STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 09/13/2019

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9/13/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.	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 file followed up by appointment or consultation	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current, failed to have staff trained in medication administration and failed to follow the written order of a physician affecting 3 of 3 sampled clients (Clients #1, #2 and #3). The findings are: Record review on 9/5/19 for Client #1 revealed: -Admission date of 3/14/18 with diagnosis of Alcohol Use Disorder. -Physician order to self-administer all medications. -Physician ordered medications on 7/17/19 included: --Lisinopril 20mg (high blood pressure) 2 tabs every morning. --Trazadone 100mg (sedative) every night at bedtime decreased from 100mg 2 tabs every night ordered on 9/26/18. --Atorvastatin 20mg (high cholesterol) every am. --Spiriva handihaler 18mcg (pulmonary functions) 1 inhalation every day. --Proventil 7grm (bronchodilator) inhale 2 puffs every 6 hours as needed. Review on 9/5/19 of MARs for 7/1/19-9/5/19 revealed: -Only Client #1 initialed the MARs. -Documentation of Trazadone 200mg every night was completed through 7/25/19 however a line was drawn through Client #1's initials from 7/17/19 -7/25/19 and rewritten on new MAR at corrected 100mg dose from 7/17/19 forward.	V 118		

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V 118	Continued From page 2 Record review on 9/5/19 for Client #2 revealed: -Admission date of 2/14/19 with diagnoses of Alcohol Use Disorder. -Physician order to self-administer all medications. -Physician ordered medications on 7/19/19 included: --Bupropion SR 150mg (depression) twice daily. --Duloxetine 60mg (depression) once in the AM. --Trazadone 50mg (sedative) 3 tabs at bedtime. Review on 9/5/19 of MARs for 7/1/19-9/5/19 revealed: -Only Client #2 initialed the MARs. -Documentation of Trazadone showed "2" on MAR with initials 7/1/19-9/5/19. Record review on 9/5/19 for Client #3 revealed: -Admission date of 7/3/19 with diagnoses of Alcohol Use Disorder, Alcohol induced Depression, Anxiety Disorder. -Physician order to self-administer all medications. -Physician ordered medications on 7/2/19 included: --Escitalopram 20mg (depression) once daily. --Lisinopril 10mg (high blood pressure) once daily. --Propranolol HCTZ 10 mg (hypertension) twice daily. --Trazadone 100mg (sedative) 2 tabs at bedtime. --Ranitidine 150mg (antacid) twice daily as needed. Review on 9/5/19 of MARs for 7/4/19-9/5/19 revealed: -Only Client #3 initialed the MARs. -Documentation of Trazadone showed "1" on MAR with initials for 8/10/19, 8/13/19, 8/15/19,	V 118		

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V 118	Continued From page 3 8/20/19, 8/24/19, and 8/26/19. -8/21/19 was blank for Propranolol. Interview on 9/5/19 with Client #1 revealed: -He got up at 4:30am to open the kitchen. -He got his meds for the day every morning from the office at 7:50am after group meeting. -He kept the Trazadone (for evening administration) in an empty pill bottle locked in the bedside table in his room. -On Fridays, he signed the MAR and got enough meds for the whole weekend. He put all the pills in the same pill bottle. He knew what each pill was and when to take it. Interview on 9/5/19 with Client #2 revealed: -After breakfast and morning routine around 7:50am was when clients got their medications. -The program Manager would hand him the small box containing his medications and he would take out his meds for the day. -He put afternoon and evening meds in an old medication bottle and put them in a locked drawer in his room. -He wrote "2" on the trazadone because 3 tablets made him too drowsy. -He would take a weekend's worth of meds with him on Fridays. Interview on 9/5/19 with Client #3 revealed: -Got meds in the morning for the day. -Wrote "1" on the MAR for Trazadone on those days he only took 1 to see if the lower dose would still help him sleep. -The Program Director was always available anytime he needed. Interview on 9/9/19 with the Program Manager revealed: -All staff participated in an annual training on	V 118		

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V 118	Continued From page 4	V 118		

medication policies. No one had received medication administration training because they don't administer and didn't think it was needed.
-All clients have self-administer orders from a physician. The doctor says they have the capacity to independently take medications.
-"We do not administer medications. That's how we have always operated."
-All medications were kept locked in the main office. Clients picked up medications for the day every morning except on Fridays when they picked up their meds for Friday, Saturday and Sunday.
-When clients came to the office for meds, he would open the med cabinet, open the med book, turn to the client page, get their box out of the cabinet, observe them getting meds from the box/bottle and then have the client sign the MAR.
-"We don't watch the clients take their meds, we just make sure they have gotten them."
-When meds come in to the facility, the client would bring the bottle of medications to him. He would count the meds (often finding the wrong amount or wrong dose). If correct, he would write in out on a MAR and highlight when the client needs to call for refill.
-If he had a concern, staff checked lock drawers in client rooms for extra meds or OTCs (over the counter meds). This was not routine.
-He would be more concerned with medical conditions such as hypertension or diabetes-staff kept a closer eye on those folks.
-"We never had anyone take too much medication."
-He saw that Client #1 and Client #3 added the number of pills they took to their MAR and asked that they get an order for the different dosage.
-"Most all of our clients are indigent. Poor people can't get into see their PCP (Primary Care Physician) immediately."

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V 118	Continued From page 5 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that	V 367		

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information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III

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V 367	Continued From page 7 incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to report a Level II incident to the Local Managing Entity/Managed Care Organization (LME/MCO) within 72 hours of when 2 of 2 former clients (FC) (FC #4 and FC #5) presented with and used illicit drugs at facility. The findings are: Record review on 9/9/19 for FC #4 revealed: -Date of admission 6/19/19 with diagnoses of opioid use disorder and cocaine use disorder. -Date of discharge 7/1/19. Record review on 9/9/19 for FC #5 revealed: -Date of admission 6/7/19 with diagnosis of opioid use disorder. -Date of discharge 7/1/19. Record review on 9/5/19 of Incident Response Improvement System (IRIS) reports revealed: -Report submitted 7/9/19 regarding incident dated 6/30/19 and discovered on 7/11/19 (8 days) revealed: "[FC #4] arranged to have drugs brought to [facility] so he and another resident could use the drugs." -Report submitted 7/9/19 regarding incident dated 6/30/19 and discovered on 7/11/19 (8 days) revealed: "[FC #5] arranged to have drugs	V 367		

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V 367	Continued From page 8 brought to [facility] so he and another resident could use the drugs." Interview on 9/9/19 with the Executive Director revealed: -FC #4 and FC #5 had someone bring crystal meth to campus for them to use. -He was responsible for entering information into the IRIS system. -He was aware Level II reports were required to be in IRIS with 72 hours. -He had attempted to enter the information into IRIS 3 different times taking 45 minutes and the system would not accept his submissions. He didn't have that kind of time (to waste). This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		