

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH F	STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on 10/15/21. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 NonHospital Medical Detoxification for Individuals Who Are Substance Abusers and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and</p>	V 105		

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

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V 105	Continued From page 1 recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure adoption of standards that assured operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS V107 Based on records review and interviews, the facility failed to maintain a personnel file with signed job descriptions and trainings for 2 of 3 current contract staff(Contract Nurse#1(CN#1), Contract Staff#4(CS#4)) and 1 of 1 former staff (Former Contract Nurse#3(FCN#3)).</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS V108 Based on records review and interviews, the facility failed to ensure staff completed trainings in general organizational orientation, client rights and confidentiality, the MH/DD/SA(Mental Heath/Developtmental Disability/Substance Abuse) needs of the client as specified in the treatment/habilitation plan and infectious diseases and bloodborne pathogens for 3 of 3 current contract staff(Contract Nurse #1(CN#1, Contract Nurse #2(CN#2), Contract Staff #4(CS#4)) and 1 of 1 former contract staff(Former Contract Nurse#3(FCN#3)).</p> <p>Cross Reference: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS V109 Based on records review and interviews, the facility failed to ensure 1 of 2 Qualified Professionals (Director of Adult Treatment Services(DATS)) demonstrated competency for the population served.</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V118 Based on records review, observations and interviews, the facility failed to ensure 1 of 1 former contract staff(Former Contract Nurse #3(FCN#3)) demonstrated competency in medication administration and failed to administer medications as ordered affecting 3 of 3 former clients(FC#3, FC#4, FC#5).</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V119 Based on records review, observations and interviews, the facility failed to ensure all medications were disposed of in a manner that guarded against diversion affecting 3 of 3 former clients(FC#3, FC#4, FC#5).</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V123 Based on records review and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist and an entry of the drug administered and the drug reaction were properly recorded in the drug record affecting 2 of 3 former clients(FC#4, FC#5).</p> <p>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS V366 Based on records review and interviews, the facility failed to ensure the health and safety needs of the individuals involved in the incident, failed to develop and implement corrective measures and failed to maintain documentation.</p> <p>Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR</p>	V 105		

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V 105	<p>Continued From page 4</p> <p>CATEGORY A AND B PROVIDERS V367 Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME(Local Management Entity) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident.</p> <p>Review on 10/14/15 of the Plan of Protection dated 10/14/15 completed by the Director of Compliance and Quality Improvement revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? 1. Ensure expired medications is removed timely 2. Revise hiring practices for temps to ensure we are meeting the standards/requirements 3. Ensure we complete documentation for Incident Reports to include all applicable issues and clients involved are identified and appropriate actions have/will take plan including any applicable follow-up." -"Describe your plans to make sure the above happens. 1. We have reviewed our medication at hand and have verified no expired medications exists. We will review this audit with our team to make staff aware of the issues identified and reiterate our policy which requires examination and removal of expired product(completed 10/14/21) 2. Any Temporary staff will receive orientation, Human Resources records will be handled the same way as permanent staff including verifying credentials. Trainings will be documented and added to their HR file (Target completion date is 10/15/21) 3. Review with all applicable staff the state requirements for completing Incident Reports to include an emphasis on ensuring events and people involved are appropriately documented and steps requiring follow up are done as</p>	V 105		

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V 105	<p>Continued From page 5</p> <p>applicable. This will include patient notifications as appropriate (Target completion date is 10/15/21)."</p> <p>The facility entered into a contract with a contract staffing agency on 1/7/21. The facility did not maintain personnel records for the contract staff and did not train the contract staff in any of the required areas. FC#3, FC#4 and FC#5 had substance abuse diagnoses and were scheduled for TB tests on 8/5/21. FCN#3 injected FC#3, FC#4 and FC#5 under the skin with expired flu vaccine solution instead of the TB test solution. The medication errors for FC#4 and FC#5 were not identified at the time of the incident on 8/5/21 and no measures were put in place to ensure the health and safety of FC#4 and FC#5. No incident reports were completed regarding the medication errors for FC#4 and FC#5, and there was no documentation of corrective and preventive actions put in place to correct the situation. The DATS had knowledge FCN#3 committed three medication errors regarding former clients who received the expired flu vaccine in place of the TB test but was not able to identify FC#4 and FC#5. The DATS was also unable to produce any documentation regarding the medication errors. FC#4 and FC#5 were not identified as receiving the expired flu vaccine solution until 10/8/21 during the survey. FC#4 and FC#5 were not aware they had received the expired flu vaccine instead of the TB test. The lack of personnel records and training for the contract staff, the lack of decision-making on the part of the DATS, the medication errors committed by the FCN#3 involving FC#3, FC#4 and FC#5, the lack of disposal of expired medications, the lack of documentation of the medication errors and the lack of follow-up to attend to the health and safety of FC#4 and FC#5 constitutes a Type A2 rule</p>	V 105		

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V 105	Continued From page 6 violation for substantial risk for serious harm and serious neglect and must be corrected within 23 days. A penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day is imposed for each day the facility is out of compliance beyond the 23rd day.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. (b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility: (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a	V 107		

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V 107	<p>Continued From page 7</p> <p>decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to maintain a personnel file with signed job descriptions and trainings for 2 of 3 current contract staff(Contract Nurse#1(CN#1), Contract Staff#4(CS#4)) and 1 of 1 former staff (Former Contract Nurse#3(FCN#3)). . The findings are:</p> <p>Review on 10/14/21 of a "Facility Staffing Agreement" contract between the facility and a contract staffing agency revealed: -agreement entered by the facility on 1/7/21; -signed by the facility's Vice President of Finance on 2/17/21; -agreement effective for one year; -"[the contract staffing agency] will upon request by FACILITY, provide one or more licensed healthcare providers i.e. LPNs(Licensed Practical</p>	V 107		

