

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-366	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2020
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NAME OF PROVIDER OR SUPPLIER WILLOW PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 30 GARFIELD STREET, SUITE A ASHEVILLE, NC 28803
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V 000	INITIAL COMMENTS An annual survey was completed on 2/14/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 4400 Substance Abuse Intensive Outpatient Program; 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program; 10A NCAC 27G .1100 Partial Hospitalization for Individuals who are Acutely Mentally Ill.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure treatment plans included written consent or agreement by the client for 2 or 3 audited clients (#2, #3). The findings are:</p> <p>Review on 2/7/20 of the record for Client #2 revealed: -Admitted on 1/13/20 with diagnoses of Alcohol Use Disorder, Obsessive Control Disorder, Autism and Attention Deficit Hyperactivity Disorder. -Treatment plan developed on 1/14/20 with goals and strategies was not signed by the client.</p> <p>Interview on 2/7/20 with Client #2 revealed: -She had developed goals to include getting her career back in a healthy way, learning more about her disease and being stable on medications. -She met with her therapist once each week.</p> <p>Review on 2/7/20 of the record for Client #3 revealed: -Admitted on 1/13/20 with diagnoses of Anxiety Disorder, Panic Disorder, Post Traumatic Stress Disorder and Major Depressive Disorder. -Treatment plan developed on 1/21/20 with goals and strategies was not signed by the client.</p> <p>Interview on 2/7/20 with Client #3 revealed: -One of her goals was to drive again and obtain a sponsor to achieve this goal. -She was also working nutrition. -She met with her therapist once each week.</p>	V 112		

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V 112	Continued From page 2 Interview on 2/7/20 with the Chief Executive Officer revealed: -All treatment plans should be signed when developed with the therapist. -She was not aware the plans were not signed.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification	V 113		

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V 113	<p>Continued From page 3</p> <p>of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each client record contained a signed statement from the client granting permission to seek emergency care from a hospital or physician for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 2/7/20 of the record for Client #1 revealed: -Admitted on 11/27/19 with diagnoses of Alcohol Use Disorder, Anxiety Disorder, Post Traumatic Stress Disorder and Other Substance Induced Depressive Disorder. -No consent granting permission for emergency treatment.</p> <p>Review on 2/7/20 of the record for Client #2 revealed: -Admitted on 1/13/20 with diagnoses of Alcohol Use Disorder, Obsessive Control Disorder, Autism and Attention Deficit Hyperactivity Disorder. -No consent granting permission for emergency treatment.</p>	V 113		

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V 113	Continued From page 4 Review on 2/7/20 of the record for Client #3 revealed: -Admitted on 1/13/20 with diagnoses of Anxiety Disorder, Panic Disorder, Post Traumatic Stress Disorder and Major Depressive Disorder. -No consent granting permission for emergency treatment. Interview on 2/14/20 with the Chief Executive Officer revealed: -The records all contained a consent for treatment. -She was not aware the consent did not meet the requirement. -The emergency consent for treatment was added to the files during the survey.	V 113		
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	V 118		

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V 118	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were self-administered by clients only when authorized in writing by the physician for 3 of 3 audited clients (#1, #2, #3). The findings are:</p> <p>Review on 2/7/20 of the record for Client #1 revealed: -Admitted on 11/27/19 with diagnoses of Alcohol Use Disorder, Anxiety Disorder, Post Traumatic Stress Disorder and Other Substance Induced Depressive Disorder. -Physician orders dated 11/29/19 for Fluoxetine 40mg 1 cap daily, Bupropion ER 150mg 1 tablet daily and Vitamin D3 1 capsule daily. -No order to self-administer medications.</p> <p>Review on 2/7/20 of the record for Client #2 revealed: -Admitted on 1/13/20 with diagnoses of Alcohol Use Disorder, Obsessive Control Disorder, Autism and Attention Deficit Hyperactivity Disorder.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-Physician orders dated 1/14/20 for Doxycycline Hyclate 100mg 1 capsule 2 times daily, Lisinopril 10mg 1 tablet daily, Escitalopram 20 mg 1 tablet daily, Dextroamphetamine 10 mg 1 tablet 3 times daily and Doc 100mg 1 capsule 2 times. -No order to self-administer medications.</p> <p>Review on 2/7/20 of the record for Client #3 revealed: -Admitted on 1/13/20 with diagnoses of Anxiety Disorder, Panic Disorder, Post Traumatic Stress Disorder and Major Depressive Disorder. -Physician order dated 1/26/20 for Buspirone 5mg 1 tablet 2 times daily. -No order to self-administer medications.</p> <p>Interview on 2/7/20 with Client #1, #2, and #3 revealed: -Each client filled their own pill box. -Staff sat with them while they filled the medication boxes.</p> <p>Interview on 2/7/20 with the Behavioral Health Technician revealed: -All clients filled their own medication boxes. -The client would verbally say how many of each medication they were putting in the individual dispenser. -The client would also indicate the number of tablets/capsules of each medication that was remaining. -The client would call in refills as necessary. -She never touched any of the medications, she only observed.</p> <p>Interview on 2/7/20 with the Chief Executive Officer revealed: -Medication management was an important part of the treatment for individuals. -The clients fill their own medication box and staff</p>	V 118		

