

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20190063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2019
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NAME OF PROVIDER OR SUPPLIER
THE WILMINGTON TREATMENT CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
**2520 TROY DRIVE
WILMINGTON, NC 28401**

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V 000	INITIAL COMMENTS An annual survey was completed on August 28, 2019. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers and 10A NCAC 27G .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are: Review on 8/27/19 of facility records for 2019 revealed: -No documented disaster drills recorded between	V 114	V114 - 27G .0207- Emergency Plans (C): Plan of Correction: <ul style="list-style-type: none"> Facility will include 1 disaster Drill per quarter to reflect 4 disaster Drills per calendar year. Disaster drills will include possible events that the Facility may encounter with ALL personnel on ALL shifts attending. Preventative Measures: <ul style="list-style-type: none"> Drills will be planned, critiqued and documented on a quarterly basis with documentation filed for future review, critiques and training purposes. Who Will Monitor: <ul style="list-style-type: none"> Director of Facility Services will review ALL drill activities and schedule the documented drills annually. Frequency of Monitoring: <ul style="list-style-type: none"> Director of Facilities Services will monitor drill reports quarterly and make any changes to the schedule to meet requirement annually. 	10-28-19

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

[Handwritten Signature]

TITLE (X6) DATE

CEO **DHSR - Mental Health** 9/11-19

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V 114	Continued From page 1 January 2019 through August 2019. During interview on 8/27/19 the Director of Facility Services stated: -Two disaster drills had been completed between September 2018 through December 2018. -Concerns about the effects of disaster drills on clients diagnosed with Post-Traumatic Stress Disorder had delayed a recently scheduled disaster drill.	V 114		
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.	V 118	V118 - 27G .0209 (C) Medication Requirements Plan of Correction: <ul style="list-style-type: none"> • Director of Nursing will review medication administration policy with entire nursing staff. • Director of Nursing review physician orders policy with entire nursing staff. • Nursing staff will review MAR after each medication pass to ensure patients who have not been medicated are found and educated. • Nursing Staff will verify provider orders have been taken off accurately on the MAR and discontinued accurately. • Nursing will mark medications as discontinued by writing DC and date then yellow highlighter marking out the medication for clear vision med is discontinued. • WTC is set to go live with electronic MAR in October 2019. 	10-28-19

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V 118	<p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of five audited clients (#2 and #8). The findings are:</p> <p>Finding #1: Review on 08/28/19 of client #2's record revealed: - 22 year old female. - Admission date of 08/23/19. - Diagnoses of Opioid Use Disorder, Cocaine Use Disorder, Tobacco Use Disorder and Post Traumatic Stress Disorder.</p> <p>Review on 08/28/19 of client #2's digitally signed physician orders revealed: 08/23/19 - Admit to: Opiate Detoxification - Tylenol (treats fever and pain) Extra Strength - take 2 every 6 hours as needed for temperature greater than 99.5 or pain. - Tylenol 325 milligrams (mg) - 2 every 4 hours as needed for temperature greater than 99.5 or pain.</p> <p>08/24/19 - "Pt (patient) pregnant." - "D/C (discontinue) admission order PRNS (as needed) ..."</p>	V 118	<ul style="list-style-type: none"> All nursing staff will be trained by pharmacy staff how to enter provider orders accurately and how to accurately administer meds from the EZ MAR <p>Preventative Measures:</p> <ul style="list-style-type: none"> Trainings on medication administration policy and physician orders policy will be held at nursing staff meeting September 11, 2019 Trainings will be held on electronic MAR in Oct 2019, go live date scheduled for 10/14. Staff will sign stating policies have been read and understood. <p>Who Will Monitor:</p> <ul style="list-style-type: none"> Director of Nursing will monitor <p>Frequency of Monitoring:</p> <ul style="list-style-type: none"> Director of Nursing will monitor MAR documentation daily for one month then weekly for one month then monthly thereafter. Pharmacy staff will continue to monitor MAR documentation monthly Director of Nursing will be able to monitor MAR documentation remotely in real time upon start of electronic MAR in October. 	

