STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-169				(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R	
				к 08/18/2021	
OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
	1408 EA	ST FRANKLIN STR	REET		
	MONRO	E, NC 28112			
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
INITIAL COMMENTS	3	V 000			
An annual and follow-up survey was completed on 8/18/21. Deficiencies were cited.					
category: 10A NCAC	27G .5000 Facility Based				
27G .0209 (C) Medic	ation Requirements	V 118			
REQUIREMENTS (c) Medication admin (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ad (D) date and time the (E) name or initials or drug.	istration: on-prescription drugs shall to a client on the written thorized by law to prescribe be self-administered by thorized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. ninistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: and quantity of the drug; dministering the drug; e drug is administering the				
	CORRECTION DVIDER OR SUPPLIER RISIS RECOVERY CEI SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS An annual and follow on 8/18/21. Deficience This facility is license category: 10A NCAC Crisis Service for Ind Groups. 27G .0209 (C) Medic 10A NCAC 27G .020 REQUIREMENTS (c) Medication admin (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other I privileged to prepare (4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for are (D) date and time the (E) name or initials o drug.	IDENTIFICATION NUMBER: MHL090-169 DVIDER OR SUPPLIER STREET / PRISIS RECOVERY CENTER 1408 EA MONRO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and follow-up survey was completed on 8/18/21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals for All Disability Groups. 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 administering the drug; (C) instructions for administering 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	IDENTIFICATION NUMBER: A. BUILDING: MHL090-169 B. WING DVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS V 000 An annual and follow-up survey was completed on 8/18/21. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals for All Disability Groups. V 118 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. V 118 (2) Medications, shall be self-administered by clients only when authorized in writing by the client's physician. V (3) 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; Hedications administered to ach client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; Hedications for administering the drug; (D) instructions for administering the drug; (D) late and time the drug is administered; and (E) name, strength, and quantity of the drug; (D) instructions for administering the drug;	CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL090-169 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE RISIS RECOVERY CENTER 1408 EAST FRANKLIN STREET WONROE, NC 28112 D SUMMARY STATEMENT OF DEFICIENCIES ID REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX CREACH CORRECTIVE ACIT INITIAL COMMENTS V 000 An annual and follow-up survey was completed on 8/18/21. Deficiencies were cited. V 000 An annual and follow-up survey was completed on 8/18/21. Deficiencies were cited. V 118 100 A NCAC 27G .0209 MEDICATION V 118 101 A NCAC 27G .0209 MEDICATION C) Medication Requirements V 118 102 NCAC 27G .0209 MEDICATION C) Medications shall be self-administered by clients only when authorized by law to prescribe drugs. V 118 (2) Medication shall be self-administered by clients only when authorized persons and privileged to prepare and administered and administered on administered on administered administer medications. A 4 Addication Administration Record (MAR) of all drugs administered to a client on the writen order of a person administered by and administered administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to ach client must be kept current. Medications for administreation. The MAR is to include	CORRECTION IDENTIFICATION NUMBER: A BUILDING:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-169			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 08/18/2021	
		B. WING				
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ONROE	CRISIS RECOVERY CEI	NTER	ST FRANKLIN STR	EET		
			E, NC 28112			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 1	V 118			
	with a physician.					
	This Dula is maturat					
	This Rule is not met	as evidenced by: /iew, observations and				
		/ failed to ensure MARS				
	were kept current an					
	clients(#2, #3). The fi	indings are:				
	Finding #1:					
		f client #2's record revealed:				
	-admission date of 8/					
	-diagnoses of Alcoho	I Use D/O Severe and				
		with alcohol induced anxiety				
	disorder;					
		ated 8/12/21 for the following e 100mg one tablet daily				
		ocol, Folic Acid 0.4mg three				
	tablets daily while on	-				
R	Pedialyte 1L twice da	aily for two days.				
	Deview on 9/17/21 of	nd 9/19/21 of aliant #21a				
	MARs from 8/12/21 a	nd 8/18/21 of client #2's 3/17/21 revealed:				
		e tablet daily dosing date left				
	blank for 8/15/21 with					
	documented;					
	-	ee tablets daily dosing date				
	left blank for 8/15/21 documented;	with no explanation				
	-	aily for two days documented				
	as administered once					
		8/14/21 with no explanation				
	documented.					
	Interview on 8/17/21	with client #2 revealed:				
ion of Her	alth Service Regulation		I			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	MHL090-169		B. WING		08	R 3/18/2021
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
MONROE	CRISIS RECOVERY CEI	NTER	ST FRANKLIN STR E, NC 28112	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 2	V 118			
	•	d him some medications; anxiety and for his stomach; escribed.				
	revealed;	with the day shift Nurse Pedialyte when he first				
-r tr -u ta -s tit	-he did not like the taste so he went to Gatorade that is in the dining room; -usually a note on MAR to indicate why he did not					
	take the Pedialyte; -should be circled and a note put under section titled "Omissions/Exceptions;" -was here working with the agency nurse on					
	Sunday; -using agency nurses	s due to staffing issues;				
	Folic Acid was for clie	her where the Thiamine and ent #2; ministered by the agency				
		ency nurse did not document				
	it on the MAR for clie -plan to address it wi	-				
	Finding #2: Review on 8/17/21 of -admission date of 8/ -diagnosis of Alcohol					
	-physician's order da twice daily for two da	ted 8/13/21 for Pedialyte 1L ys.				
	MAR from 8/31/21-8/ -Pedialyte 1L twice d	nd 8/18/21 of client #3's 17/21 revealed: aily for two days documented on 8/13/21 and once on				
	8/14/21 with no expla					
		with client #3 revealed: ere prescribed for him;				