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V 118	Continued From page 7 observe. -Staff do not have any hands on with medications. -The psychiatrist meets with the clients weekly to review medications. -The clients fill the medication box for 2 days at a time. -She was not aware orders were needed for the clients to self-administer medications. -This will be added to the initial psychiatric evaluation.	V 118		
V 267	27G .4402 Sub. Abuse Intensive Outpt- Staff 10A NCAC 27G .4402 STAFF (a) Each SAIOP shall be under the direction of a Licensed Clinical Addictions Specialist or a Certified Clinical Supervisor who is on site a minimum of 50% of the hours the program is in operation. (b) When a SAIOP serves adult clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 12 or fewer adult clients. (c) When a SAIOP serves adolescent clients there shall be at least one direct care staff who meets the requirements of a Qualified Professional as set forth in 10A NCAC 27G .0104 (18) for every 6 or fewer adolescent clients. (d) Each SAIOP shall have at least one direct care staff present in the program who is trained in the following areas: (1) alcohol and other drug withdrawal symptoms; and (2) symptoms of secondary complications due to alcoholism and drug addiction. (e) Each direct care staff shall receive continuing education that includes the following: (1) understanding of the nature of	V 267		

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V 267	<p>Continued From page 8</p> <p>addiction;</p> <p>(2) the withdrawal syndrome;</p> <p>(3) group therapy;</p> <p>(4) family therapy;</p> <p>(5) relapse prevention; and</p> <p>(6) other treatment methodologies.</p> <p>(f) When a SAIOP serves adolescent clients each direct care staff shall receive training that includes the following:</p> <p>(1) adolescent development; and</p> <p>(2) therapeutic techniques for adolescents.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each direct care staff received continuing education that included understanding the nature of addiction, the withdrawal syndrome, group therapy, family therapy and relapse prevention for 3 of 3 audited staff (Group Facilitator, Primary Therapist and Behavioral Health Technician). The findings are:</p> <p>Review on 2/7/20 and 2/14/20 of the personnel record for the Group Facilitator revealed: -Hire date of 7/22/13. -No documented training for group/family therapy, nature of addiction, relapse prevention or withdrawal syndrome.</p> <p>Interview on 2/14/20 with the Group Facilitator revealed: -She had completed all the required training.</p>	V 267		

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V 267	<p>Continued From page 9</p> <p>Review on 2/7/20 of the personnel record for the Primary Therapist revealed: -Hire Date of 12/19/16, licensed clinical addiction specialist registered on 9/12/19. -No documented training for relapse prevention or nature of addiction.</p> <p>Review on 2/7/20 and 2/14/20 of the personnel record for the Behavioral Health Technician revealed: -Hire date of 10/30/19. -No documented training for nature of addiction, withdrawal syndrome, group and family or relapse prevention.</p> <p>Interview on 2/7/20 with the Behavioral Health Technician revealed: -She had been doing some trainings since her date of hire. -She was not sure all required trainings were completed.</p> <p>Interview on 2/14/20 with the Chief Executive Officer revealed: -Training acknowledgement forms had been implemented and should have been in all files. -Staff were responsible for signing off on the training upon completion. -The training was completed but not documented in the personnel records.</p>	V 267		