

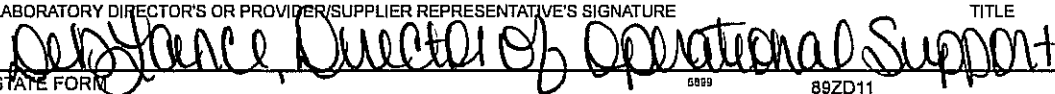
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-68	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/16/2019
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NAME OF PROVIDER OR SUPPLIER THE BALSAM CENTER ADULT RECOVERY UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 91 TIMBERLANE ROAD WAYNESVILLE, NC 28786
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/16/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE 9/5/19
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement a treatment plan within 30 days of admission to meet the treatment needs for 1 of 4 sampled clients (#3). The findings are:</p> <p>Review on 8/16/19 of the record for Client #3 revealed: -Admission date of 6/7/19. -Diagnosis of Methamphetamine Use Disorder - Severe in sustained remission. -No treatment or strategies.</p> <p>Interview on 8/16/19 with Client #3 revealed: -She was currently working on graduating the program and finding a new job.</p> <p>The Qualified Professional was not available for interview during the survey.</p> <p>Interview on 8/16/19 with the Director of Quality Assurance revealed: -She reviewed the record and the treatment plan was not completed. -It was the responsibility of the Qualified Professional to complete the plan and strategies. -The plan should have been completed.</p>	V 112	<p>Failure to complete and submit PCPs consistently has been an identified issue for the specific Qualified Professional (QP) in this program, responsible for such. Supervisor and SAOP Team Clinician have addressed this performance issue previously, and again since this review was conducted.</p> <p>Strategies to address this issue and to ensure continued compliance have included but are not limited to: additional training and supervision for the employee, clarification of the role and responsibilities, development/ implementation of standardized tracking system, review during team meetings, and live coaching/guidance. Program Managers will continue to monitor employee performance in this regard to ensure that PCPs are developed in a timely and comprehensive manner with all consumers involved in the SAOP Program.</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	Continued From page 2 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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure prescription drugs shall only be administered on the written order of a person authorized by law to prescribe drugs for 1 of 2 audited clients (#1). The findings are: Review on 8/13/19 and 8/16/19 of the record for Client #1 revealed: -Admission date of 8/3/19.	V 118	In response to this deficiency, all ARU nursing and medical staff were re-educated on the policy and procedure regarding responsibilities of nurses and certified medical assistance in entering orders for the medical prescriber who orders the medications for a client, or ensuring the orders are entered by the end of the shift on which the medication was ordered to ensure compliance with documentation for all medications in a consumer's Medication Administration Record. Please refer to the attached agenda and sign in sheets showing attendance at the meetings dated 8/27/19 and 8/29/19.	

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V 118	<p>Continued From page 3</p> <p>-Diagnoses of Bipolar Disorder and Post Traumatic Stress Disorder. -No physician order for Seroquel 25mg as needed every 4 hours.</p> <p>Review on 8/13/19 of the July and August 2019 MAR for Client #1 revealed: -Seroquel 25mg administered on 8/3/19.</p> <p>Interview on 8/16/19 with the Licensed Professional Nurse revealed: -The order should have been placed in the computer for the physician to sign.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to request a health care personnel registry (HCPR) check prior to employment for 1 of 4 audited staff(#2). The findings are:</p> <p>Review on 8/16/19 of the record for Staff #2 revealed:</p>	V 131	<p>As this specific issue was identified during previous review, HR has since modified its procedure so the Facility assigned HR representative will access the NC Health Care Registry now conducts the appropriate search upon notification from HR Recruiter that an applicant is being considered for hire, but not yet offered employment. By conducting search prior to offer of employment, this has ensured that applicant meets the requirements and there are no outstanding issues before an offer is finalized.</p> <p>No offer of employments are made until written notification is sent by Facility HR Representative that the search is complete, verified and recorded in the applicant record. Additionally, applicants are not given a confirmed employment start date unless the NC Registry search is confirmed, documented and complete and in good standing by the Facility HR Representative.</p> <p>Compliance with this procedure is continues to be monitored by internal HR audits conducted by corporate Compliance Officer. Facility HR Representative's Director oversees this process and ensures procedure is followed.</p>	

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V 131	Continued From page 4 -Hire date of 7/2/18 -HCPR check completed on 8/1/19. Interview on 8/16/19 with the Director of Business Operations revealed: -The HCPR was completed by the corporate office. -The facility has since de-centralized the checks by corporate. -The local office now completed the HCPR. -The late HCPR checks were no longer an issue.	V 131		

August 2019 ARU/BHUC Staff Meeting Agenda

1. New hires and departures - Brittney Davis - BSW Intern, Lucia James-Caballero, LCSW Intern
2. When switching shifts or asking a staff to cover your shift please contact Jamal and Michael to make sure it's authorized.
3. BHUC - New EOC form to be completed each shift. ARU EOC is in the works.
4. CMHAs - Great job submitting notes in a timely manner.
5. Sharing information with the security officer.
6. Satisfaction Surveys, we need to increase compliance with these. (CMHAs discharge)
7. New Nursing Census in G Suite and Electronic Census Form starting September 1st.
8. Per policy and procedure, make sure that orders are in for every medication. If the prescriber does not put in an order send them one.

August Staff Meeting

Sign-In Sheet

August 29, 2019 7:00 PM

1. Quinn Dunder
2. Eva Platt
3. Paul Gaddis
4. Rachel Phillips
5. Maria Birchfield
6. Stutchen Effeend
7. Courtney Mouhourtis
8. Brooklyn Cartice

08/21/21
@0900 August Staff Meeting
Sign-In Sheet

1. ~~Matthew Stevenson~~
2. Regina Sturgis
3. Stef Robinson
4. Brittney Davis
5. Jamal Jones
6. Jean Baldwin
7. Carena Ferguson
8. Brittany Heatherly
9. ~~_____~~ Jacob Ham