

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/22/2019
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NAME OF PROVIDER OR SUPPLIER HALL AVENUE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 136 HALL AVENUE BURLINGTON, NC 27215
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(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>An annual and follow-up survey was completed on August 22, 2019. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G. 3100 Non-Hospital Medical Detoxification. 10A NCAC 27G .5600E Supervised Living for Adults With Substance Abuse. 10A NCAC 27G. 5000 Facility Based Crisis Service For All Disability Groups.</p>	V 000	WSS	
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 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</p>	V 118	<p>In order to correct the cited the staff responsible have been notified of their deficient habits. Staff have also been provided continuing education regarding the appropriate documentation of medication administration.</p> <p>In order to prevent the cited deficiency from recurring, all staff permitted to administer medications have been provided continuing education regarding the proper documentation of medication administration.</p> <p>To monitor the efficacy of corrective measures, third shift staff are responsible for conducting nightly audits of Medication Administration Records. Staff found deficient will be notified and required to document any medication administration as a late entry. Persisting deficient documentation will not be tolerated.</p> <p><i>fcc</i></p>	9/30/19

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Candice Z. Carter M.Ed.
CCS, LMS

TITLE
9-19-19

(X6) DATE

STATE FORM

6889

ZNTJ11

If continuation sheet 1 of 3

RECEIVED

By DHRS-Mental Health Licensure at 11:57 am, Sep 20, 2019

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>drug.</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 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:</p> <p>Review on 8/20/19 of Client #1's record revealed the following information; -- 38 year old male. -- Date of admission 12/6/18. -- Diagnoses include Opioid Use Disorder-Severe, Cocaine Use Disorder-Moderate, Alcohol Use Disorder-Moderate and Cannabis Use Disorder-Moderate. -- A Physician's order dated 12/6/18 for Cymbalta 30 mg. every day. -- A Physician's order dated 12/6/18 for Inderal 10 mg. three times a day.</p> <p>Review on 8/22/19 of Client #1's June 2019 MAR revealed no documentation that Inderal was administered to the client on the following occasions: -- 6/5/19 at 9:00 pm, 6/12/19 at 9:00 pm, 6/23/19 at 2:00 pm, 6/30/19 at 2:00 pm and 6/30/19 at 9:00 pm.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 8/22/19 of Client #1's July 2019 MAR revealed no documentation that Inderal was administered to the client on the following occasions: -- 7/13/19 at 2:00 pm, 7/14/19 at 2:00 pm, 7/16/19 at 7:00 am, 7/16/19 at 2:00 pm, 7/20/19 at 2:00 pm, 7/27/19 at 2:00 pm and 7/28/19 at 2:00 pm. Review on 8/22/19 of Client #1's July 2019 MAR revealed no documentation that Cymbalta was administered to the client on 7/16/19 at 7:00 am.</p> <p>Review on 8/22/19 of Client #1's August 2019 MAR revealed no documentation that Inderal was administered to the client on the following occasions: -- 8/3/19 at 2:00 pm, 8/10/19 at 2:00 pm, 8/11/19 at 2:00 pm, 8/16/19 at 7:00 am, 8/16/19 at 2:00 pm and 8/17/19 at 2:00 pm. Review on 8/22/19 of Client #1's August 2019 MAR revealed no documentation that Cymbalta was administered to the client on 8/16/19 at 7:00 am.</p> <p>Interview on 8/22/19 with the Clinical Director revealed the following information; -- She confirmed that the MARs were not current and that documentation of medication administration was missing on each of these 3 MARs. -- Not signing off medications immediately after administration has been an ongoing problem. -- Staff have been trained and re-trained on medication documentation.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

Residential Treatment Services of Alamance, Inc.

P. O. Box 427
Burlington, North Carolina 27216-0427

Administrative Office 336-227-2994
Administrative Office Fax 336-227-2996
Crestview Men's Facility 336-227-1911
Crestview Women's Facility 336-222-1737

Hall Avenue Facility 336-227-7417
Hall Avenue Facility Fax 336-227-4010
Mebane Street Women's Facility 336-534-3819
Trollinger Treasures 336-227-85

Attention all staff,

In order to maintain compliance with DHSR regulation, please review the following information regarding medication administration.

- The residential MAR will be located in the detox office 1st shift Monday-Friday.
- All staff are required to audit their respective MAR at the end of each shift for completion.
- All medication administration must be documented immediately and completely.
- All appropriate boxes in the MAR must be filled.
- The completed MAR must contain 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.
- All appropriate fields must be filled with one of the following codes:
 - R = Refused
 - H = Held per Doctor's order
 - T = Therapeutic Pass
 - OM = Out of Medicine
 - OF = Out of Facility
 - MOF = Medication Out of Facility
 - E = Effective
 - IE = Ineffective

Compliance with the above will be monitored by daily audits to be conducted collaboratively by third shift detox and residential staff. Staff found to be deficient will be required to document medication administration as a late entry. Continued deficient documentation will not be tolerated.



40th Anniversary
1971-2011

Residential Treatment Services of Alamance, Inc. is a 501(c)(3) non-profit agency.