

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2020
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - KELLY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1507 MARTIN STREET WILMINGTON, NC 28401
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V 000	INITIAL COMMENTS An annual survey was completed on January 8, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100, Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE COO	(X6) DATE 2-12-20
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V 105	<p>Continued From page 1</p> <p>activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption</p>	V 105	<p>Unique Johnson has been contacted to request Kelly House be added to CLIA waiver list for PORT Health.</p>	
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V 105	Continued From page 2 of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Interviews on 1/3/20 and 1/7/20 the Program Supervisor stated: -The staff performed urine drug screen testing on clients admitted to the facility. She would contact her corporate office for the CLIA waiver. -On 1/7/20 the the Program Supervisor provided a CLIA Waiver number for this facility, 34D1058848. Telephone interview on 1/8/20 the CLIA Consultant stated the CLIA waiver number (34D1058848) did not include this facility.	V 105		
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	V 118		

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V 118	<p>Continued From page 3</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(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 and interviews, the facility failed to administer medications as ordered by the physician affecting 1 of 3 current clients (client #1) audited. The findings are:</p> <p>Review on 1/6/20 of client #1's record revealed: -23 year old female admitted 10/30/19. -Diagnoses included opioid use disorder, severe; cocaine use disorder, severe. -Orders dated 10/30/19 and 12/23/19 for Topiramate 50 mg (milligrams) daily. (Used to prevent and control seizures (epilepsy); also used to prevent migraine headaches.) -Order dated 12/2/19 for Suboxone 12-3 mg, 1/2 film under tongue twice daily. (Used to treat narcotic (opiate) addiction.)</p> <p>Review on 1/6/20 of client #1's December 2019 and January 2020 MARs revealed: -No documentation client #1 received Topiramate 50 mg between 12/24/19 and 12/27/19 for a total</p>	V 118	<p>To prevent this problem from occurring again the agency has identified a local pharmacy that is open 24 hours a day, with a pharmacist on site 24 hours per day. If the program is unable to receive medication from our contracted regular pharmacy in a timely manner we will use the local pharmacy to prevent missed doses of medications. Monitoring of medications will take place in a weekly audit conducted by Kelly House staff.</p> <p>The Program Supervisor has addressed the importance of patients receiving medications in a timely manner. When patients are scheduled to be off campus, with a staff person, at their medication time, the staff person will take the medications with them in a locked box so the patient may take their medication as scheduled. This will be monitored weekly by the program supervisor and will be a standing agenda item during staff meetings.</p> <p>If a patient misses a dose of medication, the Program Supervisor will be notified. The Program Supervisor will contact the Medical Director to explain the situation and request instructions and/or an order request an order on how to proceed. This will be an ongoing topic of discussion during staff meetings.</p>	
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V 118	<p>Continued From page 4</p> <p>of 4 missed doses.</p> <p>-Suboxone 12-3 mg, 1/2 film under tongue twice daily, scheduled for 7 am and 3 pm.</p> <p>Review on 1/8/20 of client #1's medication incident reports for December 2019 and January 2020 revealed:</p> <p>-Incidents dated 12/24/19-12/27/19 documented client #1 missed her 7 am dose of Topiramate 50 mg. Client got a new order 12/23/19, order was sent to the facility pharmacy, but was not filled until 12/27/19.</p> <p>-Incident dated 1/7/20 documented client #1 missed her afternoon Suboxone 12-3 mg. Client #1 and her daughter did not return to the facility until 4:15 pm on 1/7/20 from her pediatrician office visit. Client #1 was "frantic" because her daughter received immunizations and she "missed her dosing window." Staff documented the pharmacy was notified and the recommendation was to wait until her next dosing time to administer the Suboxone.</p> <p>Interview on 1/6/19 the Program Manager stated:</p> <p>-The documentation at the bottom of the incident report that the pharmacy was notified of a medication error could be a message left on the answering machine of the pharmacy.</p> <p>-The pharmacy was not open 24 hours a day.</p> <p>-When a message was left for the pharmacy, someone from the facility would follow up the following day.</p> <p>Interview on 1/8/20 the Assistant House Manager stated:</p> <p>-Medications could be given an hour before or after the dosing time. Outside of these parameters the dose is held until the next dosing time. She thought that was a "state" rule.</p> <p>-The pharmacy was closed for the holidays</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>between 12/24/19 and 12/27/19; therefore, client #1 missed her Topiramate for 4 days.</p> <ul style="list-style-type: none"> -It could be difficult to get medications from a back up pharmacy, given payor source issues. -It would be the facility pharmacy to access the back up pharmacy. <p>Telephone interview on 1/8/20 the Pharmacist stated:</p> <ul style="list-style-type: none"> -She was working the afternoon of 1/7/20 and did not receive a call that client #1 missed her afternoon dose of Suboxone. -If she had been called she would not have told the staff to hold the Suboxone dose until her next dosing time the following morning. -She had not received a call on 1/8/20 about client #1 having missed her Suboxone on 1/7/20. -The facility should have the number to the back up pharmacy to get a prescription filled if needed. They used a local pharmacy in the same town as the facility as back up. 	V 118		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <ol style="list-style-type: none"> (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and 	V 364		