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V 107	<p>Continued From page 8</p> <p>Nurses), LVNs(Licensed Vocational Nurses), RNs(Registered Nurses), CNAs(Certified Nursing Assistant) or other non-clinical personnel (Non-Clinical Personnel) as specified by FACILITY (collectively Personnel) for supplemental staffing services;"</p> <p>-"The FACILITY requires that [the contract staffing agency] provides nurses that have an unrestricted state license, a copy of this liscnes in addition to a CPR(cardiopulmonary resuscitation) certificate and copies of the nurse's Urine Drug Screen Results;"</p> <p>-"Article 3. Responsibilities of FACILITY. Section 3.1...Orientation. FACILITY will promptly provide [the contract staffing agency] Personnel with an adequate and timely orientation to FACILITY. FACILITY shall review instructions regarding confidentiality(including patient and employee) and orient [the contract staffing agency] Personnel to the specific Exposure Control Plan of FACILITY as it pertains to OSHA(Occupational Safety and Health Administration) requirements for bloodborne pathogens, as well as any of FACILITY'S specific policies and procedures provided to [the contract staffing agency] for such purpose."</p> <p>Finding #1 Interview on 10/6/21 with the Director of HR(Human Services) revealed: -FCN#3 only worked here for five days; -FCN#3 came from a contract staffing agency; -have FCN#3's resume; -the Director of Adult Treatment Services(DATS) "probably" has FCN#3's nursing license; -will send the information that HR has on FCN#3; -have never kept personnel records on contract staff but "can move forward to implement that."</p> <p>Review on 10/7/21 of personnel information on</p>	V 107		

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V 107	<p>Continued From page 9</p> <p>FCN#3 presented throughout the survey by the Director of HR revealed: -hire date of 7/29/21; -termination date of 8/10/21; -Licensed Professional Nurse(LPN); -current LPN nursing license with expiration date of 3/31/22; -copy of FCN#3's resume; -no signed job description was produced; -no personnel record was produced.</p> <p>Attempted interview with FCN#3 was unsuccessful as FCN#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21 and FCN#3 did not respond to an email sent on 10/8/21.</p> <p>Finding #2: Interview on 10/13/21 with the Director of Compliance and Quality Improvement revealed the facility had not used any other contract staff in the last 6 months.</p> <p>Interview on 10/14/21 with the Director of Compliance and Quality Improvement revealed: -the facility has used contract staff; -was confused about the time frame requested; -will request from HR personnel records on the additional contract staff.</p> <p>Review on 10/15/21 of CN#2's personnel record revealed: -hire date of 10/6/21; -current LPN license with expiration date of 7/28/22; -no signed job description.</p> <p>Review on 10/15/21 of CS#4's personnel record revealed: -hire date of 8/2/21;</p>	V 107		

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V 107	Continued From page 10 -job title of Residential Technician; -job description not signed until 10/15/21. This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	<p>Continued From page 11</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff were provided trainings in general organizational orientation, client rights and confidentiality, training to meet the needs of the client as specified in the treatment/habilitation plan, infectious diseases and bloodborne pathogens for 3 of 3 current contract staff(Contract Nurse #1(CN#1), Contract Nurse #2(CN#2), Contract Staff #4(CS#4)) and 1 of 1 former contract staff(Former Contract Nurse(FCN#3)). The findings are:</p> <p>Review on 10/14/21 of a "Facility Staffing Agreement" contract between the facility and a contract staffing agency revealed: -agreement entered by the facility on 1/7/21; -signed by the facility's Vice President of Finance on 2/17/21; -agreement effective for one year; -"[the contract staffing agency] will upon request by FACILITY, provide one or more licensed healthcare providers i.e. LPNs(Licensed Practical Nurses), LVNs(Licensed Vocational Nurses), RNs(Registered Nurses), CNAs(Certified Nursing Assistant) or other non-clinical personnel (Non-Clinical Personnel) as specified by FACILITY (collectively Personnel) for supplemental staffing services;" -"The FACILITY requires that [the contract staffing agency] provides nurses that have an unrestricted state license, a copy of this liscnes in</p>	V 108		

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V 108	<p>Continued From page 12</p> <p>addition to a CPR(cardiopulmonary resuscitation) certificate and copies of the nurse's Urine Drug Screen Results;"</p> <p>"Article 3. Responsibilities of FACILITY. Section 3.1...Orientation. FACILITY will promptly provide [the contract staffing agency] Personnel with an adequate and timely orientation to FACILITY. FACILITY shall review instructions regarding confidentiality(including patient and employee) and orient [the contract staffing agency] Personnel to the specific Exposure Control Plan of FACILITY as it pertains to OSHA(Occupational Safety and Health Administration) requirements for bloodborne pathogens, as well as any of FACILITY'S specific policies and procedures provided to [the contract staffing agency] for such purpose."</p> <p>Finding #1 Interview on 10/6/21 with the Director of HR(Human Services) revealed: -FCN#3 only worked here for five days; -FCN#3 came from a contract staffing agency; -have FCN#3's resume; -the Director of Adult Treatment Services(DATS) "probably" has FCN#3's nursing license; -will send the information that HR has on FCN#3; -have never kept personnel records on contract staff but "can move forward to implement that."</p> <p>Review on 10/7/21 of personnel information on FCN#3 presented throughout the survey by the Director of HR revealed: -hire date of 7/29/21; -termination date of 8/10/21; -Licensed Professional Nurse(LPN); -current LPN nursing license with expiration date of 3/31/22; -copy of FCN#3's resume; -no documentation of completed trainings in</p>	V 108		

