

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL036-296</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>02/26/2020</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DOROTHY'S PLACE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1024 JUNIUS STREET</b><br><b>GASTONIA, NC 28052</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow-up survey was completed on 2/26/20. The complaint (#NC00160453) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III.</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         |   |                    |

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| Division of Health Service Regulation<br>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:<br/>Based on record reviews and interviews, the facility failed to ensure the MAR was accurate for 3 of 4 clients (#1, #2, and #3). The findings are:</p> <p>Review on 2/25/20 of Client #1's record review revealed:<br/>- Date of Admission 8/28/19<br/>- Diagnoses of Attention-Deficit Hyperactivity Disorder, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder<br/>- No administration routes listed on MAR for medications</p> <p>Review on 2/25/20 of Client #2's record revealed:<br/>- Date of Admission 8/14/19<br/>- Diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder, Intellectual Disability Disorder (mild), Autism, Attention Deficit Hyperactivity Disorder, Anxiety Disorder and Oppositional Defiant Disorder<br/>- No administration routes listed on MAR for medications<br/>- March 2020 MAR has Trazodone 100mg 2 tabs, doctor's order says Trazodone 100mg 1.5-2 tabs pm, and the medication label says Trazodone 100mg 1.5-2 tabs PO every night</p> <p>Review on 2/25/20 of Client #3's record revealed:<br/>- Date of Admission 1/31/19<br/>- Diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder</p> | V 118         |   |                    |

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| V 118              | Continued From page 2<br><br>- No administration routes listed on MAR for medications<br><br>Interview on 2/26/20 with Staff #1 revealed:<br>- He would talk with management to get the MARs corrected. He understood they should list the route of administration.<br><br>This is a re-cited deficiency and must be corrected within 30 days.   | V 118         |   |                    |
| V 367              | 27G .0604 Incident Reporting Requirements<br><br>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(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 Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:<br>(1) reporting provider contact and identification information;<br>(2) client identification information;<br>(3) type of incident;<br>(4) description of incident;<br>(5) status of the effort to determine the cause of the incident; and<br>(6) other individuals or authorities notified | V 367         |   |                    |

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| V 367              | <p>Continued From page 3</p> <p>or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the</p> | V 367         |   |                    |

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| V 367              | <p>Continued From page 4</p> <p>definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to report a level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/11/20 and 2/25/20 of the facility's level I incidents and the Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>- Therapeutic hold dated 1/29/20 performed on Client #1 not reported to IRIS as a level II incident</li> <li>- Therapeutic hold dated 2/7/20 performed on Client #1 not reported to IRIS as a level II incident</li> </ul> <p>Interview on 2/26/20 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He had been restrained by staff before in the last 2 months. He couldn't remember exactly when. "Staff just holds my arms and legs until I'm calm."</li> </ul> | V 367         |   |                    |

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| V 367              | Continued From page 5<br><br>Interview on 2/25/20 with the Executive Administrator revealed:<br>- He wasn't aware that the therapeutic holds needed to be reported to IRIS but would do so | V 367         |   |                    |