% Gropically to affected -Methyl Folate (treat dailyGabapentin (treats 3 times dailyThiamine (treats BroailyGabapentin (treats times dailyVenlaxafine Hydros (treats depression)Cyanocobalamin (treats depression)Cyanocobalamin (treats depression)Cyanocobalamin (treats depression).	el (treats acne) - Apply					
	June 2019 -Clindamycin 1% Go -Methyl Folate - 6/28/ -Gabapentin - 6/28/ 6/24/19 at 1pm.			5			

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STATEMENT OF DEFICIENCIES (X1) PROV

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION		SURVEY PLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING	A. BUILDING:		LLILD
		MHH0976	B. WING		08/	02/2019
NAME OF	PROVIDEROR SUPPLIER			STATE, ZIP CODE		
STRATE	GIC BEHAVIORAL CE	ENTER - LELAND	RCANTILE D , NC 28451	RIVE		
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V 118	Continued From pa	age 5	V 118			
	7/16/19 at 8amGabapentin - 7/10 6/30/19 at 7pm. Interview on 7/31/1 medications daily a Finding #4 Review on 7/31/19 -14 year old maleAdmission date 5/ -Diagnoses of Uns Post-Traumatic Str	ochloride Extended Release - 0/19 and 7/18/19 at1pm. 19 client #3 stated she had her as ordered. 0 of client #4's record revealed:				
	medication orders -Benztropine Mesy	of client #4's signed revealed: vlate (treats involuntary - 1 tablet two times daily.				
	June 2019 -Benztropine Mesy 7pm.	rlate - 6/26/19 and 6/27/19 at				
	Interview on 8/01/1 medications daily a	19 client #4 stated he had his as ordered.				
	-17 year old male. -Admission date 4/ -Diagnosis of Disru Disorder.	uptive Mood Dysregulation				
	Review on 7/31/19	of client #6's signed	1			

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STATEMENT OF DEFICIENCIES (X1) PROV

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		E SURVEY PLETED
			B. WING		004	00/2040
		MHH0976			08/0	02/2019
	PROVIDEROR SUPPLIER	2050 MEF	DDRESS, CITY, RCANTILE D	STATE, ZIP CODE PRIVE		
STRATE	GIC BEHAVIORAL CE		NC 28451			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 118	medication orders in Melatonin (treats is tablets daily at bedinal treats in tablet daily and the second of the second o	revealed: sleep disturbance) 3mg - 4 time. substance abuse) 50mg - 1 me. somnia) 10mg - Taken at somnia) 25mg - Taken at 9 at 8pm. 19 and 7/25/19 at 8pm. 7/18/19 at 7pm. 7/24/19 and 7/25/19 at 7pm. 9 client #6 stated he had his sordered. of client #7's record revealed: 02/19. Depressive Disorder. of client #7's signed revealed: //itamin D deficiency) 50,000IU	V 118			
	errors occur at time properly recording r	es due to facility nurses not medications given.				

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PRINTED: 08/07/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ MHH0976 08/02/2019 NAME OF PROVIDEROR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE STRATEGIC BEHAVIORAL CENTER - LELAND LELAND, NC 28451 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSCIDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 7 Interview on 8/01/19 the Chief Executive Officer stated: -The facility was scheduled to begin use of electronic MARs. -The electronic MARs should help resolve the issues with blanks. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.] V 736 V 736 27G .0303(c) Facility and Grounds Maintenance A. The processes that led to the deficiency cited 10A NCAC 27G .0303 LOCATION AND The facility was not maintained in a clean, **EXTERIOR REQUIREMENTS** attractive and orderly manner (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive B. The procedure for implementing the acceptable plan of correction for the odor. specific deficiency cited; CDBH has contracted with an outside cleaning service to perform industrial cleaning on a periodic basis. In addition, the entire PRTF was just repainted. This Rule is not met as evidenced by: Flooring is scheduled to be replaced in Based on observations and interviews, the facility 2020. was not maintained in a clean, attractive and

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orderly manner. The findings are:

approximately 12:00pm revealed:

substance on bedroom floor.

During observation of the facility on 8/01/19 at

laminate/formica torn away from the bathroom

-Room 101 had various stains of unknown

-Room 109 had two top layer strips of

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE	SURVEY	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			A. BUILDING	G:			
		MHH0976	B. WING		08/0	2/2019	
	PROVIDEROR SUPPLIER	ENTER - LELAND 2050 MER	DORESS, CITY RCANTILE I NC 28451				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 736	Bathroom counter laminate/formica coinches in width and Room 203 had was that would not turn Room 207 had limit the shower. Room 301 had od various particles of bedroom floor. Room 305 had 4 in peeling away from Room 307 had de bathroom. No door bedroom door lead various unidentified Room 306 had dra and various carpet Room 308 had wr stains on bedroom Room 309 had mis Shower curtain in the down and was rest was an unidentified by bedroom window. The last group roor revealed two tennis approximately half Room 401 had da approximately 4- 6 to right of the room bathroom was missing by shower was saturated with Room 405 had uri bowl and odor from the standard stan	ack in bathroom flooring. was missing portion of ountertop, approximately 3 d 12 inches in length. ater trickling from the shower off. oleum peeling away to right of or coming from bathroom and debris scattered across anch section of baseboard the bathroom shower. In tin corner frame near handle was present on ing to hallway. There were distains on floor. awings of a penis on the wall stains. Iting on the floor and various flooring. scellaneous stains on floor. Deathroom had been pulled ing in bathroom floor. There di white substance on the wall w. In at the end of 400 hall so ball size holes on left wall, way up the wall. Image to sheetrock inches in diameter upon entry The doorknob to the	V 736	C. The monitoring proced the plan of correction is that specific deficiency corrected; The EOC Director (or de weekly checks of each u cleanliness of the facility reporting to Morning Mee meetings, monthly Qualif meetings, and quarterly of the person implementing the acceptor correction. EOC Director	s effective and crited remains signee) will perform nit to ensure Findings will be eting Leadership ty Council Governing Board.		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		
		MHH0976	B. WING		08/02/2019
NAME OF	PROVIDEROR SUPPLIER			STATE, ZIP CODE	
STRATE	GIC BEHAVIORAL CE	NTER - LELAND	RCANTILE D NC 28451	KIVE	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT	ION (VE)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE COMPLETE
V 736	Continued From pa	age 9	V 736		
	side of sinkRoom 408 had de	oom was chipped away on left			
	Quality and Risk M -Door handles were stronger handles to and improve bathro -Carpeting was to be flooring to eliminate [This deficiency contacts]	n 8/01/19 the Director for anagement stated: e going to be replaced with minimize property damage			

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