

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/13/2020
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NAME OF PROVIDER OR SUPPLIER THE NORLAND HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1019 NORLAND ROAD CHARLOTTE, NC 28212
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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 2-13-20. The complaint was unsubstantiated (intake #NC 00159917). 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	<p>DHSR - Mental Health</p> <p>MAR 11 2020</p> <p>Lic. & Cert. Section</p>	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct fire and disaster drills on a quarterly basis, repeated for each shift. The findings are: Review on 2-13-20 of the facility's Emergency Drill Report Logs from 2-3-19 to 2-13-20	V 114		PCS will ensure disaster drills are held at least quarterly and repeated for each shift. PCS will do an in-service on Fire and Disaster Drills requirements with staff. QA Director will verify with Program Manager on a monthly basis that disaster drills were completed and repeated for each shift. Monitor by: QA/QI Director, Clinical Director and Program Manager Complete date: 3/14/2020 and ongoing.

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

[Handwritten Signature]

TITLE

QA Director

(X6) DATE

3/14/2020

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V 114	<p>Continued From page 1</p> <p>revealed:</p> <ul style="list-style-type: none"> - the facility operates on 3 eight hour shifts from 7am-3pm (1st shift), 3pm-11pm (2nd shift), and 11pm-7am (3rd shift); - No Fire Drills were held for 3rd shift during 2nd quarter (April - June) 2019; - No Disaster Drills were held for: <ul style="list-style-type: none"> - 3rd shift during 2nd quarter (April - June) 2019; - 1st shift during 3rd quarter (July - September) 2019; - 1st shift during 4th quarter (October - December) 2019; - 3rd shift during 4th quarter (October - December) 2019. <p>Interview on 2-13-20 with Client #1 revealed:</p> <ul style="list-style-type: none"> - admitted 12-30-19; - did not recall any Fire and/or Disaster Drills performed since his admission; - "I know how to get out if we have an emergency;" - felt safe at the facility. <p>Interview on 2-13-20 with Client #2 revealed:</p> <ul style="list-style-type: none"> - admitted 9-19-19; - "have Fire and Disaster Drills every month;" - felt safe at the facility. <p>Interview on 2-13-20 with Client #3 revealed:</p> <ul style="list-style-type: none"> - admitted 12-10-19; - "yes, we have drills, I don't remember the last one but we have them;" - felt safe at the facility. <p>Interview on 2-13-20 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - works 2nd shift; - "Fire and Disaster drills are performed at least 1 time a month;" - the Program Manager oversees the schedule; 	V 114		

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V 114	<p>Continued From page 2</p> <p>- "I try to get mine done at the beginning of the month to get it over with."</p> <p>Interview on 2-13-20 with PM (Program Manager) revealed: - drills are performed monthly, per shift; - "some months there are multiple Fire or Disaster drills performed on each shift."</p> <p>Interview on 2-13-20 with QP (Qualified Professional) revealed: - "drills are performed monthly per shift;" - "there are some on all shifts."</p> <p>Interview on 2-13-20 with the Director revealed: - "we do multiple Fire and Disaster drills on each shift, each month;" - "we do one with each new admission to the facility;" - will make sure drills are performed per shift each quarter.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118	<p>PCS will ensure that all MARs are kept current and include all medication requirements. PCS will do an in-service to ensure the MARs include all the required elements. QA Director will verify with Program Manager the MARs every month or as needed. Monitor by: QA/QI Director, Clinical Director and Program Manager Complete date: 3/14/2020 and ongoing</p>	

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V 118	<p>Continued From page 3</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: (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.</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews, and observations, the facility failed to ensure MARs were kept current and included all medication requirements effecting 2 of 3 audited clients (#2 and #3). The findings are:</p> <p>Finding #1:</p> <p>Review on 2-12-20 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted on 9-19-19; - 14 years old; - diagnoses of Major Depressive Disorder, Unspecified Trauma and Stressor Related Disorder; - Physician's orders for the following medications: <ul style="list-style-type: none"> - Sertraline (treatment for depression) 25mg (milligram), 1 tablet daily, dated 10-30-19; - Trazadone (treatment for depression) 100mg tablet, take 1/2 tablet (50mg) dose at HS 	V 118		

