

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-387	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2020
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NAME OF PROVIDER OR SUPPLIER CREST VIEW RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 90 ASHELAND AVENUE, SUITES B & D ASHEVILLE, NC 28801
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 12, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders and 10A NCAC 27G.4400 Substance Abuse Intensive Outpatient Program.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 3 of 4 audited clients (Clients #1, #2 and #4). The findings are:</p> <p>Record review on 2/5/20 for Client #1 revealed: -Admission date of 10/30/19 with diagnoses of Opioid Use Disorder, Amphetamine-Type Substance Use Disorder and Hep C. -Physician ordered medications on 11/14/19 included: --Remeron 15mg (depression) 1.5 tabs daily.</p> <p>Review of MOR (Medication Observation Record) on 2/5/20 for Client #1 for December 2019-February 2020 revealed: --Remeron was not electronically signed by client or by staff on 12/1/19 or 12/8/19. -No explanation or note was documented to indicate why medication was not given. -No self-administer order was presented.</p> <p>Record review on 2/5/20 for Client #2 revealed: -Admission date of 11/9/19 with diagnoses of Opioid Use Disorder, Depression and Bipolar Disorder. -Physician ordered medications on 11/19/19 included: --Sertraline 100mg (depression) once daily. --Naltrexone 50mg (withdrawal) every morning.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review of MOR on 2/5/20 for Client #2 for December 2019-February 2020 revealed: --Sertraline was not electronically signed by client or by staff on 12/22/19 or 12/24/19. --Naltrexone was not signed on 12/8/19. -No explanation or note was documented to indicate why medication was not given. -No self-administer order was presented.</p> <p>Record review on 2/5/20 for Client #4 revealed: -Admission date of 11/15/19 with diagnoses of Opioid Use Disorder, Cocaine Use Disorder, Sedative-hypnotic-anxiolytic Use Disorder and Bipolar Disorder. -Physician ordered medications on 11/18/19 included: --Metformin 500mg (diabetes) once daily. --Lithium 450mg (bipolar) 2 tabs in AM.</p> <p>Review of MOR on 2/5/20 for Client #4 for December 2019-February 2020 revealed: --Metformin was not electronically signed by client or by staff on 12/5/19, 1/22/20 or 1/23/20. --Lithium was not signed on 1/27/20. -No explanation or note was documented to indicate why medication was not given. -No self-administer order was presented.</p> <p>Interview on 2/5/20 with Client #1 revealed: -Morning medications were given at the day facility. -Staff kept meds in a locked med cart. -Staff called each person individually to med room. "I popped meds out of package while staff watched and then I signed electronically." -He did not recall ever refusing or missing any medications.</p> <p>Interview on 2/5/20 with Client #2 revealed: -Got meds at day facility-have specific med room</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>with med cart. "Staff unlocks drawer and stand there while we take meds then sign electronic MAR." -Have little sample packets of OTC meds we can ask for." -Staff were always there to give meds-never missed any.</p> <p>Interview on 2/5/20 with Client #4 revealed: -Had meds at home and at day facility. -"Staff watch while we take meds." Meds kept in cart.</p> <p>Staff were not trained in medication administration which is required for client self administration/staff observation.</p> <p>Interview on 2/5/20 with the Chief Executive Officer (CEO) revealed: -Keep all medications locked for the safety of clients. -Staff did not administer meds-only observe. -Both client and staff sign electronic MOR. -Really had no idea why some meds were blank-could have been refusal or med was out. -If a client refused or missed meds, staff generally emailed or texted administration and/or nurse practitioner. Will add a note/comment section to MOR for staff to complete if med missed or refused. -Was not aware a self-administer order for all clients was needed but could easily add it at their electronic form. -Staff did not have med administration training because they did not administer medications.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

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V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure prior to hire each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) for 1 of 4 sampled staff (Behavioral Health Tech Supervisor). The findings are:</p> <p>Record review on 2/6/20 for the Behavioral Health Tech Supervisor revealed: -Hire Date: 2/9/17. -HCPR check dated 3/8/17.</p> <p>Interview on 2/6/20 with the Chief Executive Officer revealed: -he was aware the HCPR needed to be conducted prior to hire. -they had since hired new Human Resources personnel who were conducting the HCPR checks as required.</p>	V 131		

