STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-366	A. BUILDING: _____ B. WING _____	R-C 02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW PLACE	30 GARFIELD STREET, SUITE A ASHEVILLE, NC 28803

(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	INITIAL COMMENTS A complaint and follow up survey was completed on 2/24/21. The complaint was substantiated (intake #NC00172274). Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program, 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment Program, and 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who are Acutely Mentally Ill.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs based on treatment plans affecting 3 of 4 audited current clients (#1, #3, and #4) and 1 of 1 audited former client (FC) (#5). The findings are:

Review on 2/15/21 of client #1's record revealed:
-An admission date of 12/31/20;
-Diagnoses included Alcohol Use Disorder, Anorexia Nervosa, and Generalized Anxiety Disorder;
-An assessment dated 12/22/20 that included..."chief complaint...her parents want her to go to sober living, but she does not...she is willing to give it a try if she gets to go home for Christmas if she agrees;"
-A treatment plan dated 12/31/20 and updated 1/4/21 revealed no goals regarding sober living.

Interview on 2/16/21 with client #1 revealed:
-Her intake had been completed via telephone as she was residing in a different state and she had expressed the need for sober living;
-She resided in the sober living portion of the program for the month of January 2021;
-She was informed upon admission by the house manager that if she was discharged from treatment prior to graduating, she was also discharged from sober living.

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V 112	Continued From page 2 Review on 2/15/21 of client #3's record revealed: -An admission date of 12/4/20; -Diagnoses included Alcohol Use Disorder, Generalized Anxiety Disorder, Bulimia Nervosa and Major Depressive Disorder; -A treatment plan dated 12/4/20 and updated 12/14/20, 1/7/21 and 1/11/21 revealed no goals regarding sober living. Interview on 2/15/21 with client #3 revealed: -She had informed the intake coordinator during the admission assessment that she needed sober living in addition to treatment; -She was informed upon admission by the house manager that if she was discharged from treatment prior to graduating, she was also discharged from sober living. Review on 2/23/21 of client #4's record revealed: -An admission date of 12/18/20; -Diagnoses included Alcohol Use Disorder, Stimulant Use Disorder, Schizoaffective Disorder, Opioid Use Disorder, Borderline Personality Disorder, and Cannabis Use Disorder; -A treatment plan dated 12/22/20 and updated 1/25/21 and 2/2/21 revealed no goals regarding sober living. Review on 1/21/21 of FC #5's record revealed: -An admission date of 10/29/20; -A discharge date of 11/13/20; Diagnoses included Opioid Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Post Traumatic Stress Disorder, and Bipolar Disorder; -A treatment plan dated 11/11/20 revealed no goals regarding sober living. Interview with FC #5 was not possible because the telephone number she provided had been	V 112		

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V 112	Continued From page 3 disconnected. Interviews on 1/21/21 and 2/27/21 with the Medical Administrative Assistant/House Manager Supervisor revealed: -Clients #1, #3, #4 and FC #5 had all received sober living services while in treatment; -Clients were informed on their first day by the House Manager that if they were discharged from treatment, they were also discharged from sober living. Interview on 2/24/21 with the Owner revealed: -She was not sure why goals regarding the sober living portion of the program were not included in the treatment plan; -She had no problem with adding goals regarding sober living.	V 112		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be	V 116		

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V 116	Continued From page 4 supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure medications were dispensed by a registered pharmacist, physician or other health care practitioner authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 1 former client (FC) (#5) who had medications managed by the facility. The findings are: Review on 1/21/21 of FC #5's record revealed: -An admission date of 10/29/20; -A discharge date of 11/13/20; -Diagnoses included Opioid Use Disorder, Cannabis Use Disorder, Stimulant Use Disorder, Post Traumatic Stress Disorder and Bipolar Disorder; -A Medication Observation Record included: "Suboxone 2-0.5 milligrams, 1 film twice daily."	V 116		