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V 118	<p>Continued From page 3</p> <p>Review on 08/28/19 of client #2's August 2019 MAR revealed the following transcribed entry: - "Tylenol 1 gm PO (by mouth) every 8 hours prn." - Staff initials to indicate the Tylenol was administered on 08/25/19 after the physician discontinue order.</p> <p>Interview on 08/27/19 client #2 stated: - She found out she was pregnant when she was admitted to the facility. - The facility doctor had changed some other medications. - She received her medications as ordered.</p> <p>Finding #2 Review on 8/28/19 of Client #8's record revealed: - 24 year old female. - Admission date of 8/24/19. - Diagnoses of: Bipolar II Disorder; Post Traumatic Stress Disorder; Unspecified Anxiety Disorder, Opioid Use Disorder on Medication Assisted Therapy, Tobacco use Disorder Moderate, Angina, Migraines, Sedative, Hypnotic or Anxiolytic withdrawal-without Perceptual Disturbance, Sedative, Hypnotic or Anxiolytic use Disorder-Severe and Herpes.</p> <p>Review on 8/28/19 of signed physician orders revealed: 8/24/19 - Multivitamin (used to treat vitamin deficiency) - 1 tablet daily for 7 days. - Thiamine (used to prevent B1 deficiency) 100mg (milligram)- 1 tablet once daily for 7 days. - Phenobarbital (used to treat seizures) 120mg - 1 tablet twice daily. - Phenobarbital 90mg- 1 tablet twice daily. - Vraylar (used to treat schizophrenia) 1.5mg - 1 capsule at bedtime. - Neurontin (used to treat nerve pain) 400mg - 1</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>tablet three times daily for 10 days.</p> <ul style="list-style-type: none"> - Vistaril (used to treat anxiety) 950mg - 1 tablet three times daily for 10 days. - Losartan (used to treat high blood pressure) 50mg- 1 tablet daily. - Doxepin (used to treat depression) 50mg - 1 capsule at bedtime. <p>8/25/19</p> <ul style="list-style-type: none"> - Seroquel (used to treat schizophrenia) 400mg - 1 tablet at bedtime. - Robaxtin (used as a muscle relaxer) 750mg - 1 tablet three times daily for 7 days. <p>8/26/19</p> <ul style="list-style-type: none"> - Melatonin (used to treat insomnia) 6mg- 1 tabat bedtime. <p>Review on 8/28/19 of Client # 8's August 2019 MAR's revealed the following blanks: August 2019</p> <ul style="list-style-type: none"> - Multivitamin 8/28/19. - Robaxtin 8/28/19 at 8am. - Thiamine 8/28/19. - Phenobarbital 120mg on 8/27/19 at 9pm. - Phenobarbital 90mg on 8/28/19 at 8am. - Vraylar 8/27/19. - Neurontin 8/25/19 at 9pm. - Vistaril 8/28/19 at 8am. - Losartan 8/28/19. - Doxepin 8/27/19. - Melatonin 8/27/19. - Seroquel 400mg 8/25/19 thru 8/27/19. <p>Interview on 8/27/19 Client #8 stated she had received some of her medicine but not all of it.</p> <p>Interview on 8/28/19 with the Registered Nurse (RN) #2 stated:</p> <ul style="list-style-type: none"> - That Client #8 had not received some of her 	V 118		