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V 108	<p>Continued From page 13</p> <p>general organizational orientation, client rights and confidentiality, the needs of the client as specified in the treatment/habilitation plan, infectious diseases and bloodborne pathogens.</p> <p>Interview on 10/4/21 and 10/11/21 with the DATS revealed: -FCN#3 was from a contract agency; -FCN#3 worked at the facility a week and a half; -contract nursing staff go through training with the RN(Registered Nurse); -contract nursing staff shadows the RN and trains with the RN on the RN's shift for a period of time until the RN feels contract nursing staff are ready to work independently; -determined not to use FCN#3 again in that contract; -RN is currently out on leave.</p> <p>A request was made on 10/11/21 for documentation of the trainings the RN completed with FCN#3. No documentation was produced.</p> <p>Attempted interview with FCN#3 was unsuccessful as FCN#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21 and FCN#3 did not respond to an email sent on 10/8/21.</p> <p>Finding #2: Interview on 10/13/21 with the Director of Compliance and Quality Improvement(CQI) revealed the facility had not used any other contract staff in the last 6 months.</p> <p>Interview on 10/14/21 with the Director of CQI revealed: -the facility has used contract staff; -was confused about the time frame requested; -will request from HR the personnel records on</p>	V 108		

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V 108	<p>Continued From page 14</p> <p>the additional contract staff.</p> <p>Review on 10/15/21 of CN#1's personnel record revealed: -hire date of 10/6/21; -current LPN license with expiration date of 8/31/22; -no documentation of completed trainings in the needs of the client as specified in the treatment/habilitation plan, infectious diseases and bloodborne pathogens.</p> <p>Review on 10/15/21 of CN#2's personnel record revealed: -hire date of 10/6/21; -current LPN license with expiration date of 7/28/22; -no documentation of completed trainings in the needs of the client as specified in the treatment/habilitation plan, infectious diseases and bloodborne pathogens.</p> <p>Review on 10/15/21 of CS#4's personnel record revealed: -hire date of 8/2/21; -job title of Residential Technician; -no documentation of completed trainings in the needs of the client as specified in the treatment/habilitation plan, infectious diseases and bloodborne pathogens.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 108		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF</p>	V 109		

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V 109	<p>Continued From page 15</p> <p>QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p>	V 109		

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V 109	<p>Continued From page 16</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 1 of 2 Qualified Professionals (Director of Adult Treatment Services(DATS)) demonstrated competency for the population served. The findings are:</p> <p>Review on 10/4/21 of the DATS's personnel record revealed: -hire date of 10/26/20; -job title of Director of Adult Treatment Services; -Licensed Clinical Addiction Specialist(LCAS); -documentation of completed trainings in Client Rights, Confidentiality and Group/Family Therapy dated 10/26/20.</p> <p>Review on 10/7/21 of personnel information on FCN#3(Former Contract Nurse #3) provided by the Director of HR(Human Services) revealed: -hire date of 7/29/21; -termination date of 8/10/21; -Licensed Professional Nurse(LPN); -copy of FCN#3's current license with expiration date of 3/31/22;</p> <p>Review on 10/13/21 of a unsigned LPN job description revealed: -"Job Title: Licensed Practical Nurse - Residential;" -"Job Code: Technician;" -"Reports To: Director of Adult Treatment Services(DATS)."</p> <p>Review on 10/4/21 of the facility's incident reports from 7/1/21 to 10/4/21 revealed an incident report dated 8/5/21 and completed by the FCN#3 documented FCN#3 injected Former Client #3(FC#3) with a flu vaccine instead of the TB(tuberculosis) serum for a TB test.</p>	V 109		

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V 109	<p>Continued From page 17</p> <p>Interview on 10/4/21 with the DATS revealed: -been here since 10/2020; -Clinical Director of Residential and Outpatient Services; -have a Program Manager(PM) who is 4th floor immediate supervisor; -the PM does the day to day operations; -he does all the clinical duties, staffing cases and chart reviews; -had a LPN from a contract agency working at the facility; -she was here a week and a half, -the RN(Registered Nurse) had asked her to give TB tests to clients in residential services; -FCN#3 "somehow grabbed flu vaccine with TB serum and injected the flu vaccine in place of TB serum;" -contacted poison control and the medical director; -determined not to use FCN#3 again; -during the interview, there was no mention of any additional medication errors.</p> <p>Interview on 10/7/21 with the Director of HR(Human Resources) Director revealed: -FCN#3 came from a contract agency; -worked at the facility for five days; -the DATS has initial contact with the contract agency; -can send an email from the DATS to the contract agency regarding concerns why no longer using FCN#3.</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS to the Business Developmental Manager of the local contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional</p>	V 109		

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V 109	<p>Continued From page 18</p> <p>details. Due to this I would like to move forward with stopping [FCN#3's] role with McLeod Center;"</p> <p>- "She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/8/21 with the Vice President(VP) of Operations revealed:</p> <ul style="list-style-type: none"> -was trying to identify the other two clients referred to in the email who received flu shots instead of TB tests; -was aware of the medication error with FC#3 but was not aware of any other medication errors; -the DATS told her he did not remember the other two clients' names; -the PM stated she did not remember two other clients who received flu vaccine instead of TB test; -went through all the incident reports and saw nothing; -plan to go through all the records and find the other two clients. <p>Further interview on 10/8/21 with the VP of Operations revealed:</p> <ul style="list-style-type: none"> -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on forms. -their names' are Former Client #4(FC#4) and Former Client #5(FC#5). <p>Interview on 10/11/21 with the PM revealed:</p> <ul style="list-style-type: none"> -been in this position since 2/8/21; -been with McLeod 17 1/2 years; -got a new director in 10/2020; -DATS is her supervisor; 	V 109		