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V 239	Continued From page 5	V 239		
V 239	<p>27G .3701 Day Tx. Sub. Abuse - Scope</p> <p>10A NCAC 27G .3701 SCOPE</p> <p>(a) Day treatment facilities provide services in a group setting for individuals who need more structured treatment for substance abuse than that provided by outpatient treatment, and may serve as an alternative to a 24-hour treatment program.</p> <p>(b) Day treatment services shall have structured programs, which may include individual, group, and family counseling, recreational therapy, peer groups, substance abuse education, life skills education, and continuing care planning.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to operate within the scope of day treatment services. The findings are:</p> <p>Interviews on 2/5/20 with Clients #1, #2 and #3 revealed:</p> <ul style="list-style-type: none"> -they were all enrolled in the day treatment program, or what they called "PHP (Partial Hospitalization Program)." -they lived in "sober living" homes while they were in the program. -the homes had facility staff 24 hours, 7 days a week. -they participated in group and individual therapy at the program. -they received more privileges as they advanced in the program. <p>Review on 2/5/20 of the "Crest View Recovery Center Payment/Financial Agreement" revealed: -"Day Treatment (PHP)...consists of an average of 4-6 hours of programming per day and</p>	V 239		

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V 239	<p>Continued From page 6</p> <p>includes the following:...The average length of stay in this component is thirty (30) to sixty (60) days. For clients that elect the housing component, clients are monitored twenty four (24) hours per day, seven (7) days per week."</p> <p>Review on 2/6/20 of an undated document entitled "Phases" revealed: "Phase 1 - Focus: Surrender and education Tasks: -Complete Step One packet -Create treatment plan and work daily towards individualized goals. -Your personal therapist will reach out to your family and/or sober support. -Maintain positive participation and compliance with program policies and rules, as outlined in Client Handbook. -Gym privileges (Day 5)</p> <p>Phase 2 (eligible Day 11) Focus: Spiritual connection and underlying factors Tasks: -Daily phone privileges -Present and go over Step One packet in primary group. -Complete Step Two. -Obtain a 12-step sponsor. -Maintain positive participation and compliance with program policies and rules.</p> <p>Phase 3 (eligible at day 20) Focus: Skill development and relapse prevention Tasks: -Up to two passes allowed. -Maintain contact with sponsor and family. -Maintain positive participation and compliance with program policies and rules.</p> <p>Phase 4 (eligible at day 45) Focus: Aftercare and</p>	V 239		

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V 239	<p>Continued From page 7</p> <p>Sober Supports Tasks: -Greater pass flexibility -Possible increase in number of passes. -Possible longer passes. -Possible cell phone during pass. -Possible weekday passes. -Maintain positive participation and compliance with program policies and rules."</p> <p>Review on 2/6/20 of "Rules and Regulations and Responsibilities" revealed: -"...10. The primary therapist must approve all visits and passes in advance..." -"...19. All visitor must be approved by staff..."</p> <p>Interviews on 2/5/20 and 2/6/20 with the Chief Executive Officer revealed: -the day treatment program also had "sober living transitional housing" as an option for treatment. -they had 3 male houses and 1 female house. -each house had a Behavioral Health Technician supervising clients in the home at all times. -their therapist from the day treatment program determined which phase a client was in and when they would advance to the next phase. -he never had a situation where a client had stable housing and wanted to attend just the day program but did not see this as a problem. -the policies, procedures, and rules applied to all of their programs.</p>	V 239		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and</p>	V 752		

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V 752	<p>Continued From page 8</p> <p>visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain hot water temperatures between 100 - 116 degrees Fahrenheit. The findings are:</p> <p>Observation on 2/6/20 at approximately 1:25 p.m. of restroom hot water temperatures revealed: -the restroom downstairs near the clinician offices and men's medication room registered 118 degrees Fahrenheit. -the restroom near the Clinical Director's office and rooms held for group registered 80 degrees Fahrenheit.</p> <p>Interview on 2/6/20 with the Chief Executive Officer revealed: -he notified the necessary personnel to ensure the hot water reached the required temperatures.</p>	V 752		