STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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	INITIAL COMMENTS An annual survey was completed on 11-4-19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse.	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 interview and record review, the facility failed to conduct fire and disaster drills on a quarterly basis, repeated for each shift. The findings are: Review on 11-4-19 of the facility's Emergency Drill Report Log from 10-10-18 to 10-25-19 revealed: -The facility operates on 3 eight hour shifts from 8am-4pm (1st shift), 4pm-12am (2nd shift), and	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 114	Continued From page 1 12am-8am (3rd shift); -No Disaster Drills were held for 1st shift during 1st Quarter (January-March)2019; -No Fire Drills were held for 1st shift during 2nd Quarter (April-June)2019. Interview on 11-4-19 with Staff #1 revealed: -The RAs (Resident Assistants) were responsible for completing Fire/Disaster Drills per shift, per quarter. Interview on 11-4-19 with Certified Substance Abuse Counselor (CSAC) revealed: -All completed Fire and Disaster Drill Reports have been filed in the book; -She developed the Fire and Disaster Drill schedule for the RAs; -It was the RAs responsibility to conduct the Fire and Disaster Drill per shift, per quarter; -Staff #1 was late in holding the 1st shift Disaster Drill scheduled for March 2019 and did not complete it until the following quarter; -Fire drill for 2nd Quarter 2019 was not held on 1st shift; -She will work with 1st shift staff to ensure all drills are completed timely.	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.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 118	Continued From page 2 (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 interview and record review and observation, the facility failed to ensure MARs were kept current affecting 1 of 3 audited clients (Client #1). The findings are: Review on 11-4-19 of Client #1's record revealed: -Admitted 8-2-19; -Diagnosis of Opioid Use Disorder, Severe; -Physician Order dated 9-19-19 revealed Fluoxetine (used to treat anxiety) 10mg (milligrams) 1 capsule daily; -October 2019 MAR revealed patient finished his order of Fluoxetine on 10-22-19; -October 2019 MAR revealed refusals to take	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 118	Continued From page 3 Fluoxetine on 10-23-19 through 10-25-19, and 10-28-19 through 10-31-19; -10-26-19 and 10-27-19 were left blank on the October 2019 MAR; -No November 2019 MAR was available for review. Interview on 11-4-19 with Client #1 revealed: -After admission, he was receiving Fluoxetine but didn't feel any different, so he no longer took it; -Currently not on any medications. Interview on 11-4-19 with Staff #1 revealed: -Client #1 was prescribed medication but it made him sleepy, and he didn't want to take it any longer; -"Last Tuesday, 10-29-19, I handed [Client #1] the paperwork to get the medication order discontinued and reminded [Client #1] to get the discontinued order signed." Interview on 11-4-19 with Certified Substance Abuse Counselor (CSAC) revealed: -Client #1 did not want to continue taking Fluoxetine when his medication ran out October 22nd; -She prompted Client #1 to call the physician to get the medication order discontinued; -Documented refusals on October 2019 MAR; -Stopped documenting refusals after October 2019 MAR; -Facility did not have a November 2019 MAR because Client #1 had no Fluoxetine, or any other medication in stock; -Faxed letter on 10-30-19 to prescribing physician requesting discontinue order; -Will continue to ensure documentation of medication refusals. Observation on 11-4-19 at approximately	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 118	Continued From page 4 11:50am revealed: -Client #1 did not have any Fluoxetine in the facility.	V 118		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report medication errors immediately to a physician and/or pharmacist affecting 1 out of 3 audited current clients (Client #1) and 3 of 3 audited Former Clients (Former Client #4, Former Client #5, Former Client #6). The findings are: Review on 11-4-19 of Client #1's record revealed: -Admitted 8-21-19; -Diagnosis of Opioid Use Disorder, Severe; -Physician order dated 9-19-19 revealed Fluoxetine (used to treat anxiety) 10mg (milligram), 1 capsule daily; -October 2019 MAR revealed refusals of Fluoxetine administrations for 10-23-19 through 10-25-19, and 10-28-19, 10-30-19, and 10-31-19; Review on 11-4-19 of FC#4's record revealed:	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 123	Continued From page 5 -Admitted on 1-22-19; -Diagnosis of Alcohol Use Disorder, Severe; -Physician order dated 2-19-19 revealed Amlodipine (used to treat high blood pressure and chest pain) 5mg, take 1 tablet by mouth daily; -Discharged on 9-27-19. Review on 11-4-19 of FC #5's record revealed: -Admitted on 3-25-19; -Diagnosis of Methamphetamine Use Disorder, Severe; -Physician order dated 5-31-19 revealed Duloxetine (used to treat Depression) 60mg, take 1 capsule daily; -Discharged on 8-9-19. Review on 11-4-19 of FC #6's record revealed: -Admitted to facility on 5-24-19; -Diagnosis of Alcohol Use Disorder, Severe; -Physician order dated 8-22-19 revealed Gabapentin (used to treat seizures, neuropathic pain, and restless leg syndrome) 300mg, take 1 tablet 3 times daily; -Discontinue order dated 9-5-19 revealed "D/C (discontinue) if patient can not tolerate the medication"; -Discharged on 10-11-19. Review on 11-4-19 of the facility's Incident Reports from 8-4-19 to 10-30-19 revealed: -Incident reports dated 10-24-19, 10-25-19, 10-28-19, 10-29-19 and 10-30-19 regarding Client #1's refusal to take Fluoxetine did not include notification and follow-up from the physician and/or pharmacist; -Incident report dated 9-6-19 regarding FC #4's Amlodipine did not include notification and follow-up from the physician and/or pharmacist; -Incident report dated 8-5-19 regarding FC #5's Duloxetine did not include notification and	V 123		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-297	A. BUILDING: _____ B. WING _____	11/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE CHRISTIAN CENTER/ACPP, INC	400 EAST FIFTH AVENUE GASTONIA, NC 28053

(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 123	Continued From page 6 follow-up from the physician and/or pharmacist; -Incident reports dated 9-3-19, 9-4-19, 9-5-19 regarding FC #6's Gabapentin did not include notification and follow-up from the physician and/or pharmacist. Interview on 11-4-19 with Client #1 revealed: -When the October 2019 supply of Fluoxetine medication was taken, he no longer wanted to continue the medication because the medication did not make him feel any different. Interview on 11-4-19 with the Certified Substance Abuse Counselor (CSAC) revealed: -Client #1 did not desire to continue taking Fluoxetine after 10-22-19 and they were still working on getting an order to discontinue the medication; -Incident Reports were being completed through October for the medication errors but the physician and/or pharmacist had not been notified because they were waiting on the prescribing physician to return a discontinued order; -Will follow up with the prescribing physician to get an order for discontinuing the Fluoxetine for Client #1; -Will make sure the physician or pharmacist be notified for any future medication errors.	V 123		