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V 109	<p>Continued From page 19</p> <ul style="list-style-type: none"> -the RN told her what happened with FC#3; -the RN said she took the old flu vaccine out because it was expired to get rid of it; -FCN#3 gave FC#3 the old flu vaccine instead of the TB serum for the TB test; -poison control and the facility's physician were notified; -the PM talked to DATS when it happened and asked him "where do we go from here;" -DATS said "he would take care of it;" -FCN#3 did not say anything about more than one client and never said any other names; -she knew about FC#3; -the RN said, "it could have been more;" -the RN caught the medication error on FC#3; -first time ever used contract staff before. <p>Further interview with the DATS on 10/11/21 revealed:</p> <ul style="list-style-type: none"> -when have a position not able to fill, will work with contract agencies for staff; -the facility's hiring director manager reaches out to the contract agencies to let them know aspects of the job; -the contract agency sends applicants who might be appropriate; -the contract agency and McLeod agree on a person; -combination of himself and the RN would talk about it and decide which person to hire; -typically look for experience working in a substance abuse facility but not a requirement for a contract staff; -if looking for a full time position will look for a background in substance abuse; -FCN#3 had worked in correctional facilities; "I am sure it has a substance abuse component to it so I felt she was qualified;" -the medication error "happened in a convoluted way;" 	V 109		

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V 109	<p>Continued From page 20</p> <ul style="list-style-type: none"> - "My assumption [FCN#3] informed the RN, who told [the PM] who instructed them what is to be done;" - "[The PM] brought it to me;" - followed up once he heard back from the facility physician; - the clients were notified as well; - was told that the RN had asked FCN#3 to give the TB tests to some clients; - FCN#3 injected the flu vaccine in the same site where the TB test was supposed to go; - FCN#3 did not notify the clients right away and then notified the RN; - "we notified each individual client on a one on one basis;" - "can't remember other two names;" - "we were able to tell on the form you document the TB serum and we were able to google it and it was the flu vaccine and it wasn't the TB serum;" - "lot number at the bottom of the TB test form, nurse would look at vial and it has the lot number, expiration number and all the information is on there;" - "supposed to double and triple check right dose and medication;" - "was not done or done way too quickly;" - "each individual vial(of medicine) has a different lot number;" - "that's how we figured out the other two clients(FC#4, FC#5) on Friday(10/8/21);" "I am a little confused looking back at it, did not happen the way it should've;" - "Clearly documented for [FC#3] but not for the other two;" - remembered it was three clients; - "When we went back, we could not locate the documentation;" - FCN#3 did not complete the documentation; - "We have looked and could not find a nursing note in the electronic system for those two 	V 109		

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V 109	<p>Continued From page 21</p> <p>individuals(FC#4, FC#5);" -"was not anything in the shift notes about monitoring clients for the wrong shot entered by [FCN#3]."</p> <p>Interview on 10/8/21 with FC#4 revealed: -got a TB test while at McLeod; -it was fine; -no swelling and no redness; -no one said anything to her about her TB test; -FC#3 was her roommate; -no knowledge of any other clients except FC#3 having issues with their TB tests.</p> <p>Interview on 10/8/21 with FC#5 revealed: -got a TB test when he was at McLeod; -no swelling and no redness; -no one said anything to him about any issues with his TB test; -there was a client there who had "really bad reaction" to the TB test; -her name was FC#3; -only client he remembers who had a bad reaction or issue with the TB test.</p> <p>Attempted interview with FCN#3 was unsuccessful as FCN#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21 and FCN#3 did not respond to an email sent on 10/8/21.</p> <p>Attempted interview with FC#3 was unsuccessful as FC#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 109		

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V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 10/4/21 of the facility's fire and disaster drills from 10/1/20-10/4/21 revealed: -no documentation of fire drills from 7/1/21-10/4/21; -no documentation of disaster drills from 7/1/21-10/4/21; -no documentation of fire or disaster drills from 10/1/2020-12/31/2020.</p> <p>Interview on 10/4/21 with staff #1 revealed -been here since July 2021; -done fire and disaster drills; -did a tornado drill the other day;</p>	V 114		

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V 114	Continued From page 23 -if there was a weather warning, actually did a drill. Interview on 10/4/21 with the Director of Facilities Operations revealed: -there were no drills done in 2020; -the person who was in charge of the drills in 2020 did not do them; -that person was no longer here; -there was no documentation for the 2020 drills; -sometime in 12/2020 he was given the responsibility of the drills; -met with the people regarding the drills in 1/2021; -all fire and disaster drills are done quarterly.	V 114		
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;	V 118		

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V 118	<p>Continued From page 24</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure 1 of 1 former contract staff (Former Contract Nurse(FCN#3)) demonstrated competency in medication administration and failed to administer medications as ordered affecting 3 of 3 former clients(FC#3, FC#4, FC#5). The findings are:</p> <p>Finding #1: Review on 10/6/21 of FC#3's record revealed: -admission date of 7/21/21; -discharge date of 8/18/21; -diagnosis of Stimulant Use Disorder.</p> <p>Review on 10/4/21 of an incident report dated 8/5/21 regarding FC#3 and completed by FCN#3 revealed the following documented; -incident was a medication error; -client injury was redness and swelling to the left forearm; -FC#3 was in the medical office for a TB(tuberculosis) test at 10:35am; -FC#3 "was given wrong medication which was</p>	V 118		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH F	STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217
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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 118	<p>Continued From page 25</p> <p>influenza .1mg in left forearm intradermally;"</p> <p>-after five minutes, [FC#3] returned to medical office with complaints of redness and slight induration at injected site;"</p> <p>-"Vital signs obtained: 120/86, 95p(pulse), r16(respiration), 97.3, 97% denies shortness of breath alert and oriented x 3;"</p> <p>-"Poison control notified incident explained, no measures given other than monitor [FC#3] and injection site at this time;"</p> <p>-"MD(Medical Director) also notified of incident with no new orders given other to monitor [FC#3's] injection site for any signs of increased redness and swelling at site;"</p> <p>-"[FC#3] rechecked at 1345(1:45pm) no more swelling and redness decreased;"</p> <p>-incident report completed by FCN#3.</p> <p>Interview on 10/6/21 with the Director of Adult Treatment Services(DATS) revealed:</p> <ul style="list-style-type: none"> -only keep TB tests now; -only other time, have insulin solutions kept in refrigerator for specific clients; -do not store flu vaccines anymore; -not ordered any new flu vaccines; -don't remember if flu vaccines were in boxes or vials. <p>Observation on 10/6/21 at 1:35pm of a locked metal box from the refrigerator located in the facility's medical office revealed:</p> <ul style="list-style-type: none"> -four boxes of "Tuberculin Purified Protein Derivative (Mantoux) 5 TU/0.1ML(Milliliter) intradermally;" -ten vials in each box and one loose vial of "Tuberculin Purified Protein Derivative (Mantoux) 5 TU/0.1ML" in the bottom of the locked metal box; -no flu vaccines in the locked metal box. 	V 118		