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V 118	<p>Continued From page 5</p> <p>medicine because they did not have it.</p> <ul style="list-style-type: none"> - The blanks should not be in the MAR. - Client #8 received her medicine for 8/28/19, but she had not signed the MAR yet. She should have signed the MAR when the medications were administered. - She did not have a physician's order to discontinue the Seroquel 400mg. - She should have signed the MAR when the medications were administered. <p>Interview on 8/28/19 with the Director of Nursing stated:</p> <ul style="list-style-type: none"> - Client #8's 400mg Seroquel was discontinued - She did not have a copy of the physicians order to discontinue the 400mg Seroquel. - She did not know if Client #8 had received the medications that had blanks in the MAR, but she could check the Phenobarbital. - Client #8 was not administered the Phenobarbital after she checked. - There should not be any blanks in the MAR. - Staff should have not administered client #2's Tylenol on 08/25/19 after the physician had discontinued it on 08/24/19. <p>Due to the failure to accurately document medication administration and to keep the MAR current it could not be determined if client #8 received her medications as ordered by the physician.</p>	V 118		
V 220	<p>27G .3103 Nonhospital Med. Detox. - Operations</p> <p>10A NCAC 27G .3103 OPERATIONS</p> <p>(a) Monitoring Clients. Each facility shall have a written policy that requires:</p> <p>(1) _____ procedures for monitoring each client's general condition and vital signs during at least</p>	V 220		

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V 220	<p>Continued From page 6</p> <p>the first 72 hours of the detoxification process; and (2) procedures for monitoring and recording each client's pulse rate, blood pressure and temperature at least every four hours for the first 24 hours and at least three times daily thereafter.</p> <p>(b) Discharge Planning And Referral To Treatment/Rehabilitation Facility. Before discharging the client, the facility shall complete a discharge plan for each client and refer each client who has completed detoxification to an outpatient or residential treatment/rehabilitation facility.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to monitor and record the pulse rate, blood pressure and temperature at least every four hours for the first 24 hours affecting 2 of 5 audited current clients (#2 and #8). The findings are:</p> <p>Finding #1: Review on 08/28/19 of client #2's record revealed: - 22 year old female. - Admission date of 08/23/19. - Diagnoses of Opioid Use Disorder, Cocaine Use Disorder, Tobacco Use Disorder and Post Traumatic Stress Disorder. - Vital Signs were not completed every four hours for the first 24 hours as required.</p> <p>Review on 08/28/19 of client #2's digitally signed admission orders dated 08/23/19 revealed:</p>	V 220	<p>V220 - 27G .3103 Nonhospital Med. Detox. - Operations</p> <p>Vitals Signs every 4 hours first 24 hours for all detox patients</p> <p>Plan of Correction:</p> <ul style="list-style-type: none"> • Detox vital sign policy will be edited to include all detox patients will have vitals obtained every 4 hours the first 24 hours after admission then TID thereafter. • Nursing staff will obtain vitals on all first 24 hours admissions at 0800, 1200, 1600, 2000, 0200, 0400 <p>Preventative Measure:</p> <ul style="list-style-type: none"> • Training on Detox vital signs policy will be held at nursing meeting September 11, 2019 • Staff will sign stating policy has been read and understood <p>Who Will Monitor:</p> <ul style="list-style-type: none"> • Director of Nursing will monitor <p>Frequency of Monitoring:</p> <ul style="list-style-type: none"> • Director of Nursing will monitor vital signs on patients in their first 24 hours daily for the first week, then weekly for a month, then monthly thereafter. 	10-28-19

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V 220	<p>Continued From page 7</p> <ul style="list-style-type: none"> - "Admit To: Opiate Detox (Detoxification)." - "If admitted to Detox location, vital signed TID (three times daily) and PRN (as needed) as indicated." <p>Review on 08/28/19 of client #2's documented vital signs from 08/23/19 thru 08/24/19 revealed:</p> <ul style="list-style-type: none"> - 08/23/19 at 7:19pm. - 08/24/19 at 8:29am. - 08/24/19 at 3:48pm. - 08/24/19 at 10:47pm. <p>Interview on 08/27/19 client #2 stated:</p> <ul style="list-style-type: none"> - She was admitted to the facility on 08/23/19. - She found out she was pregnant after she was admitted. - Staff checked her vital signs 3 times a day and as needed. <p>Finding #2: Review on 08/28/19 of client #8's record revealed:</p> <ul style="list-style-type: none"> - 24 year old female. - Admission date of 8/24/19. - Diagnoses of: Bipolar II Disorder; Post Traumatic Stress Disorder; Unspecified Anxiety Disorder, Opioid Use Disorder on Medication Assisted Therapy, Tobacco use Disorder Moderate, Angina, Migraines, Sedative, Hypnotic or Anxiolytic withdrawal-without Perceptual Disturbance, Sedative, Hypnotic or Anxiolytic use Disorder-Severe and Herpes. <p>Review on 08/28/19 of client #8's digitally signed admission orders dated 8/24/19 revealed:</p> <ul style="list-style-type: none"> - "Admit To: Inpatient Detox Opiate and Inpatient Detox Benzo" - "If admitted to Detox location, vital signed TID and PRN as indicated." 	V 220		

