

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601300 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/19/2019 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER ANUVIA PREVENTION AND RECOVERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 429 BILLINGSLEY ROAD CHARLOTTE, NC 28211 |
|--|--|

| (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 12/19/19. A deficiency was cited.</p> <p>This facility is licensed for the following categories: 3100 Non-Hospital Medical Detox, 3200 Social Setting Detox and 3400 Residential Treatment Rehabilitation.</p> | V 000 | | |
| V 120 | <p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each individual affecting 1 of 4 clients(#3). The findings</p> | V 120 | | |

| | | |
|--|-------|-----------|
| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--|-------|-----------|

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601300 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/19/2019 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER ANUVIA PREVENTION AND RECOVERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 429 BILLINGSLEY ROAD CHARLOTTE, NC 28211 |
|--|--|

| (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 120 | <p>Continued From page 1</p> <p>are:</p> <p>Review on 12/17/19 of client #3's record revealed: -admission date of 12/9/19 with diagnoses of Alcohol Dependence, Cocaine Dependence, Hypertension and Hepatitis C; -admission assessment documented client #1 was homeless, unemployed, suffered from depression and stress, had a legal history, had prescribed medications, had been incarcerated, and had a history of substance abuse treatment.</p> <p>Review on 12/19/19 of client #1's current medications revealed the following prescribed: -Citalopram 20 mg one tablet daily ordered 12/9/19; -Gabapentin 300mg one tablet three times daily ordered 12/9/19; -Lactulose 10mg/15ml 45ml twice daily ordered 12/7/19; -Risperdone 3mg one tablet at bed ordered 12/6/19; -Vitamin D2 1.25mg one tablet weekly ordered 12/19/19; -Trazadone 50mg one tablet at bed as needed ordered 12/9/19; -Albuterol HFA 2 puffs as needed ordered 12/12/19.</p> <p>Observation on 12/19/19 at 12:39pm revealed: -client #1's medications were stored in a long rectangular clear plastic container; -also stored in the container with client #1's medications were two bottles of medications with a different client's name on the labels; -the first bottle of medication was Bupropion HCL 300mg one tablet daily; -the second bottle of medication was Escitalopram 10mg one tablet daily.</p> | V 120 | | |

Division of Health Service Regulation

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601300 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 12/19/2019 |
|--|---|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER ANUVIA PREVENTION AND RECOVERY CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 429 BILLINGSLEY ROAD CHARLOTTE, NC 28211 |
|--|--|

| (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 120 | <p>Continued From page 2</p> <p>Interview on 12/19/19 with the Director of Nursing revealed: -not aware two bottles belonging to another client stored were with client #1's medications; -the other client's medication container was stored adjacent to client #1's medication container; -possibly night shift staff were responsible.</p> <p>Interview on 12/19/19 with Administration revealed: -nursing have to check medications before administering with the computer system in place; -nursing would have seen the two medications did not belong to client #1; -nursing would have caught it before client #1 was administered the wrong medication; -will ensure issue is addressed.</p> | V 120 | | |