

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-276	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/12/2020
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NAME OF PROVIDER OR SUPPLIER TANGLEWOOD ARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 207 WEST 29TH STREET LUMBERTON, NC 28358
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(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 survey was completed on February 12, 2020. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-Hospital Medical Detoxification and 10A NCAC 27G .5000 Facility Crisis Services for all Disability Groups.</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 file followed up by appointment or consultation</p>	V 118	<p>Page Intentionally Left Blank</p> <p>DHSR - Mental Health</p> <p>MAR 1 2020</p> <p>Lic. & Cert. Section</p> <p>RECEIVED</p> <p>MAR 02 2020</p> <p>RECEIVED DHSR-MH Licensure Sect</p> <p>MAR 02 2020</p> <p>DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kelli Thompson

TITLE

Program Director

(X6) DATE

2/26/20

Division of Health Service Regulation

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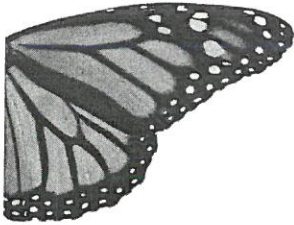
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician affecting two of three clients (#1 and #6). The findings are:</p> <p>A. Review on 02/12/20 of client #1's record revealed: - 46 year old male. - Date of admission: 2/10/20. - Diagnoses of Alcohol Use Disorder-Severe and Substance-Induced Depressive Disorder.</p> <p>Review on 02/12/20 of client #1's medication orders electronically signed by the physician on 02/11/20 revealed: - Famotidine (Pepcid-prevents ulcers in stomach and intestines) - take one tablet at bedtime.</p> <p>Review on 02/12/20 of client #1's February 2020 MAR revealed no documentation famotidine was administered as ordered.</p> <p>Interview on 02/12/20 client #1 stated he had received some medications at the facility. He was unable to recall the names of his medications.</p> <p>B. Review on 02/12/20 of client #6's record revealed: - 46 year old male. - Date of admission: 02/10/20. - Diagnoses of Severe Stimulant Use Disorder, Severe Major Depressive Disorder and</p>	V 118	<ul style="list-style-type: none"> Famotidine was a recent replacement regimen to the standing order set. When changes are made to standing order sets in the facility, such as an addition or discontinuation of any medication(s), a discussion that includes but is not limited to the Prescriber/Provider, Medical Director, Director of Nursing, and Program Director will occur to verify said changes prior to transcribing into EHR. Program Director will provide an in-service for all RN's in the facility within one week of identified and agreed upon standing order set changes. The Program Director or designee will round weekly to ensure that adequate and timely ordering of stock medications are available for all clients served. The Program Director will conduct an in-service for facility RN's on the following policies: Obtaining Prescribed Medication, Process for Re-Called or Discontinued Medications, Medication Orders, and Medication Administration Policy. The in-service will be completed by April 10, 2020. An incident report for missed medications was completed for each client. 	

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V 118	<p>Continued From page 2</p> <p>Generalized Anxiety Disorder.</p> <p>Review on 02/12/20 of client #6's medication orders electronically signed by the physician on 02/10/20 revealed:</p> <ul style="list-style-type: none"> - Famotidine - take one tablet at bedtime. <p>Review on 02/12/20 of client #1's February 2020 MAR revealed no documentation famotidine was administered as ordered.</p> <p>Interview on 02/12/20 client #6 stated he had received an anti-depressant medication at the facility.</p> <p>Observation on 02/12/20 at approximately 2:30pm of the facility medications revealed no famotidine available for administration.</p> <p>Interview on 02/12/20 the Program Manager stated:</p> <ul style="list-style-type: none"> - The facility did not have famotidine currently in stock today. She would ensure the medication was obtained for use. - The facility had switched over to a new electronic based system on 02/10/20. - The admitting physician had signed the medication orders electronically. - The famotidine was supposed to be as needed for client #1 and #6. She would address the standing orders with the medical director. 	V 118	Page Intentionally Left Blank	



February 26, 2020

Keith Hughes, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual Survey/Tanglewood Arbor/2-12-2020

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

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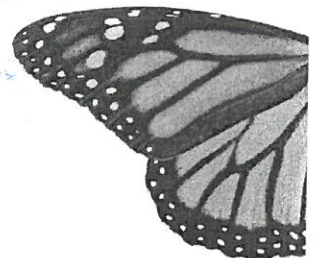
MAR 02 2020

DHSR-MH Licensure Sect

DHSR - Mental Health

MAR 1 2020

Lic. & Cert. Sect



MONARCH

350 Pee Dee Avenue, Albemarle, NC 28001