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V 118	<p>Continued From page 26</p> <p>Observation on 10/11/21 at 11:42am of flu vaccines produced by the Program Manager(PM) revealed:</p> <ul style="list-style-type: none"> -one clear plastic bag had three boxes of "Influenza Vaccine Fluzone Quadrivalent" with ten single dose vials in each box; -0.5ml in each vial for "intramuscular injection only" with an expiration date of 6/30/21; -one box was open with one vial with purple seal missing but full solution in vial; -second clear plastic bag with seven boxes with expiration dates of 6/30/21. <p>Interview on 10/8/21 with FC#4 revealed:</p> <ul style="list-style-type: none"> -her roommate was FC#3; -FC#3 told them(nurses) she had just gotten a TB test a month earlier; -She(FC#4) was in the office with the nurse(FCN#3) who was in training with the Registered Nurse(RN); -she told the nurses FC#3's arm looked bad; -the nurses called FC#3 back to the medical office; -the nurses told FC#3 it was an allergic reaction; -FC#3's "bubble looked really bad;" -it was "really red and swollen;" -looked "terrible." <p>Interview on 10/8/21 with FC#5 revealed:</p> <ul style="list-style-type: none"> -there was a client there who had a "really bad reaction" to the TB test; -her name was FC#3. <p>Attempted interview with FC#3 was unsuccessful as FC#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21.</p> <p>Finding #2: Review on 10/4/21 of the facility's incident reports</p>	V 118		

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V 118	<p>Continued From page 27</p> <p>from 7/1/21-10/4/21 revealed no documentation of any additional medication errors.</p> <p>Interview on 10/4/21 with the DATS revealed no mention of any other medication errors in addition to the medication error regarding FC#3.</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS to the Business Developmental Manager of a contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional details. Due to this I would like to move forward with stopping [FCN#3's] role with McLeod Center;" -"She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/8/21 with the Vice President(VP) of Operations revealed: -aware of the medication error on FC#3 but was not aware of any other clients and other medication errors; -stated the DATS stated he did not remember the other two clients' names; -the PM stated she did not remember two other clients who received flu vaccine instead of TB test; -plan to go through all the records and find the other two clients.</p> <p>Further interview on 10/8/21 with the VP of Operations revealed: -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on the</p>	V 118		

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V 118	<p>Continued From page 28</p> <p>TB forms; -their names' are FC#4 and FC#5.</p> <p>Interview on 10/11/21 with the PM revealed: -the RN told her what happened with FC#3; -RN said had some old flu vaccine out and FCN#3 gave FC#3 the old flu vaccine; -the RN might have said it could have been one or two clients who got it; -FCN#3 did not say anything about more than one client and never said any other clients' names; -the RN said, "it could have been more."</p> <p>Interview with the DATS on 10/11/21 revealed: -"can't remember other two names;" -"we were able to tell on the form you document the TB serum and we were able to google it and it was the flu vaccine and it wasn't the TB serum;" -"lot number at bottom of the TB test form, nurse would look at vial and it has the lot number, expiration number and all the info(information) is on there;" -"how we figured out the other two clients(FC#4, FC#5) on Friday(10/8/21);" -"clearly documented for FC#3 but not for the other two;" -remembered it was three clients.</p> <p>Review on 10/8/21 of FC#4's record revealed: -admission date of 7/27/21; -discharge date of 8/24/21; -Diagnoses of Severe Alcohol Use Disorder, Moderate Cocaine Use Disorder and Major Depressive Disorder; -form titled "Tuberculin Skin Test" site given in left forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023.</p> <p>Interview on 10/8/21 with FC#4 revealed:</p>	V 118		

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V 118	<p>Continued From page 29</p> <ul style="list-style-type: none"> -got a TB test while at McLeod; -it was fine; -no swelling, no redness; -no one said anything to her about her TB test. <p>Review on 10/8/21 of FC#5's record revealed:</p> <ul style="list-style-type: none"> -admission date of 7/14/21; -discharge date of 8/16/21; -diagnoses of Alcohol Use Disorder Severe, Cocaine Use Disorder Severe, Bipolar Disorder, Depression and Anxiety; -form titled "Tuberculin Skin Test" site given in right forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023. <p>Interview on 10/8/21 with FC#5 revealed:</p> <ul style="list-style-type: none"> -got a TB test when he was at McLeod; -had no issues with his TB test; -no swelling and no redness; -no one said anything to him about any issues with his TB test. <p>Attempted interview with FCN#3 was unsuccessful as FCN#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21 and FCN#3 did not respond to an email sent on 10/8/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription</p>	V 119		

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V 119	<p>Continued From page 30</p> <p>medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure all medications were disposed of in a manner that guarded against diversion affecting 3 of 3 former clients(FC#3, FC#4, FC#5). The findings are:</p> <p>Review on 10/4/21 of an incident report dated 8/5/21 regarding FC#3 and completed by FCN#3 revealed the following documented; -FC#3 was supposed to get a TB test;</p>	V 119		

