Division of Health Service Regulation

DIVISION	of Health Service Regu	nation										
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
		MHL0601300	B. WING			R 19/2019						
NAME OF DR	OV/IDEB OB CLIDDLIED					10/2010						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
429 BILLINGSLEY ROAD ANUVIA PREVENTION AND RECOVERY CENTER												
CHARLOTTE, NC 28211												
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)						
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE						
V 000	INITIAL COMMENTS		V 000									
	An annual and follow up survey was completed on 12/19/19. A deficiency was cited.											
	This facility is licensed for Non-Hospital Medical Do and 3400 Residential Tr	or the following categories: 3100 etox, 3200 Social Setting Detox eatment Rehabilitation.										
V 120	27G .0209 (E) Medicatio	n Requirements	V 120									
	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.			Quality assurance reviews will occur a minimonthly by the nurse supervisor, or designer Reviews will be conducted on a random sarclients, and will reconcile their medications against the MAR. Policies and procedures views of client medications. This review views of client medications are trained on the per month, by Nurse Supervisor and the Quality Assurance Department. Quality Assurance reviews will implemented by February 1, 2020. Per Anuvia's policy, nurses who administer medications are trained on the 5 Rights of Administration. The Nurse Supervisor will sertraining for nurses on the proper procedur storage of medication to occur by February Annual refresher trainings on the 5 Rights of Medication Administration are integrated in electronic training module and monitored by Human Resources Department. Trainings a monitored, a minimum of quarterly, by the Hesources Department.	mple of in storage vill reflect vill be y the e I be Medication chedule e for 15, 2020. If an the re	February 1, 2020 February 15, 2020						
	failed to ensure medicati each individual affecting th Service Regulation	evidenced by: Based on cions and interviews, the facility ons were stored separately for 1 of 4 clients(#3). The findings		JAN 6 2020 Lic. & Cert. Sec	ction	(X6) DATE						
STATE FORM Heather R. Drum M, 104 LOSS Clinical Compliance Manager 12/31/19 563W11 Clinical Compliance Manager 12/31/19 563W11												
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	Fig. 2 April 1 Co. Annual Co.	(X3) DATE SI COMPLE							

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*	MHL0601300		B. WING		1	₹ 19/2019		
NAME OF PROVIDER OR SUPPLIER		STREET ADD	EET ADDRESS, CITY, STATE, ZIP CODE					
		429 BILLINGSLEY ROAD						
ANUVIA PREVENTION AND RE	CHARLOTTE, NC 28211							
PREFIX (EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE		
revealed: -admission date of Alcohol Dependence Hypertension and Hadmission assessm was homeless, une depression and stree prescribed medication and had a history of Review on 12/19/19 medications reveale -Citalopram 20 mg of 12/9/19; -Gabapentin 300mg ordered 12/9/19; -Lactulose 10mg/15 12/7/19; -Risperdone 3mg of 12/6/19; -Vitamin D2 1.25mg 12/19/19; -Trazadone 50mg of ordered 12/9/19; -Albuterol HFA 2 put 12/12/19. Observation on 12/12 client #1's medication rectangular clear platical or stored in the comedications were two	of client #3's record 12/9/19 with diagnoses of experiments of client #3's record 12/9/19 with diagnoses of experiments of client #1's current of client #1's current of client #1's current of the following prescribe one tablet daily ordered one tablet three times of the tablet at bed ordered one tablet at bed ordered one tablet at bed ordered one tablet at bed as needed ordered one tablet at bed as needed ordered one tablet at bed ordered one tablet at bed ordered one tablet at bed as needed ordered one tablet at bed ordered one tablet at bed as needed ordered one tablet at bed ordered one tablet at bed as needed ordered one tablet at bed ordered one tablet at bed ordered one tablet at bed ordered o	#1 add ted, nent. ed: ailly red ed ed: with	V 120					

Division of Health Service Regulation

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MHL0601300 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 429 BILLINGSLEY ROAD CHARLOTTE, NC 28211	9/2019												
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 429 BILLINGSLEY ROAD ANUVIA PREVENTION AND RECOVERY CENTER													
429 BILLINGSLEY ROAD ANUVIA PREVENTION AND RECOVERY CENTER													
ANUVIA PREVENTION AND RECOVERY CENTER	ANIE OF TROVIDER OF CONTROL												
CHARLOTTE, NC 28211													
D PROVIDED'S PLAN OF CORPECTION (X5)													
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE												
V 120 Continued From page 2 V 120													
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. 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.													

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