				(X3) DATE SURVEY COMPLETED		
		A. BUILDING:	:		R	
MHL090-169		B. WING		08	/18/2021	
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
CRISIS RECOVERY CEI	NTER		EET			
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETI DATE	
Continued From page 3		V 118				
-got his medications	as prescribed.					
revealed: -client #3 took Pedial switch to Gatorade a -not sure why it was instead of leaving a b	yte in the am and wanted to fter that. not noted on the MAR for this plank with nothing					
10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	3 LOCATION AND EMENTS ts grounds shall be clean, attractive and orderly	V 736				
Based on observation was not maintained in and orderly manner.	ns and interviews, the facility n a safe, clean, attractive The findings are:					
-walls throughout the and scratches; -women's bathroom: bathroom, floor tiles I damage to floor bene not use shower; -Room #11 had a sig	facility had marks, stains shower on right side of have come up and water eath. Sign on door says do n on door that says, "Room					
	ROVIDER OR SUPPLIER CRISIS RECOVERY CEI SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag -got his medications Interview on 8/18/21 revealed: -client #3 took Pedial switch to Gatorade a -not sure why it was instead of leaving a b documented in the of MAR. 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe, manner and shall be odor. This Rule is not met Based on observatio was not maintained i and orderly manner. Observations on 8/18 -walls throughout the and scratches; -women's bathroom: bathroom, floor tiles I damage to floor benernor not use shower; -Room #11 had a sig closed until further no	IDENTIFICATION NUMBER: INHL090-169 ROVIDER OR SUPPLIER STREET / CRISIS RECOVERY CENTER 1408 EA MONRO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 -got his medications as prescribed. Interview on 8/18/21 with the day shift Nurse revealed: -client #3 took Pedialyte in the am and wanted to switch to Gatorade after that. -not sure why it was not noted on the MAR for this instead of leaving a blank with nothing documented in the omissions/exceptions on the MAR. 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 8/18/21 at 12:40pm revealed: -walls throughout the facility had marks, stains and scratches; -women's bathroom: shower on right side of bathroom, floor tiles have come up and water damage to floor beneath. Sign on door says do	IDENTIFICATION NUMBER: A. BUILDING: MHL090-169 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE CRISIS RECOVERY CENTER 1408 EAST FRANKLIN STR MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 3 V 118 -got his medications as prescribed. Interview on 8/18/21 with the day shift Nurse revealed: V 118 -client #3 took Pedialyte in the am and wanted to switch to Gatorade after that. -not sure why it was not noted on the MAR for this instead of leaving a blank with nothing documented in the omissions/exceptions on the MAR. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 8/18/21 at 12:40pm revealed: -walls throughout the facility had marks, stains and scratches; -women's bathroom: shower on right side of bathroom, floor tiles have come up and water damage to floor beneath. Sign on door says do not use shower; -Room #11 had a sign on door that says, "Room closed until further notice." Bed pulle	F CORRECTION DENTIFICATION NUMBER: A. BUILDING: MHL090-163 B. WING CRUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CRUSIS RECOVERY CENTER 1408 EAST FRANKLIN STREET MONROE, NC 28112 VIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EAST FRANKLIN STREET MONROE, NC 28112 VIDER OR DEFICIENCY OR LISC IDENTIFYING INFORMATION) ID PREFX (COSS-REFERENCED T DEFICIE Continued From page 3 V 118 -got his medications as prescribed. Interview on 8/18/21 with the day shift Nurse revealed: -client #3 took Pedialyte in the am and wanted to switch to Gatorade after that. -not sure why it was not noted on the MAR for this instead of leaving a blank with nothing documented in the omissions/exceptions on the MAR. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 8/18/21 at 12:40pm revealed: -walls throughout the facility had marks, stains and scratches; -worms's bathroom: shower on right side of bathroom, floor Usenaths. Sign on door says do not use shower; -Room #11 had a sign on door that says, "Room closed until furth	F CORRECTION IDENTIFICATION NUMBER: A BUILDING: 000000000000000000000000000	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-169		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		B. WING		08	/18/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
IONROE	CRISIS RECOVERY CEN	NTER	ST FRANKLIN STR E, NC 28112	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 4	V 736			
	soft and unsteady wh -men's bathroom: hug wall behind the urinal extended to behind th was patched with ma and brown. Several h unpainted wall. Also wall tot the left of the bathroom. Interview on 8/18/21 Worker revealed:	age on floor. The floor was nen stepped on; ge unpainted area on the l in the stall to the left and he toilet in the next stall. Wall aterial in colors of white, blue handwritten words on the a blue patch of unpainted door to enter the men's with the Crisis Recovery ut of the shower in the				
	women's bathroom a -now can't use that sl -the water damage g bathroom which is Ro -water damage to the use the room; -the men's bathroom she started her job a	nd damaged the floor; hower; oes into the room next to oom #11; e floor of Room #11 and can't wall has been like that since year ago; tors come, inspect and				
	and Facility Based C revealed: -the building used to -was not intended to -higher utilization tha -the current LME/MC	have this much heavy use; n once thought; O owns the building; O is taking over September leted for repair work;				

Division of Health Service Regula STATE FORM

6899