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V 119	<p>Continued From page 31</p> <p>-FC#3 "was given wrong medication which was influenza .1mg in left forearm intradermally."</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS(Director of Adult Treatment Services) to the Business Developmental Manager of a contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional details. Due to this I would like to move forward with stopping [FCN#3's] role with McLeod Center;" -"She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/11/21 with the PM(Program Manager) revealed: -the RN said she took the old flu vaccine out to get rid of it because it was expired; -the TB test must have been sitting close to the expired flu vaccine; -FCN#3 must have picked it up and used it instead of the TB solution; -she still has the expired flu vaccine locked up in her office; -kept it in case there was any kind of investigations or questions about what happened.</p> <p>Observation on 10/11/21 at 11:42am of flu vaccines produced by the PM from her office revealed: -one clear plastic bag had three boxes of "Influenza Vaccine Fluzone Quadrivalent" with ten single dose vials in each box; -0.5ml in each vial for "intramuscular injection</p>	V 119		

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V 119	<p>Continued From page 32</p> <p>only" with an expiration date of 6/30/21; -one box was open with one vial with purple seal missing but full solution in vial; -second clear plastic bag with seven boxes with expiration dates of 6/30/21.</p> <p>Interview on 10/8/21 with the Vice President of Operations revealed: -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on the TB forms; -their names' are FC#4 and FC#5.</p> <p>Interview on 10/11/21 with the DATS revealed: -responsibility for expired medications falls on lead RN(Registered Nurse); -any time have expired medications, staff should put it in the expired bin container and medications are destroyed; -has to be done with two people; -the expired flu vaccines were still in the refrigerator as opposed to being in that container.</p> <p>Observations on 10/6/21 at 12:30pm of the facility's medical office revealed: -medications stored separately per client in plastic bins with drawers with clients' room numbers labeled on drawers; -bins were on the shelves in the tall metal cabinet with a lock; -at the bottom of the tall metal cabinet was a plastic container labeled for medications to be disposed.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 119		

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V 123 V 123	<p>Continued From page 33</p> <p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist and an entry of the drug administered and the drug reaction were properly recorded in the drug record affecting 2 of 3 former clients(FC#4, FC#5). The findings are:</p> <p>Review on 10/4/21 of the facility's incident reports from 7/1/21 to 10/4/21 revealed: -incident report dated 8/5/21 regarding Former Client #3(FC#3); -was a medication error; -Former Contract Nurse #3(FCN#3) injected FC#3 with a flu vaccine instead of the TB(tuberculosis) serum for a TB test.</p> <p>Interview on 10/4/21 with the DATS(Director of Adult Treatment Services) revealed no mention of any other medication errors in addition to the medication error regarding FC#3.</p>	V 123 V 123		

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V 123	<p>Continued From page 34</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS to the Business Developmental Manager of a contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional details. Due to this I would like to move forward with stopping [FCN#3's] role with McLeod Center;" -"She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/8/21 with the Vice President(VP) of Operations revealed: -aware of the medication error on FC#3 but was not aware of any other clients and other medication errors; -stated the DATS said he did not remember the other two clients' names; -the Program Manager stated she did not remember two other clients who received flu vaccine instead of TB test; -plan to go through all the records and find the other two clients.</p> <p>Further interview on 10/8/21 with the VP of Operations revealed: -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on the TB forms; -their names' are FC#4 and FC#5.</p> <p>Review on 10/8/21 of FC#4's record revealed: -admission date of 7/27/21; -discharge date of 8/24/21;</p>	V 123		

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V 123	<p>Continued From page 35</p> <p>-Diagnoses of Severe Alcohol Use Disorder, Moderate Cocaine Use Disorder and Major Depressive Disorder;</p> <p>-form titled "Tuberculin Skin Test" site given in left forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023;</p> <p>-no documentation present in the record regarding any medication error, any drug reaction and any notification of medication error to a physician or pharmacist.</p> <p>Interview on 10/8/21 with FC#4 revealed:</p> <p>-got a TB test while at McLeod;</p> <p>-it was fine;</p> <p>-no swelling, no redness;</p> <p>-no one said anything to her about her TB test.</p> <p>Review on 10/8/21 of FC#5's record revealed:</p> <p>-admission date of 7/14/21;</p> <p>-discharge of 8/16/21;</p> <p>-diagnoses of Alcohol Use Disorder Severe, Cocaine Use Disorder Severe, Bipolar Disorder, Depression and Anxiety;</p> <p>-form titled "Tuberculin Skin Test" site given in right forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023;</p> <p>-no documentation present in the record regarding any medication error, any drug reaction and any notification of medication error to a physician or pharmacist.</p> <p>Interview on 10/8/21 with FC#5 revealed:</p> <p>-got a TB test when he was at McLeod;</p> <p>-had no issues with his TB test;</p> <p>-no swelling and no redness;</p> <p>-no one said anything to him about any issues with his TB test.</p> <p>Observation on 10/11/21 at 11:42am of flu vaccines produced by the Program Manager(PM)</p>	V 123		

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V 123	<p>Continued From page 36</p> <p>from her office revealed: -one clear plastic bag had three boxes of "Influenza Vaccine Fluzone Quadrivalent" with ten single dose vials in each box; -0.5ml in each vial for "intramuscular injection only" with an expiration date of 6/30/21; -one box was open with one vial with purple seal missing but full solution in vial; -second clear plastic bag with seven boxes with expiration dates of 6/30/21.</p> <p>Interview with the DATS on 10/11/21 revealed: -"Happened in a convoluted way;" "My assumption [FCN#3] informed the RN(Registered Nurse), who told [the PM] who instructed them what is to be done;" -"[The PM] brought it to me;" -followed up once he heard back from the facility physician and the clients were notified as well; -was told that the RN had asked FCN#3 to give the TB tests to some clients; -when FCN#3 did this, she got the flu vaccine instead of TB serum and injected the flu vaccine in same site where the TB test was supposed to go; -FCN#3 did not notify the clients right away and then notified the RN; -"we notified each individual client on a one on one basis;" -"can't remember other two names;" -"we were able to tell on the form you document the TB serum and we were able to google it and it was the flu vaccine and it wasn't the TB serum;" -"lot number at bottom of the TB test form;" -"nurse would look at vial and it has the lot number, expiration number and all the information is on there;" -"supposed to double and triple check right dose and medicine;" -"was not done or done way too quickly;"</p>	V 123		

