

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**

(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
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V 000	INITIAL COMMENTS An annual survey was completed on February 12, 2020. Deficiencies were cited. 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.	V 000	27G.0209 (c) Medication Requirements The CEO collaborated with members of the Quality Assurance Committee to discuss rule 10A NCAC 27G.0209 to address implementation of the following measures of correction: 1)The attending physician will write an order in the medical record on all clients that are deemed appropriate to self-administer medications. 2)The agency will provide a staff training for all staff that directly participate in the ordering of and observation of self-administration of medications. The training will focus on the self-administration of medication process including the policy that any time a medication is taken by a client the medication name, dosage, date, time and route is documented in the client record. In the case of a client refusal of medication or missed dosage as prescribed by the ordering provider, the reason for the medication refusal or missed dosage will be documented in the medication log to indicate why the medication was not given. Any time a medication is given, missed or refused requires signature of client and staff. The Medical Records Coordinator will conduct an internal audit of active client records on a weekly basis. As part of the internal record audit, where at least 30% of records will be reviewed, specifically the medication log and physician order forms will be reviewed to ensure continuous compliance. All record audits will be documented and the results will be provided to the Quality Assurance Committee (QAC) by the Medical Records Coordinator at the monthly QAC meeting. In addition to staff training and internal chart auditing, policy number CVRC-036, Medication Requirements, has been revised to include all areas within rule 10A NCAC 27G.0209 (C) 1-5 as a measure to prevent the problem from occurring again. If an instance where non-compliance is identified, a corrective action plan is required to be submitted to the CEO.	
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 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	V 118		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Alexis Alisto

TITLE Quality Assurance Coordinator (X6) DATE

3/12/2020

STATE FORM

6899

EUBY11

DHSR-Mental Health

If continuation sheet 1 of 9

MAR 18 2020

Lic. & Cert. Section

Division of Health Service Regulation

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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."</p> <p>- "Have little sample packets of OTC meds we can ask for."</p> <p>- Staff were always there to give meds-never missed any.</p> <p>Interview on 2/5/20 with Client #4 revealed:</p> <p>- Had meds at home and at day facility.</p> <p>- "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:</p> <p>- Keep all medications locked for the safety of clients.</p> <p>- Staff did not administer meds-only observe.</p> <p>- Both client and staff sign electronic MOR.</p> <p>- Really had no idea why some meds were blank-could have been refusal or med was out.</p> <p>- 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.</p> <p>- Was not aware a self-administer order for all clients was needed but could easily add it at their electronic form.</p> <p>- 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	<p>G.S 131E-256 Healthcare Personnel Registry</p> <p>The CEO met with the Quality Assurance Coordinator and Human Resources Coordinator to discuss rule G.S. 131E-256 (d2) with the emphasis that the Health Care Personnel Registry check must be completed prior to the hire date. During this meeting the CEO, QA & HR revised policy number CVRC-020, Conditions of Employment and policy number CVRC-022 Personnel Files, to include that the Health Care Personnel Registry shall be accessed for any health care personnel prior to hire.</p> <p>The Human Resource Coordinator has developed a Pre-Employment Checklist, which includes documentation of the HCPR results, to be completed and signed off on prior to submitting an offer of employment. As an additional measure, the Human Resources Coordinator will complete an internal audit of all active personnel records on a bi-annual basis. All record audits will be documented and submitted by the Human Resource Coordinator to the Chief Financial Officer. If an instance of non-compliance is identified, a corrective action plan is required to be submitted to the CEO.</p>	
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V 239	Continued From page 5	V 239	27G .3701 Day Treatment Sub Abuse Scope	
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	<p>The CEO met with the Leadership Team to discuss rule 10A NCAC 27G.3701 (a) (b) and what programmatic and policy changes are needed to meet the standards set forth in the rule. More specifically, the need to completely separate the day treatment services from the housing services. The discussion resulted in the following measures:</p> <ol style="list-style-type: none"> 1)Policy Number CVRC-039 Staff (Day Treatment) and Policy Number CVRC-041 Scope (Day Treatment) have been revised to include language restrictive to the scope outlined in rule 10A NCAC 27G.3701. These policies specifically include that the day program staff are not to be influential or make decisions on what privileges or restrictions occur with the clients while off of the day program site, however, recommendations can be made by the Primary Therapist. 2)Policy Number CVRC-030, Client Phase System has been revised to remove any language regarding provision or restriction of privileges for services received outside of the day treatment program. 3)Job Descriptions will be revised to separate the day program staff and housing services staff and include that each staff discipline are not permitted to fulfill the role of the alternative location staff. 4)Housing file documentation for each resident will be removed from the day program client health record and maintained in a separate file to be maintained at the respective housing location. <p>The Behavioral Health Tech Supervisor will announce the policy changes via BHT staff meeting where all staff will be instructed on the new policies, trained on the new housing file record paperwork and trained on the new job description roles. Upon completion of the training, the Behavioral Health Techs will be instructed to meet with the Human Resources Coordinator to sign their revised job descriptions by April 6, 2020. The Clinical Director will conduct a meeting with the Primary Therapist team to discuss the policy changes and the removal of assigning privileges or restrictions while the clients are off site of the day treatment program.</p>	

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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	<p>27G .3701 Day Treatment Sub Abuse Scope Continued Monitoring for ensuring compliance with this rule will be done by way of staff supervision which occurs on a daily basis by each department supervisor.</p>	

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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:</p> <ul style="list-style-type: none"> -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>Interview on 2/6/20 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> -he notified the necessary personnel to ensure the hot water reached the required temperatures. 	V 752	<p>10A NCAC 27G.0304 Facility Design</p> <p>The CEO met with the Facilities Manager to discuss rule 10A NCAC 27G.0304 (b) (4) including that all areas of the facility where the clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. The Facilities Manager reviewed policy number CVRC-044 Physical Plant Rules where this rule is established.</p> <p>On February 17, 2020 the Facilities Manager adjusted the hot water heater to allow for the water to maintain a temperature between 100-116 degrees Fahrenheit.</p> <p>Monitoring for ensuring compliance with this rule will be completed by way of monthly site inspections where the water temperatures will be checked and adjusted if needed. All monthly site inspection results will be documented and reported at the monthly QAC meeting by the Facilities Manager.</p>	
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March 12, 2020

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Plan of Correction
Crest View Recovery Center, 90 Asheland Ave, Suites B&D, Asheville, NC 28801
MHL# 011-387

Dear Licensure and Certification Team:

Enclosed you will find our completed Plan of Correction for Crest View Recovery Center, in response to the Statement of Deficiencies cited during the annual licensing survey completed on February 12, 2020.

We thank you for your time, education and assistance during this process. If there is any additional information that you would like for us to provide please do not hesitate to contact me at the information provided below.

Kind Regards,

Alexis Alioto

Alexis Alioto
Quality Assurance Coordinator
Phone: 954-226-7063
Email: aalioto@crestviewrecovery.rog