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V 116	Continued From page 5 Interview with FC #5 was not possible because the contact number she provided had been disconnected. Interview with a former House Manager on 1/11/21 revealed: -She had received no medication administration training; -She had been instructed by the Medical Administrative Assistant/House Manager Supervisor (MAA/HMS) to transport FC #5's Suboxone from the facility to the sober living housing and administer it to the client as ordered; -She was concerned about transporting and administering the Suboxone due to the liability; -She had expressed her concerns during staff meetings and was informed that part of her job duties was to transport and administer controlled medications; -"I just carried it with me in my bag;" -"I was having to flipping cut it with a kitchen knife;" -"The way I was giving the medication was, I would pick it up on Friday...I was carrying an 8 milligram strip and I was cutting it." Interview on 1/21/21 with the Administrative Assistant revealed FC #5 received services from partial hospitalization and sober living while she was at the facility. Interview on 1/21/21 with the MAA/HMS revealed: -She had been employed since 7/7/20 and FC #5 was the first client that had been admitted to the facility with a current order of Suboxone; -FC #5 had a current order for Suboxone to be administered 3 times daily; -She was not sure why the Medication Observation Record for FC #5 indicated the	V 116		

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V 116	Continued From page 6	V 116		

dosage as twice a day rather than 3 times a day;
-The staff met and discussed how to transport and administer the Suboxone to FC #5 without allowing the client to have the medication in her possession after the staff realized the client had taken a double dose within the first 2 days;
-She administered 1 dose of Suboxone to FC #5 while she was at the facility and it was determined that the morning, evening and weekend doses would be administered by the House Managers;
-She instructed the House Managers to pick up the Suboxone from her at the facility and transport the medication to sober living;
-House Managers were also instructed to administer the medication as ordered which included watching FC #5 for 5 minutes after administering the medication to ensure FC #5 swallowed it;
-She along with the former House Manager, and a current House Manager had expressed their concerns to the Owner regarding the House Managers transporting and administering Suboxone to FC #4.

Interview on 1/22/21 with a Licensed Clinical Addiction Specialist revealed:
-She had been employed since 3/9/20 and FC #5 was the first client that had been admitted to the facility with a current order of Suboxone;
-The House Managers had expressed during every staff meeting their concerns about transporting and administering Suboxone to FC #5;
-The doctor and two of the Owners had reassured the MAA/HMS and the House Managers that they were doing nothing wrong by transporting and administering the Suboxone to FC #5.

Interview on 2/24/21 with the Owner revealed:

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V 116	Continued From page 7 -She was aware that the MAA/HMS had been dispensing Suboxone to the House Managers to administer to FC #5; -She understood that the MAA/HMS was not allowed to dispense medications to the House Managers.	V 116		
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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 8	V 118		

This Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to assure that medications were self-administered by clients only when authorized in writing by a Physician affecting 1 of 1 audited client (#1). The findings are:

Review on 2/15/21 of client #1's record revealed:
-An admission date of 12/31/20 into partial hospitalization;
-An order dated 1/1/21 for Trazodone (used for sleep) 50 milligrams, take 1 daily;
-No documentation of a self-administer order for Trazodone.

Interview on 2/16/21 with client #1 revealed:
-She self-administered her medications;
-At the facility every week, under the supervision of the Medical Administrative Assistant/House Manager Supervisor (MAA/HMS), she retrieved her medication from the bottle for the week and secured them in her lock box;
-The rest of the medications were stored at the facility.

Interview on 1/21/21 with the MAA/HMS revealed:
-Client #1 had been self-administering Trazodone;
-All clients receiving sober living services self-administered their medications;
-Clients that were receiving services and resided in sober living were allowed no more than 1 weeks worth of medications at any time;

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V 118	Continued From page 9 -Clients were allowed to retrieve their medications from the bottles for the week under her supervision and secure them in their personal lock box; -She was not aware that there had to be a written authorization from a Physician in order for clients to self-administer their medications. Interview on 1/21/21 with the Administrative Assistant revealed: -She was unable to provide a self-administration order for client #1; -The facility Physician had been documenting in their computer system that clients were able to self-administer their medications; -She had contacted the Executive Assistant (EA) and they realized that when the facility switched computer programs in November 2020, the self-administration documentation section for the Physician was excluded; -The EA was going to ensure the self-administration documentation section was added. Interview on 2/24/21 with the Owner revealed: -She was aware that a self-administer order from a physician was required for each client; -She was not aware that the self administration section for the physician was excluded from their new computer system; -As soon as the EA was made aware of the exclusion on 1/21/21, she immediately had it added. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		