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V 118	<p>Continued From page 4</p> <p>(bedtime) as needed, dated 10-30-19; - Methylphenidate (for hyperactivity) 5mg tablet, take 1 tablet twice daily in AM and NOON, dated 10-30-19; - no order located for Trazadone 100mg tablet to be given at bedtime.</p> <p>Review on 2-13-20 of Client #2's MAR dated 11/1/19 - 2/13/20 revealed: - MAR revealed documentation of Trazadone 100mg tablet given daily at bedtime; - physician order located in the MAR was for Trazadone 100mg tablet, take 1/2 tablet (50 mg) dose as needed at bedtime; - no order could be located for Trazadone 100mg tablet to be given at bedtime.</p> <p>Interview on 2-13-20 with Client #2 revealed: - was given daily medications by staff; - does not know what medications he takes or why he takes medications.</p> <p>Interview on 2-13-20 with PM (Program Manager) revealed: - Client #2 had an order change for Trazadone to be given at 100mg daily at bedtime; - could not locate the physician's order showing the change increasing Trazadone from 50mg as needed at bedtime to 100mg at daily at bedtime; - "would contact the Nurse Practitioner to get the order clarified."</p> <p>Finding #2:</p> <p>Review on 2-12-20 of Client #3's record revealed: - admitted on 12-10-19; - 14 years old; - diagnoses of Disruptive Mood Dysregulation Disorder, ADHD (Attention Deficit Hyperactivity</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Disorder), Conduct Disorder, Oppositional Defiant Disorder, Borderline Intellectual Functioning, Academic/Education Problems;</p> <ul style="list-style-type: none"> - Physician's orders for the following medications: <ul style="list-style-type: none"> - Trazadone (to treat depression) 50mg tablet, take 1 tablet at bedtime, dated 1-8-20; - Focalin XR (to treat ADHD) 20mg capsule, take 1 capsule daily, dated 12-9-19; - Clonidine (to treat ADHD) 0.1mg ER tablet, take 1 tablet at bedtime, dated 12-9-19, with change order dated 12-18-19 to increase Clonidine 0.1mg ER to twice daily; <p>Review on 2-13-20 of Client #3's MARs dated 12/10/19 - 2/13/20 revealed:</p> <ul style="list-style-type: none"> - physician order dated 12-18-19 increasing Clonidine from 0.1mg at bedtime to Clonidine 0.1mg twice daily; - Clonidine 0.1mg ER was not changed on the MAR to reflect the order dated 12-18-19; - new order on 2-5-20 revealed Clonidine 0.1mg ER was increased to BID (twice daily); - Clonidine 0.1mg ER documented as administered twice daily starting on 2-6-20. <p>Review on 2-13-20 of December 2019 MAR revealed:</p> <ul style="list-style-type: none"> - Focalin to be taken in the AM; - Clonidine to be taken in the AM and PM; - the MAR did not include the following for each medication: <ul style="list-style-type: none"> - name, strength, and quantity of drug; - instructions for administering the drug. <p>Review on 2-13-20 of January 2020 MAR revealed:</p> <ul style="list-style-type: none"> - Focalin to be taken in the AM; - Clonidine to be taken in the AM and PM; - Trazadone 50mg to be taken at 7pm; - the MAR did not include the following for each 	V 118		

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V 118	Continued From page 6 medication: - name, strength, and quantity of drug; - instructions for administering the drug. Interview with Client #3 on 2-13-20 revealed: - takes medications daily which are given by staff; - did not know the names of any of his medications or the reasons for taking the medications. Interview with PM on 2-13-20 revealed: - there was an issue with the Pharmacy not getting the December 2019 order to change the Clonidine; - it was an oversight between the Pharmacy and the facility; - there was a clarification order received from the Nurse Practitioner dated 2-5-20 to increase the Clonidine 0.1mg from 1 time daily to BID; - Client #3 started receiving the correct ordered dose of Clonidine on 2-6-20.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:	V 736	PCS will complete the necessary repairs at the Norland home by 4/13/2020 Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 4/13/2020	

