

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/12/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MULTICULTURAL RESOURCES CENTER-GRO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2423 HIGHWAY 401 BUSINESS</b> <b>RAEFORD, NC 28376</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on August 12, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 file followed up by appointment or consultation with a physician.</p>	V 118		

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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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to assure written physician's orders were present for all medications being administered to 2 of 3 audited clients (#1 &amp; #2) and failed to assure medication was administered as ordered by a physician for 2 of 3 audited clients (#1 &amp; #2.) The findings are:</p> <p>Review on 7/30/19 of Client #1's record revealed: - Admission date of 5/2/18 - Diagnoses of Borderline Personality Disorder; Bipolar Disorder - Unspecified; Depression; Cocaine Use - Severe; Opioid Use - Severe; Alcohol Use - Moderate and Benzodiazepine Use - Moderate.</p> <p>Review on 7/31/19 of Client #1's MAR for May through July 2019 revealed medications being administered to the client included the following: 1. Levothyroxine 75 mcg, One tablet every day beginning 5/20/19 through 7/31/19 2. Divalproex Sodium Dr. 500mg, One tablet at 8AM and two at 8PM 3. Latuda 40mg, One tablet two times a day with food 4. Clozapine 100mg, 3 &amp; 1/2 tablets at bedtime 5. Guanfacine 1mg, One tablet every day</p> <p>Additional review on 7/31/19 of Client #1's record revealed: - No written physician's orders were available for medications: Levothyroxine 75 mcg; Divalproex Sodium Dr. 500mg; Latuda 40mg and Clozapine 100mg.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>- A physician's order dated 4/22/19 for the client to be administered Guanfacine 1mg, One tablet two times each day.</p> <p>Review on 7/30/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/23/18</li> <li>- Diagnoses of Schizophrenia, Paranoid Psychosis - Psychotic Symptoms/Behaviors; Attention Deficit Hyperactivity Disorder &amp; Asthma</li> </ul> <p>Review on 7/31/19 of Client #2's MAR for May through July 2019 revealed medications being administered to the client included the following:</p> <ol style="list-style-type: none"> <li>1. Atomoxetine (Strattera) 60mg, One tablet every day</li> <li>2. Benzotropine Mes 1mg, One tablet one time each day as needed for muscle stiffness</li> <li>3. Haloperidol 5mg, One tablet as needed for agitation</li> <li>4. Ventolin HFA AER, Inhale one puff every morning as needed</li> </ol> <p>Additional review on 7/31/19 of Client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- There were no written physician's orders for the client to be administered the above identified medications</li> </ul> <p>Interview on 8/2/19 with the Facility Director confirmed the above findings.</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</p>	V 131		

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V 131	<p>Continued From page 3</p> <p>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 reviews and interviews, the facility management failed to assure a HCPR check was completed for 1 of 3 audited staff (#1) before hire. The findings are:</p> <p>Review on 7/31/19 of Staff #1's personnel file revealed: - Hire date of 5/20/19. - Documentation of a HCPR check was not present in the staff's record.</p> <p>During interview on 8/2/19, the Facility Director confirmed there was not a HCPR check for Staff #1.</p>	V 131		
V 503	<p>27D .0103 Client Rights - Search And Seizure Policy</p> <p>10A NCAC 27D .0103 SEARCH AND SEIZURE POLICY (a) Each client shall be free from unwarranted invasion of privacy. (b) The governing body shall develop and implement policy that specifies the conditions under which searches of the client or his living area may occur, and if permitted, the procedures for seizure of the client's belongings, or property in the possession of the client. (c) Every search or seizure shall be documented.</p>	V 503		

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V 503	<p>Continued From page 4</p> <p>Documentation shall include:</p> <ol style="list-style-type: none"> <li>(1) scope of search;</li> <li>(2) reason for search;</li> <li>(3) procedures followed in the search;</li> <li>(4) a description of any property seized;</li> </ol> <p>and</p> <ol style="list-style-type: none"> <li>(5) an account of the disposition of seized property.</li> </ol> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to follow policy and procedure for searching client rooms affecting 1 of 3 audited clients (#1.) The findings are:</p> <p>Review on 7/31/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 5/2/18</li> <li>- Diagnoses of Borderline Personality Disorder; Bipolar Disorder - Unspecified; Depression; Cocaine Use - Severe; Opioid Use - Severe; Alcohol Use - Moderate and Benzodiazepine Use - Moderate.</li> <li>- No documentation in the treatment plan identifying regular search and seizure of the client's room/personal space as a strategy to address his self-injurious behavior.</li> </ul> <p>Review on 7/31/19 of documentation in Client #1's record revealed progress notes documenting:</p> <ul style="list-style-type: none"> <li>- Qualified Professional (QP) note dated 3/31/19 - "Requires consistent monitoring and searches to decrease violations to group home rules of harboring things to self harm with."</li> </ul> <p>Interview on 7/31/19 with Staff #1 confirmed:</p> <ul style="list-style-type: none"> <li>- The client hides objects in his room to use for self-injurious/suicidal behaviors.</li> <li>- He picks up objects from outside in the yard so</li> </ul>	V 503		

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V 503	<p>Continued From page 5</p> <p>staff monitor him however, he continues to be able to hide object</p> <ul style="list-style-type: none"> <li>- Staff search Client #1's room on a regular basis and found objects he could use to self injure.</li> </ul> <p>Additional review on 7/31/19 of the facility's records revealed:</p> <ul style="list-style-type: none"> <li>- No clear policy regarding search and seizure of client's person/property.</li> <li>- No documentation of the search of Client #1's room identifying:               <ol style="list-style-type: none"> <li>1) scope of search;</li> <li>2) reason for search;</li> <li>3) procedures followed in the search;</li> <li>4) a description of any property seized; and</li> <li>5) an account of the disposition of seized property.</li> </ol> </li> </ul> <p>Interview on 7/31/19 with the facility QP confirmed:</p> <ul style="list-style-type: none"> <li>- The strategy is not included in the client's treatment plan</li> <li>- Staff do not document the search and seizure of items/property from Client #1's room.</li> </ul>	V 503		