

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL038-024 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 04/01/2021 |
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| NAME OF PROVIDER OR SUPPLIER THE PASSAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 532 MOOSE BRANCH ROAD ROBBINSVILLE, NC 28771 |
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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 000 | <p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 4/1/21. The complaint was substantiated (Intake NC00169617.) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults With Mental Illness.</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 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 118 | <p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: This rule is not met as evidenced by: Based on record review and observation the facility failed to ensure medications were administered as ordered for 2 of 3 audited clients (Client #1 and Client #3). The findings are:</p> <p>Record review on 11/9/20, 11/13/20, and 3/25/21 for Client #1 revealed: -Admission date: 5/1/20 -Diagnoses: Schizoaffective Disorder-Bipolar Type; Unspecified Trauma and Stressor Related Disorder; Disruption of Family by Separation or Divorce; Relationship Distress With Spouse or Intimate Partner; Other Problems Related to Employment; Low Income.</p> <p>Observation on 11/9/20 at 10:55 AM of Client #1's medications revealed: -Bentropine Mesylate 1 milligram (mg), 1 tablet at bedtime.-Risperdal 4mg, 1 tablet 2 times per day. -Lithium Carbonate ER 300 mg, 3 tablets daily at bedtime. -Risperdal 4mg, 1 tablet 2 times per day.</p> <p>Review on 1/25/21, 1/26/21, 3/25/21, and 3/30/21 of August 2020 - November 2020 MARs and physician orders for Client #1 revealed: -Risperdal 4mg, 1 tablet 2 times per day was ordered 7/13/21 and was not administered 9/15/20. -Bentropine Mesylate 1 milligram (mg), 1 tablet at</p> | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>bedtime was ordered 7/24/20 and was not administered 9/15/20. -Lithium Carbonate ER 300 mg, 3 tablets daily at bedtime was ordered on 7/13/20 and was not administered 9/15/20.</p> <p>Record review on 11/9/20, 11/13/20, and 3/25/21 for Client #3 revealed: -Admission date: 2/7/19 -Diagnoses: Stimulant Use Disorder, Amphetamine-Type Substance Severe, Sustained Remission In Controlled Environment; Cannabis Use Disorder Mild, Remission In Controlled Environment; Schizoaffective Disorder, Bipolar Type; Unspecified Anxiety Disorder, Gastroesophageal Reflux Disease (GERD); High Cholesterol; Past history of sexual abuse in childhood; Problems related to employment; Low Income.</p> <p>Observation on 11/9/20 at 11:30 of Client #3's medications revealed: -Ortho Tri-Cyclen, 1 tablet per day.</p> <p>Review on 1/26/21 and 3/25/21 of August 2020 - November 2020 MARs and physician orders for Client #3 revealed: -Ortho Tri-Cyclen, 1 tablet per day was ordered 5/8/20 and was not administered 10/3/20 and 10/4/20.</p> | V 118 | | |