

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 and follow up survey was completed on March 12, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#1, #3 and #4). The findings are:</p> <p>Finding #1: Review on 03/10/20 and 03/11/20 of client #1's record revealed: - 13 year old female. - Admission date of 10/09/19. - Diagnoses of Bipolar Disorder, Oppositional Defiant Disorder (ODD), Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Review on 03/11/20 of client #1's signed physician's orders revealed: 09/18/19 - Abilify (Aripiprazole-treats mood disorders) 2 milligrams (mg) - take one tablet every evening. - Clonidine (Catapres - treats hypertension) 0.1mg - take one tablet at bedtime.</p> <p>01/22/20 - Abilify 5mg - take one tablet at bedtime times 3 days, increase to 2 tablets at bedtime times 7 days and then 3 tablets (15mg) at bedtime. - Clonidine 0.2mg - take one tablet at bedtime.</p> <p>02/21/20 - Abilify 15mg - take one tablet at bedtime.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 2</p> <ul style="list-style-type: none"> - Clonidine 0.2mg take one tablet at bedtime. - Trazodone (antidepressant) 50mg - take one to two tablets at bedtime. <p>Review on 03/10/20 and 03/11/20 of client #1's November 2019 thru February 2020 MARs revealed the following blanks:</p> <p>November 2019</p> <ul style="list-style-type: none"> - Abilify - 11/21/20, 11/24/20 and 11/29/20. - Clonidine - 11/21/20, 11/24/20 and 11/29/20. <p>December 2019</p> <ul style="list-style-type: none"> - Abilify 12/23/19 thru 12/25/19. - Clonidine - 12/23/19 thru 12/25/19. <p>January 2020</p> <ul style="list-style-type: none"> - Clonidine - 01/30/20. <p>February 2020</p> <ul style="list-style-type: none"> - Abilify 02/26/20 and 02/28/20. - Clonidine 02/26/20 and 02/28/20. - Trazodone - 02/26/20 and 02/28/20. <p>Interview on 03/11/20 client #1 stated she received her medications daily as ordered.</p> <p>Finding #2: Review on 03/10/20 and 03/11/20 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 15 year old female. - Admission date of 11/04/19. - Diagnoses of Borderline Personality Disorder, Post Traumatic Stress Disorder and ODD. <p>Review on 03/10/20 and 03/11/20 of client #4's signed physician's orders dated 11/26/19 and 01/23/20 revealed:</p> <ul style="list-style-type: none"> - Aripiprazole 20mg - take one tablet daily - Aripiprazole 5mg - take one tablet daily. - Buspirone (antianxiety) 7.5mg - take one tablet 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 3</p> <p>twice daily.</p> <ul style="list-style-type: none"> - Cymbalta (Duloxetine - treats depression) 60mg - take one tablet twice daily. <p>Review on 03/10/20 of client #4's December 2019 thru February 2020 MARs revealed the following blanks:</p> <p>December 2019</p> <ul style="list-style-type: none"> - Aripiprazole 20mg - 12/20/19 and 12/27/19. - Aripiprazole 5mg - 12/13/19, 12/16/19, 12/27/19, 12/30/19 and 12/31/19. - Buspirone - 12/27/19 and 12/30/19 at 7am. - Cymbalta 12/13/19, 12/27/19 and 12/30/19 at 7am. <p>January 2020</p> <ul style="list-style-type: none"> - Aripiprazole 20mg - 01/29/20. - Aripiprazole 5mg - 01/29/20. - Buspirone - 01/29/20 at 7am. - Cymbalta - 01/29/20 at 7am. <p>February 2020</p> <ul style="list-style-type: none"> - Buspirone - 02/26/20 at 7pm. - Cymbalta - 02/26/20 at 7pm. <p>Interview on 03/10/20 client #4 stated she received her medications as ordered.</p> <p>Finding #3: Review on 03/10/20 and 03/11/20 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 17 year old female. - Admission date of 1/21/19. - Diagnoses of Post Traumatic Stress Disorder-Chronic-Moderate; Unspecified Bi-polar and related disorder; Bulimia Nervosa-Provisional and Borderline Personality Disorder. <p>Review on 03/10/20 and 03/11/20 of client #3's signed physician's orders dated 10/14/19,</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 4</p> <p>11/12/19 and 1/2/20 revealed:</p> <ul style="list-style-type: none"> - Concerta ER(extended release) (treats attention deficit hyperactivity disorder) 36mg - take 1 tablet daily. - Latuda (treats mood disorders) 80mg - take one tablet at bedtime. - Lamotrigine ER (treats bi-polar disorder) 250mg - take 1 tablet at at bedtime. <p>Review on 03/10/20 and 03/11/20 of client #1's November 2019 thru February 2020 MARs revealed the following blanks:</p> <p>November 2019</p> <ul style="list-style-type: none"> -Concerta - 11/27/19, 11/29/19 and 11/30/19 at 7am. <p>December 2019</p> <ul style="list-style-type: none"> -Concerta ER - 12/27/19 at 7am. <p>January 2020</p> <ul style="list-style-type: none"> -Latuda - 11/27/19 at 7pm. <p>February 2020</p> <ul style="list-style-type: none"> -Concerta - 2/21/20 at 7am. -Lamotrigine ER - 2/26/20. -Latuda - 2/22/20- and 2/26/20 at 7pm. <p>Interview on 3/12/20 Client #3 stated she received her medications as ordered.</p> <p>Interview on 03/12/20 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - The MARs should not have blanks. - "Staff should pull the medication and once it is administered they should initial the MAR." <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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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	Continued From page 5 [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(a) Each client shall be provided:</p> <p>(1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and</p> <p>(2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team.</p> <p>(b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of four audited clients (#3). The findings are:</p> <p>Review on 3/11/20 of client #3 's record revealed: -17 year-old female. -Admission date of 1/21/19. -Diagnoses including Post traumatic Stress Disorder-Chronic-Moderate; Unspecified Bi-polar and related Disorder; Bulimia</p>	V 539		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 539	<p>Continued From page 6</p> <p>Nervosa-Provisional; Borderline Personality Disorder.</p> <p>-Individual support plan (ISP) completed 4/4/19 with no identified strategies on a camera being used.</p> <p>Observations during a tour of the facility on 3/10/20 at approximately 10:25am revealed:</p> <p>-A surveillance camera in the corner of the left ceiling in the living room.</p> <p>-A screen for viewing in the living room.</p> <p>-The inside of Client #3's bedroom visible on the viewing screen.</p> <p>Interview on 3/10/20 the Qualified Professional stated:</p> <p>-She did not know Client # 3's bedroom was visible on the camera.</p> <p>Interview on 3/12/20 the Licensee:</p> <p>-She understood the camera pointing in Client #3's room was a privacy violation.</p> <p>-She was the only one who could access the cameras remotely.</p> <p>-She would ensure the cameras were adjusted so that the inside of Client #3's bedroom was not visible.</p> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 539		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/12/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314
--	--

(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 736	<p>Continued From page 7</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 3/10/20 at approximately 10:25am revealed: -A hole under a mirror in Client #2's room approximately 12 inches in length. -A molding strip around closet door at the top missing in Client #2's bedroom. -Right closet door unable to close due to the left closet door leaning downward in front of the right closet door in Client #2's bedroom. -Bedroom door was split about one foot in length in Client #1's bedroom.</p> <p>Interview on 3/12/20 with Licensee stated: -She was unaware of the facility issues but would schedule maintenance to repair them.</p>	V 736		