Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	₹	
		MHL001-016	B. WING			2/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
HALL AVENUE FACILITY  136 HALL AVENUE  BURLINGTON, NC 27215							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS		V 000				
	on August 22, 2019  This facility is licens categories: 10A NCAC 27G. 31 Detoxification. 10A NCAC 27G .56 Adults With Substa	00 Facility Based Crisis					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person andrugs.  (2) Medications shat clients only when and client's physician.  (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered order to the privileged to prepare (4) A Medication Administered order to the privileged to prepare (4) A medication recorded immediated MAR is to include the (A) client's name;  (B) name, strength, (C) instructions for (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the aluding injections, shall be y licensed persons, or by trained by a registered nurse, a legally qualified person and a and administer medications. ministration Record (MAR) of a de to each client must be kept a sadministered shall be ely after administration. The					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
MHL001-016		B. WING		R <b>08/22/2019</b>				
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
HALL AVENUE FACILITY  136 HALL AVENUE  BURLINGTON, NC 27215								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE		
V 118	checks shall be rec	ge 1 for medication changes or orded and kept with the MAR appointment or consultation	V 118					
	This Rule is not met as evidenced by: Based on record review and interview, the facility management failed to assure that MARs were kept current, and medications administered were recorded immediately after administration affecting 1 of 4 audited clients (#1). The findings are:							
	the following inform 38 year old male Date of admission Diagnoses includ Disorder-Severe, C Disorder-Moderate, Disorder-Moderate Disorder-Moderate A Physician's ord 30 mg. every day.	n 12/6/18. e Opioid Use ocaine Use Alcohol Use and Cannabis Use er dated 12/6/18 for Cymbalta er dated 12/6/18 for Inderal 10						
	revealed no docume administered to the occasions: 6/5/19 at 9:00 pm	of Client #1's June 2019 MAR entation that Inderal was client on the following 1, 6/12/19 at 9:00 pm, 6/23/19 at 2:00 pm and 6/30/19 at						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			A. BOILDING.		R			
		MHL001-016	B. WING			2/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
HALL AV	HALL AVENUE FACILITY  136 HALL AVENUE  BURLINGTON, NC 27215							
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)		
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE			
V 118	Continued From page 2		V 118					
	revealed no docum administered to the occasions: 7/13/19 at 2:00 pat 7:00 am, 7/16/19 pm, 7/27/19 at 2:00 Review on 8/22/19 revealed no docum administered to the Review on 8/22/19 MAR revealed no dadministered to the occasions: 8/3/19 at 2:00 pm at 2:00 pm, 8/16/19 pm and 8/17/19 at 2 Review on 8/22/19 MAR revealed no dadministered to the occasions:	of Client #1's July 2019 MAR entation that Inderal was client on the following  m, 7/14/19 at 2:00 pm, 7/16/19 at 2:00 pm, 7/20/19 at 2:00 pm and 7/28/19 at 2:00 pm. of Client #1's July 2019 MAR entation that Cymbalta was client on 7/16/19 at 7:00 am.  of Client #1's August 2019 ocumentation that Inderal was client on the following  n, 8/10/19 at 2:00 pm, 8/11/19 at 7:00 pm. of Client #1's August 2019 ocumentation that Cymbalta othe client on 8/16/19 at 7:00 ocumentation that Cymbalta of the client on 8/16/19 at 7:00						
	revealed the followi She confirmed th and that documenta administration was MARs Not signing off m administration has l Staff have been t medication docume	at the MARs were not current ation of medication missing on each of these 3 edications immediately after been an ongoing problem. rained and re-trained on entation.						

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