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V 123	<p>Continued From page 37</p> <ul style="list-style-type: none"> -"each individual vial(of medicine) has a different lot number;" -"that's how we figured out the other two clients(FC#4, FC#5) on Friday(10/8/21);" -"I am a little confused looking back at it;" -"did not happened the way it should of;" -"clearly documented for [FC#3] but not for the other two;" -remembered it was three clients; -"when we went back, we could not locate the documentation;" -FCN#3 did not complete the documentation; -"we have looked and could not find a nursing note in the electronic system for those two individuals(FC#4, FC#5);" -"was not anything in the shift notes about monitoring clients for the wrong shot entered by [FCN#3]." <p>Attempted interview with FCN#3 was unsuccessful as FCN#3 did not respond to the voice mail messages left for her on 10/7/21, 10/8/21 and 10/11/21 and FCN#3 did not respond to an email sent on 10/8/21.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 123		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>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</p>	V 131		

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V 131	<p>Continued From page 38</p> <p>of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the HCPR(health Care Personnel Registry) was accessed prior to hire for 1 of 1 current contract staff (Contract Staff #4(CS#4)) and 3 of 3 interns(#1, #2 and #3). The findings are:</p> <p>Interview on 10/14/21 with the Director of Compliance and Quality Improvement(CQI) revealed: -the facility has used contract staff; -will request from Human Resources the information on the contract staff.</p> <p>Review on 10/15/21 of an email dated 10/15/21 sent from the Director of CQI revealed: -the facility has three interns; -one intern dropped out after only one day; -did not do HCPR checks; -"In light of the survey we are re-examining our process and that is under consideration."</p> <p>Review on 10/15/21 of CS#4's personnel record revealed: -hire date of 8/2/21; -job title of Residential Technician; -no documentation of completed HCPR check was present in the record.</p> <p>Review on 10/15/21 of intern #1, intern #2 and intern #3's personnel records revealed:</p>	V 131		

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V 131	Continued From page 39 -intern #1 and intern #2 started their internships on 8/27/21; -intern #3 started her internship on 8/21/27; -no documentation of completed HCPR checks were present in the records.	V 131		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of	V 133		

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V 133	<p>Continued From page 40</p> <p>Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public</p>	V 133		

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V 133	<p>Continued From page 41</p> <p>records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal 	V 133		

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V 133	Continued From page 42 history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina	V 133		

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V 133	<p>Continued From page 43</p> <p>Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure the request for a criminal history record check was requested not later than five business days after the individual begins conditional employment for 2 of 3 interns(#1, #2).</p>	V 133		

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V 133	<p>Continued From page 44</p> <p>The findings are:</p> <p>Interview on 10/14/21 with the Director of Compliance and Quality Improvement(CQI) revealed:</p> <ul style="list-style-type: none"> -the facility has used contract staff; -will request from Human Resources the information on the contract staff. <p>Review on 10/15/21 of an email dated 10/15/21 sent from the Director of CQI revealed:</p> <ul style="list-style-type: none"> -the facility has three interns; -one intern dropped out after only one day(intern #3); -did not do criminal background checks on the interns; -"In light of the survey we are re-examining our process and that is under consideration." <p>Review on 10/15/21 of intern #1 and intern #2's personnel records revealed:</p> <ul style="list-style-type: none"> -intern #1 and intern #2 started their internships on 8/27/21; -no documentation of completed state criminal record checks were present in the records. 	V 133		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective 	V 366		

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V 366	<p>Continued From page 45</p> <p>measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or</p>	V 366		

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V 366	<p>Continued From page 46</p> <p>with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p>	V 366		

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V 366	<p>Continued From page 47</p> <p>(D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the health and safety needs of the individuals involved in the incident, failed to develop and implement corrective measures and failed to maintain documentation. The findings are:</p> <p>Review on 10/4/21 of the facility's incident reports from 7/1/21 to 10/4/21 revealed: -incident report dated 8/5/21 documented Former Contract Nurse #3(FCN#3) injected Former Client #3(FC#3) with a flu vaccine instead of the TB(tuberculosis) serum for a TB test. A section titled "Incident Prevention" completed by the DATS(Director of Adult Treatment Services) dated 8/6/21 documented "monthly inventory of TB serum and flu vaccine shall be taken. Ensure medications are stored and clearly marked to reduce likelihood of mistaking one for the other. Ensure all staff are double verifying that they have the correct medicine, correct client that matches correct documentation;" -there were no other incident reports documenting medication errors.</p> <p>Interview on 10/4/21 with the DATS revealed no mention of any other medication errors in addition to the medication error regarding FC#3.</p>	V 366		

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V 366	<p>Continued From page 48</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS to the Business Developmental Manager of a contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional details. Due to this I would like to move forward with stopping [FCN#3's] role with McLeod Center;" -"She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/8/21 with the Vice President(VP) of Operations revealed: -aware of the medication error on FC#3 but was not aware of any other clients and other medication errors; -stated the DATS stated he did not remember the other two clients' names; -the Program Manager stated she did not remember two other clients who received flu vaccine instead of TB test; -plan to go through all the records and find the other two clients.</p> <p>Further interview on 10/8/21 with the VP of Operations revealed: -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on the TB forms; -their names' are FC#4 and FC#5.</p> <p>Review on 10/8/21 of FC#4's record revealed: -admission date of 7/27/21; -discharge date of 8/24/21;</p>	V 366		

