

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-352</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BRIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2442 SANDHURST COURT GASTONIA, NC 28054</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed 9/29/21. The complaints were unsubstantiated (Intake # NC00180085). Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 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</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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe drugs affecting 2 of 2 audited clients (client #1 and client #2). The findings are:</p> <p>Review on 9/28/21 of client #1's record revealed: - Admission date 6/14/21; - Diagnoses of Disruptive Mood Dysregulation Disorder and Post Traumatic Stress Disorder; - Age 13.</p> <p>Review on 9/28/21 of client #1's July, August and September 2021 MAR revealed: - No signed physicians order for the following: guanfacine(ADHD) 1mg(milligram) 1 tab (tablet) each morning and each evening, loratadine(allergy symptoms) 10mg 1 tab each morning, Ibuprofen(pain reliever) 400mg 1 tab as needed, hydroxyzine pamoate(allergies) 25mg 1 tab as needed, pro air(inhaler) 90mcg(microgram) 2 puffs as needed; - September 2021 MAR revealed topiramate(prevent seizure) 50mg 1 tab each evening was discontinued on 9/8/21; - No physicians order to discontinue topiramate 50mg 1 tab each evening. - Medications listed on the September 2021 MAR were as follows: sertraline(depression) 50mg 1</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>tab each morning, guanfacine 1mg 1 tab each morning and each evening, oxcarbazepine(seizure) 300mg 1 tab each morning and each evening, loratadine 10mg 1 tab each morning, topiramate 50mg 1 tab each evening, aripiprazole(depression) 10mg 1 tab each evening, ibuprofen 400mg 1 tab as need, hydroxyzine pamoate 25mg 1 tab as needed, pro air 90mcg 2 puffs as needed.</p> <p>Review on 9/28/21 of client #2's record revealed: - Admission date 7/26/21; - Diagnoses of Disruptive Mood Dysregulation Disorder and Persistent Depressive Disorder; - Age 16.</p> <p>Review on 9/28/21 of client #2's July, August, and September 2021 MAR revealed: -No signed physicians order for the following: lexapro(depression) 5mg 1 tab each morning, famotidine(antacid) 20mg 1 tab each morning and evening, melatonin(sleep aid) 1mg 3 tab as need, Ibuprofen(pain reliever) 200mg 1 tab as need; - September 2021 MAR revealed altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed were discontinued on 9/2/21; - No physicians order to discontinue altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed. -Medications listed on the September 2021 MAR are as follows: lexapro 10mg 1 tab each morning, lexapro 5mg 1 tab each morning, altavera 0.15mg/0.03mg 1 tab each morning, famotidine 20mg 1 tab each morning and evening, melatonin 1mg 3 tab as need, Ibuprofen 200mg 1 tab as need, benadryl 25mg 1 tab as needed.</p> <p>Observation on 9/28/21 at 3:35pm of client #1's</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>medication with pharmacy dispensed date revealed: - Sertraline 50mg 1 tab each morning dispensed 9/9/21, guanfacine 1mg 1 tab each morning and each evening dispensed 9/9/21, oxcarbazepine 300mg 1 tab each morning and each evening dispensed 9/9/21, loratadine 10mg 1 tab each morning dispensed 9/9/21, aripiprazole 10mg 1 tab each evening dispensed 9/9/21, Ibuprofen 400mg 1 tab as need OTC (over the counter) dispensed 8/10/21, hydroxyzine pamoate 25mg 1 tab as needed dispensed 6/14/21, pro air 90mcg dispensed 9/9/21.</p> <p>Observation on 9/28/21 at 3:00pm of client #2's medication with pharmacy dispensed date revealed: - Lexapro 10mg 1 tab each morning dispensed 9/17/21, Lexapro 5mg 1 tab each morning dispensed 9/17/21, famotidine 20mg 1 tab each morning and evening dispensed 9/1/21, melatonin 1mg 3 tab as need OTC, ibuprofen 200mg 1 tab as need OTC,</p> <p>Interview on 9/28/21 with the Director/Licensee revealed: -When asked to provide the signed medication orders for clients #1 and #2, the Director/Licensee revealed she did not have any signed physicians orders at the facility for review and was having a hard time getting signed orders from the provider.</p> <p>Interview and record review on 9/29/21 with the Director/Licensee revealed: -Provided signed orders dated for 9/29/21 for client #1 as follows: pro air 90mg 2 puffs as needed, hydroxyzine pamoate 25mg 1 tab as needed, Ibuprofen 400mg 1 tab as needed,</p>	V 118		

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V 118	Continued From page 4  loratadine 10mg 1 tab, guanfacine 1mg 1 tab and discontinue order to stop topiramate 50mg 1 tab each evening effective 9/8/21; - Provided signed orders dated 9/29/21 for client #2 as follows: escitalopram(Lexapro) 5mg 1 tab with 10mg 1 tab in the morning, ibuprofen 200mg prn start on 9/1/21, famotidine 20mg 1 in the morning and evening start 9/1/21, melatonin 3mg at bedtime as needed, discontinue benadryl on 8/19/21, discontinue altavera birth control pills on 9/1/21; - She had difficulty getting signed orders but did so on 9/29/21 after the orders were requested by Division of Health Service Regulation Surveyor.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to an offer of employment affecting 3 of 3 staff (staff #1, staff #2, Qualified Professional). The findings are:	V 131		

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V 131	<p>Continued From page 5</p> <p>Review on 9/28/21 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire 2/1/21;</li> <li>- Job description of Direct Care Worker;</li> <li>- HCPR report was dated on 8/9/21.</li> </ul> <p>Review on 9/28/21 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire 2/1/21;</li> <li>- Job description of Direct Care Worker;</li> <li>- HCPR report was dated on 8/9/21.</li> </ul> <p>Review on 9/28/21 of Qualified Professional's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Date of Hire 12/16/20;</li> <li>-Job description of Qualified Professional;</li> <li>- HCPR report was dated on 1/7/21.</li> </ul> <p>Interview on 9/28/21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> <li>- Accessed the HCPR prior to August 2021;</li> <li>- The HCPR reports were printed in August and that was the reason for the August date;</li> <li>- Unable to provide proof of accessing the HCPR prior to August 2021;</li> <li>- Plan to start printing out the HCPR reports the date it is accessed.</li> </ul>	V 131		