STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-215	A. BUILDING: _____ B. WING _____	01/08/2020

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V 000	INITIAL COMMENTS An annual survey was completed on 1/8/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	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, interview, and record review the facility failed to keep the MAR current and ensure prescription drugs were administered as ordered by the physician for 1 of 3 audited clients (#1). The findings are: Observation on 1/7/20 at 11:55am of the medications for Client #1 included: -Melatonin 3 mg over the counter bottle with expiration of 3/22. -Beclomethasone (QVAR) 40mcg 1 puff 2 times daily. -Ziprasidone 80mg 2 capsules at night. -Tylenol 500mg over the counter with expiration of 2/21. -Polyethylene Glycol 3350 mix one packet in liquid as needed. Review on 1/7/20 and 1/8/20 of the record for Client #1 revealed: -Admitted on 12/4/19 with diagnoses of Intermittent Explosive Disorder, Bipolar unspecified, Attention Deficit Hyperactivity Disorder and History of Neglect. -Age 13 -Physician orders dated 12/4/19 for Melatonin 9mg at bedtime, Beclomethasone 40mcg 1 puff 2 times daily, Albuterol 90mcg 2 puffs every 4-6 hours as needed for wheezing and Ziprasidone 80mg 2 capsules at night. -No physician order for the Tylenol 500mg or the Polyethylene Glycol as needed.	V 118		

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V 118	Continued From page 2 Review on 1/7/20 and 1/8/20 of the December 2019 MAR for Client #1 revealed: -Melatonin 3 mg 1 tablet at bedtime administered 1/1/20-1/6/20. -Beclomethasone 40mcg 1 puff 2 times daily, refused by client 1/1/20-1/5/20 with notation client was currently not using plan to request as needed. -Ziprasidone 80mg 2 caps at 7pm, 1 capsule administered 1/1/20-1/6/20 with notation client was refusing full dose, only taking 1 capsule at 7pm. Interview on 1/8/20 with the Program Director revealed: -The facility had an order clarifying the Melatonin 3 mg 1 tablet at nighttime but was not at the facility. -Client #1 was complaining because she no longer received the 3 tablets of Melatonin at bedtime. -Client #1 was very drowsy and incontinent at night when taking the 2 tablets of Ziprasidone. -Client #1 was refusing the inhaler and said she only took this for allergies. -Client #1's mother brought the Tylenol to the facility and she did not realize the Polyethylene Glycol order was not present. -The Albuterol Inhaler was not present at the facility this was also reported to be used for allergies. -Client #1's social worker and mother was aware of the changes to the Ziprasidone and the refusal of the inhaler, they also informed her these were allergy related. -She took Client #1 to the walk-in clinic yesterday but was not seen by the physician to get clarification/accurate orders for her medications. -She would take her back to the clinic tomorrow to be seen by the physician.	V 118		

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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 record review and interview the facility failed to immediately notify a physician or pharmacist of adverse drug reaction and ongoing refusal of medications for 1 of 3 audited clients (#1). The findings are: Review on 1/7/20 and 1/8/20 of the record for Client #1 revealed: -Admitted on 12/4/19 with diagnoses of Intermittent Explosive Disorder, Bipolar unspecified, Attention Deficit Hyperactivity Disorder and History of Neglect. -Age 13 -Physician orders dated 12/4/19 for Beclomethasone 40mcg 1 puff 2 times daily and Ziprasidone 80mg 2 capsules at night. Review on 1/7/20 and 1/8/20 of the December 2019 MAR for Client #1 revealed: -Beclomethasone 40mcg 1 puff 2 times daily, refused by client 1/1/20-1/5/20 with notation client was currently not using plan to request as needed.	V 123		

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V 123	Continued From page 4 -Ziprasidone 80mg 2 caps at 7pm, 1 capsule administered 1/1/20-1/6/20 with notation client was refusing full dose, only taking 1 capsule at 7pm. Interview on 1/8/20 with the Program Director revealed: -Client #1 was very drowsy during the day and incontinent at night when taking the 2 tablets of Ziprasidone. -Client #1 was refusing the inhaler and said she only took this for allergies. -Client #1 was doing better since she started taking the 1 tablet of the Ziprasidone. -She took Client #1 to the walk-in clinic yesterday but was not seen by the physician to get clarification/accurate orders for her medications. -Client #1's social worker and mother were aware of everything that involved her medications. -She was not aware of the requirement to immediately notify the physician or pharmacist for ongoing refusals or effects of medications.	V 123		
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	V 367		

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V 367	Continued From page 5	V 367		

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 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

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V 367	Continued From page 6 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 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 review and interview the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident for 1 of 1audited former client (FC#4). The findings are: Review on 1/8/20 of the record for FC#4 revealed: -Admitted on 12/10/19 and discharged on	V 367		

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V 367	Continued From page 7 12/17/19. -Diagnoses of Conduct Disorder and Disruptive Mood Disorder. -Age 16 Review on 1/8/20 of the facility incident reports revealed: -Incident report completed by staff without date of incident which involved FC#4. After returning from a visit with foster parent. " ...walked out without permission. ...police were called after staff lost visual. Police brought ...[FC#4] back and senior staff spoke with officers. .... while eating she began to talk back to staff and stated she would run again .... [FC#4] used obscenities toward staff ...walked out and police were called again ...Police returned ...[FC#4] ..." Interview on 1/8/20 with the Program Director revealed: -She had submitted the report in the Incident Response Improvement System. -She was aware of the rule requirement to submit within 72 hours. -She was not aware the report was not fully submitted. -She would ensure the report was completed in the system.	V 367		