

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1305921016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/26/2019
NAME OF PROVIDER OR SUPPLIER CLEAR SKY GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>A follow up and complaint survey was completed on 8/26/19. The complaint was unsubstantiated (Intake #NC00154553). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</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 drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118			

Division of Health Service Regulation
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>file followed up by appointment or consultation with a physician.</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Interview on 8/23/19 with Client #1 revealed: -He had not been taking a probiotic since admitted to the facility.</p> <p>Interview on 8/23/19 with Staff #1 revealed:</p>	V 118	<p><i>Please review attached addendum for corrective action.</i></p>		

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V 118	<p>Continued From page 2</p> <p>-The multivitamin was being administered for the VSL #3 packet.</p> <p>-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.</p> <p>Interview on 8/23/19 with the Pharmacist on 8/23/19 revealed:</p> <p>-The multivitamin was not the VSL #3 Packet, this was a probiotic.</p> <p>Interview on 8/23/19 with the Managing Partner revealed:</p> <p>-He also verified with the pharmacy the VSL was not the same as the multivitamin.</p> <p>-The parent was responsible for payment of the VSL and had refused to pay for the medication.</p> <p>-A physician order to discontinue the VSL was obtained prior to exit of survey.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p><i>Please review attached and signed addendum for explanation of corrective action.</i></p>		



September 3, 2019

Division of Health and Human Services
Division of Health Service Regulation
Attn: Sherry Waters

Memorandum for the Record

Subj: PLAN OF CORRECTION SURVEY DATED 8/26/2019

This letter is written as an addendum to Plan of Correction dated 8/26/2019 and to provide corrective action for the over the counter medication error that occurred.

Client #1 arrived from his PRTF placement with medications in a bag. The multi-vitamin bottle had been marked as VSL#3 on the bottle cap. We then obtained all electronic scripts via transfer from our local pharmacy and felt that compliance had been established. As the bottle of the Multivitamin got lower we asked for a refill on VSL#3 and it was discovered that the cost of this medication was \$106.00. The parent refused to pay out of pocket for the medication and it was understood we would administer the medication until the bottle was emptied and then D/C.

We continued to administer the Multivitamin, still with the assumption that it was the VSL#3, up to the date of the survey. During the survey, it was discovered that this multivitamin didn't have a probiotic aspect to the ingredients, nor did it meet the medication order for VSL#3 packet. The D/C order was requested immediately and received prior to the exit of the surveyor.

Our feeling was that the PRTF, that originally wrote the order, was aware that the child's parent would not cover the cost of this and substituted a multi-vitamin in its place without revising the order. This all took place prior to his discharge from that facility.

Our corrective action will include a pharmacy review of all inbound medications during the intake process to ensure we are in compliance with the orders established. This includes both prescription and over the counter medications will be audited by the pharmacy. We previously requested all scripts and orders to be transferred and printed prior to arrival of the resident and felt this was a "fool proof" way to prevent errors. Administrator of Clear Sky Behavioral, LLC will take an outward and pro-active approach to establish compliance from the onset.

The VSL#3, in this case, has been discontinued and is currently in compliance.

Thank you for the survey and creating awareness of an area of improvement.

Sincerely,

A handwritten signature in cursive script that reads "Scott M. Price".

Scott M. Price
Managing Partner