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V 220	<p>Continued From page 8</p> <p>Review on 08/28/19 of client #8's documented vital signs from 08/24/19 thru 08/25/19 revealed:</p> <ul style="list-style-type: none"> - 08/24/19 at 2:36pm. - 08/25/19 at 12:43am. - 08/25/19 at 7:05am. - 08/25/19 at 4:07pm. - 08/25/19 at 10:30pm <p>Interview on 08/27/19 client #8 stated:</p> <ul style="list-style-type: none"> - She was admitted to the facility on 08/24/19. - They took her temperature during admission. <p>Interview on 08/28/19 Certified Nursing Assistant I stated:</p> <ul style="list-style-type: none"> - She had worked at the facility for 9 years. - She checked client vitals signs 3 times a day and as needed. <p>Interview on 08/27/19 Registered Nurse I stated:</p> <ul style="list-style-type: none"> - He had worked at the facility for 2 years - The vital signs for clients were taken at least 3 times a day at approximately 7am, 3, pm and 7pm. <p>Interview on 08/28/19 the Director of Nursing stated:</p> <ul style="list-style-type: none"> - Clients admitted to the facility for Alcohol Detox had vital signs taken every 4 hours for the first 24 hours. - Clients admitted for Opiate Detox had vitals signs checked 3 times a day and as needed. - She would speak with the doctor to ensure vital signs were taken every 4 hours for the first 24 hours for all admitted clients. 	V 220		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	V 752		

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V 752	<p>Continued From page 9</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observations on 8/27/19 between 10:30am and 11:00am revealed: -Room #102 water temperature read 122 degrees Fahrenheit in the bathroom sink. -Room #105 water temperature read 118 degrees Fahrenheit in the bathroom sink and 122 degrees Fahrenheit in the shower. -Room #109 water temperature read 118 degrees Fahrenheit in the bathroom sink and 118 degrees Fahrenheit in the shower. -Room #112 water temperature read 80 degrees Fahrenheit in the bathroom sink. -Room #212 water temperature read 80 degrees Fahrenheit in the bathroom sink. -Room #206 water temperature read 82 degrees Fahrenheit in the bathroom sink. -Room #211 water temperature read 80 degrees Fahrenheit in the bathroom sink.</p> <p>Interview on 8/28/19 the Chief Executive Officer stated: -He would review with Director of Facility Services to assess potential options for water temperature</p>	V 752	<p>V 752- 27G .0304(b)(4) Hot Water Temperatures</p> <p>Plan of Correction:</p> <ul style="list-style-type: none"> • Temperatures in Patients areas have been checked and adjusted according to the written limits. • Water Temperature in patient areas will be selected twice per week randomly and will include ALL patient areas within each 30 day period. <p>Preventative measures:</p> <ul style="list-style-type: none"> • Water Temperatures Not within range will be adjusted and monitored on a consistent schedule with written documentation per room (area). • Documentation will be kept on File for 1 year for further review. <p>Who will Monitor:</p> <ul style="list-style-type: none"> • This Documentation will be Monitored By the Director of Facilities Services <p>Frequency of Monitoring:</p> <ul style="list-style-type: none"> • Water Temperatures will be Monitored on a weekly basis and reviewed monthly for Constancy. 	10-28-19

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