STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1305921016	A. BUILDING: _____ B. WING _____	R-C 08/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEAR SKY GROUP HOME	55 RAILROAD STREET MARION, NC 28752

(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	INITIAL COMMENTS A follow up and complaint survey was completed on 8/26/19. The complaint was unsubstantiated (Intake #NC00154553). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure over the counter drugs and prescription medications were administered as ordered by the physician for 1 of 3 audited clients (#1). The findings are: Observation on 8/23/19 at 10:10am of the medications for Client #1 included: -Over the counter multivitamin with VSL#3 written on the cap of the bottle. Review on 8/23/19 and 8/26/19 of the record for Client #1 revealed: -Admission date of 6/21/19 with diagnoses of Schizoaffective Disorder-Bipolar, Anxiety Disorder, Irritable Bowel Syndrome, Gluten Intolerance and Obsessive-Compulsive Disorder. -Physician orders dated 5/2/19 and 7/25/19 for VSL #3 Packet 1 every morning. -No physician order for the multivitamin. Review on 8/23/19 and 8/26/19 of the June, July and August 2019 MAR revealed: -VSL #3 Packet documented as administered 6/22/19-8/22/19. -Multivitamin administered 6/22/19-6/30/19. Interview on 8/23/19 with Client #1 revealed: -He had not been taking a probiotic since admitted to the facility. Interview on 8/23/19 with Staff #1 revealed:	V 118		

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V 118	Continued From page 2 -The multivitamin was being administered for the VSL #3 packet. -This medication came from the prior placement with VSL #3 written on the cap and the staff continued to administer this as the VSL #3. Interview on 8/23/19 with the Pharmacist on 8/23/19 revealed: -The multivitamin was not the VSL #3 Packet, this was a probiotic. Interview on 8/23/19 with the Managing Partner revealed: -He also verified with the pharmacy the VSL was not the same as the multivitamin. -The parent was responsible for payment of the VSL and had refused to pay for the medication. -A physician order to discontinue the VSL was obtained prior to exit of survey. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		