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V 364	<p>Continued From page 6</p> <p>(3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p>	V 364		

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V 364	<p>Continued From page 7</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p>	V 364		

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V 364	<p>Continued From page 9</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p>	V 364		

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V 364	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure clients's additional rights in 24-Hour facilities, and failed to follow and document the requirements for any restriction of these rights. The findings are:</p> <p>Review on 1/6/20 of client #5's record revealed: -31 year old female admitted 6/12/19. -Diagnoses included cocaine use disorder, severe; alcohol use disorder, severe (patient reports in remission); opioid use disorder, severe (patient reports in remission with medication assisted treatment); generalized anxiety disorder. -No documentation in client #5's record when her cell phone was taken as a consequence for not following a facility rule. -No documentation by the Qualified Professional (QP) of the detailed reason for the restriction of client #5's right to access to her personal property (cell phone) or evaluation of the restriction.</p> <p>Review on 1/8/20 of the Program "Guidelines & Requirements" revealed: -The phone in the hall was a client "privilege." -The office phone should only be used for business calls, network/sponsor calls, cases of emergency, and at staff discretion.</p> <p>Review on 1/8/20 of the Level system revealed: -A client could begin using their cell phone at Level 2. -Cell phone use was a "privilege" and could be revoked at anytime.</p> <p>Observation on 1/3/20 revealed:</p>	V 364	<p>bas</p> <p>Based on our level system, there are stated consequences for failing to follow stated programmatic rules. Restriction of cell phone use is one of those restrictions. In the future, the QP will document that loss of cell phone use is a consequence for rule violation. The program supervisor, who is a QP will make updates to the PCP to document restrictions, time-frames, etc.</p> <p>Additionally, in the event a patient's cell phone privileges are revoked, the patient will continue to have access to a telephone, via the agency phones. the consequences of failing to follow rules .</p> <p>Documentation of restrictions will be documented in the service note.</p>	

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V 364	<p>Continued From page 11</p> <ul style="list-style-type: none"> -The house phone was located between the bathroom shared by clients admitted to rooms #1 and #2, and the door to bedroom #1. -The location of the house phone was not private. <p>Interview on 1/3/20 client #5 stated:</p> <ul style="list-style-type: none"> -Cell phones were allowed once a client reached "Level 2." The clients must purchase their own cell phones. -Cell phones were taken by staff as a consequence for not following rules or if staff felt a client was being disrespectful. -She had her cell phone taken away by staff because she turned it in late. She lost her cell phone for an entire week end. (Date unknown.) <p>Interview on 1/8/20 the Assistant Home Manager stated:</p> <ul style="list-style-type: none"> -Clients were made aware when admitted about the Level system and facility rules. -If the clients did not abide by the facility rules there were consequences. -Typical consequences included restriction of off site time and/or restriction of what the client could do during off site time. For example the off site time may be restricted to only recovery related activities. -Cell phones may be removed as a consequence. -Consequences were documented on behavior reports. -She and the Program Supervisor made the decisions on implementing restrictions. -There was no behavior report for client #5 having her cell phone taken as a consequence. <p>Interview on 1/8/20 the Program Supervisor stated:</p> <ul style="list-style-type: none"> -Clients were given the Program "Guidelines & Requirements" when admitted. -She thought by having clients sign these facility 	V 364		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2020
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NAME OF PROVIDER OR SUPPLIER PORT HEALTH SERVICES - KELLY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1507 MARTIN STREET WILMINGTON, NC 28401
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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 364	Continued From page 12 rules and being informed of the Level system, implementing restrictions was in compliance and did not require involvement of the QP. -The QP was not involved in deciding to implement a restriction. -Any restrictions would be discussed at the monthly treatment team meetings. -There was no documentation of each specific restriction in the client's record.	V 364		