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V 736	<p>Continued From page 7</p> <p>Observation on 2-13-20 at 11:47am of the facility bathroom, used by all clients, revealed:</p> <ul style="list-style-type: none"> - paint on the walls surrounding the bathtub shower was flaking and peeling off the walls; - spots of black mold growing the full length of the shower on the exterior wall, near the ceiling; - the exhaust fan was full of dust with a light bulb blinking continually. <p>Interview on 2-13-20 with Client #3 revealed:</p> <ul style="list-style-type: none"> - the facility was clean; - the clients are responsible for cleaning the house, including the bathroom; - the mold in the bathroom had been there since his admission in December 2019. <p>Interview on 2-13-20 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - no problems with the cleanliness of the facility. <p>Interview on 2-13-20 with the PM (Program Manager) revealed:</p> <ul style="list-style-type: none"> - had not noticed the mold growing on the exterior wall near the ceiling above the shower; - had not noticed the blinking light from the exhaust fan. <p>Interview on 2-13-20 with the QP (Qualified Professional) revealed:</p> <ul style="list-style-type: none"> - it was a clean facility with no maintenance problems noted recently. <p>Interview on 2-13-20 with the Director revealed:</p> <ul style="list-style-type: none"> - was unaware of the mold growing on the exterior wall near the ceiling above the shower; - was unaware of the cleanliness and faulty lighting in the exhaust fan but would look into getting it repaired. 	V 736		

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V 738	Continued From page 8	V 738		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on interviews and observations, the facility failed to ensure buildings were kept free from insects. The findings are:</p> <p>Interview on 2-13-20 with Client #1 revealed: -seen "roaches in my room a while back but it was my fault because I was eating in my room;" -"haven't seen them anywhere else in the house in a long time;" - no other bugs or rodents had been seen in the facility.</p> <p>Interview on 2-13-20 with Client #2 revealed: - had seen roaches "all over the house;" - the roaches were in the bathroom, bedrooms, living room, and kitchen in the past but "it is better;" - the exterminator had treated the house and "tried to get rid of them but can't;" -"just yesterday saw one in the living room;" - no other type of bugs or rodents had been seen in the facility.</p> <p>Interview on 2-13-20 with Client #3 revealed: -seen small roaches recently; -"have seen roaches in my room and the living room;" - no other bugs or rodents had been seen in the</p>	V 738	<p>PCS will ensure the building is kept free from Insect. The house receives professional pest control services quarterly and/or as needed to maintain the facility free from insect.</p> <p>Monitor by: QA/QI Director, Clinical Director and House Manager.</p> <p>Complete date: 3/14/2020 and ongoing</p>	

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V 738	<p>Continued From page 9 facility.</p> <p>Observation on 2-13-20 at 11:47am revealed: -small insect resembling a roach moved quickly on the countertop in the kitchen; -insect was black in color; -insect was alive.</p> <p>Interview on 2-13-20 with Staff #1 revealed: - had not seen any bugs or roaches lately.</p> <p>Interview on 2-13-20 with the PM (Program Manager) revealed: -there were "water bugs when I first started working here but they're gone;" "haven't seen any other bugs at the facility since I've been working here;" -the exterminator treats the group home monthly and "just sprayed last week."</p> <p>Interview on 2-13-20 with the QP (Qualified Professional) revealed: - had not seen any bugs or roaches recently.</p> <p>Interview on 2-13-20 with the Director revealed: -had done "everything possible to exterminate the home, even relocated the clients and bombed the home to get rid of the roaches;" -"just had the exterminator out again last week to do his routine treatment;" -"don't know what else to do to get rid of the roaches."</p>	V 738		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed,</p>	V 750		

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V 750	<p>Continued From page 10</p> <p>constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure the facility's electrical and mechanical systems were maintained in operating condition. The findings are:</p> <p>Observation on 2-13-20 at 11:47am of the facility's back patio/medication room revealed the smoke alarm beeping every 60 seconds indicating the need for attention and/or repair.</p> <p>Interview on 2-13-20 with Client #1 revealed: - admission 12-30-19; - the smoke detector "has been beeping like that since admission."</p> <p>Interview on 2-13-20 with Staff #2 revealed: - heard the smoke detector beeping and was unsure how long it had been beeping.</p> <p>Interview on 2-13-20 with the PM (Program Manager) revealed: - when first questioned about it, he replied that he did not hear anything; - the next time it beeped, he admitted to hearing the beep; - was "not sure how long it had been beeping" - no one had looked into getting it repaired.</p> <p>Interview on 2-13-20 with the Director revealed: - unaware of the smoke detector beeping and would get it repaired.</p>	V 750	<p>PCS will ensure the Electrical, mechanical and water Systems are maintained in operating conditions. PCS will fix the smoke detector by 4/13/2020. Monitor by: QA/QI Director, Clinical Director and House Manager. Complete date: 4/13/2020</p>	

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