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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH F	STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217
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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 366	<p>Continued From page 49</p> <p>-Diagnoses of Severe Alcohol Use Disorder, Moderate Cocaine Use Disorder and Major Depressive Disorder; -form titled "Tuberculin Skin Test" site given in left forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023; -no documentation present in the record indicating the health and safety needs of FC#4 were addressed in regards to the incident of an expired flu vaccine injected instead of the TB serum.</p> <p>Interview on 10/8/21 with FC#4 revealed: -got a TB test while at McLeod; -it was fine; -no swelling, no redness; -no one said anything to her about her TB test.</p> <p>Review on 10/8/21 of FC#5's record revealed: -admission date of 7/14/21; -discharge date of 8/16/21; -diagnoses of Alcohol Use Disorder Severe, Cocaine Use Disorder Severe, Bipolar Disorder, Depression and Anxiety; -form titled "Tuberculin Skin Test" site given in right forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023; -no documentation present in the record indicating the health and safety needs of FC#4 were addressed in regards to the incident of an expired flu vaccine injected instead of the TB serum.</p> <p>Interview on 10/8/21 with FC#5 revealed: -got a TB test when he was at McLeod; -had no issues with his TB test; -no swelling and no redness; -no one said anything to him about any issues with his TB test.</p>	V 366		

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V 366	<p>Continued From page 50</p> <p>Interview with the DATS on 10/11/21 revealed: -was told that three clients got the flu vaccine instead of TB serum; -"we notified each individual client on a one on one basis" -"can't remember other two names;" -"we were able to tell on the form you document the TB serum and we were able to google it and it was the flu vaccine and it wasn't the TB serum;" -"how we figured out the other two clients on Friday(10/8/21);" -"I am a little confused looking back at it, did not happen the way it should've;" -"clearly documented for [FC#3] but not for the other two;" -remembered it was three clients; -"when we went back, we could not locate the documentation;" -"we have looked and could not find a nursing note in the electronic system for those two individuals" -not had any staff meeting to address the medication errors; -was an isolated incident and had no problems since; -"we have talked about going to do some education anytime something happens nurses are entering that note and also re-educating about incident reports and timelines;" -"we were going to separate boxes for flu and TB vaccines, but did not stock the flu vaccine so not necessary;" -did not have any documentation of corrective measures taken by the facility to prevent further medication errors,</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 366		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH F	STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217
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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. 	V 367		

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V 367	<p>Continued From page 52</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs 	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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V 367	<p>Continued From page 53</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME(Local Management Entity) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10/8/21 of an email dated 8/10/21 from the DATS(Director of Adult Treatment Services) to the Business Developmental Manager of a contract staffing agency revealed the following documented: -"I spoke with our Residential Program Manager this morning and found out some additional details. Due to this I would like to move forward with stopping [FCN#3's/Former Contract Nurse #3's] role with McLeod Center;" -"She has mistakenly given 3 clients an expired flu vaccine, when she was instructed to give them a TB(tuberculosis) test. She has also made several comments to our nurse and some of our dorm techs(technicians) that leads me to believe she is not a good fit."</p> <p>Interview on 10/8/21 with the Vice President(VP) of Operations revealed: -aware of the medication error on FC#3(Former Client #3) but was not aware of any other clients and other medication errors;</p>	V 367		

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V 367	<p>Continued From page 54</p> <ul style="list-style-type: none"> -stated the DATS stated he did not remember the other two clients' names; -the Program Manager stated she did not remember two other clients who received flu vaccine instead of TB test; -stated they went through all the incident reports and saw nothing; -plan to go through all the records and find the other two clients. <p>Further interview on 10/8/21 with the VP of Operations revealed:</p> <ul style="list-style-type: none"> -found two clients who she thinks got the expired flu vaccine by comparing the lot numbers on the TB forms; -their names' are FC#4 and FC#5. <p>Review on 10/8/21 of FC#4's record revealed:</p> <ul style="list-style-type: none"> -admission date of 7/27/21; -discharge date of 8/24/21; -Diagnoses of Severe Alcohol Use Disorder, Moderate Cocaine Use Disorder and Major Depressive Disorder; -form titled "Tuberculin Skin Test" site given in left forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023. <p>Review on 10/8/21 of FC#5's record revealed:</p> <ul style="list-style-type: none"> -admission date of 7/14/21; -discharge date of 8/16/21; -diagnoses of Alcohol Use Disorder Severe, Cocaine Use Disorder Severe, Bipolar Disorder, Depression and Anxiety; -form titled "Tuberculin Skin Test" site given in right forearm on 8/5/21 by FCN#3 with expiration date of April 22, 2023. <p>Review on 10/4/21 of the facility's incident reports from 7/1/21 to 10/4/21 revealed no documentation of medication errors regarding</p>	V 367		

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V 367	<p>Continued From page 55</p> <p>FC#4 and FC#5.</p> <p>Interview with the DATS on 10/11/21 revealed: -was told that three clients got the flu vaccine instead of the TB serum; -"we notified each individual client on a one on one basis;" -"can't remember other two names;" -"we were able to tell on the form you document the TB serum and we were able to google it and it was the flu vaccine and it wasn't the TB serum;" -"how we figured out the other two clients on Friday(10/8/21);" -"I am a little confused looking back at it, did not happen the way it should've;" -"clearly documented for [FC#3] but not for the other two;" -remembered it was three clients; -"when we went back, we could not locate the documentation."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 GOVERNING BODY POLICIES V105 for a Type A2 rule violation and must be corrected within 23 days.</p>	V 367		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully</p>	V 536		

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V 536	<p>Continued From page 56</p> <p>completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; 	V 536		

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V 536	<p>Continued From page 57</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs</p>	V 536		

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V 536	<p>Continued From page 58</p> <p>shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 59</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure prior to providing services to people with disabilities, staff demonstrated competence by successfully completing training in alternatives to restrictive interventions and failed to ensure staff completed formal refresher trainings annually for 2 of 2 Qualified Professionals(Director of Adult Treatment Services(DATS) and the Clinician), 3 of 3 current contract staff(Contract Nurse #1(CN#1), Contract Nurse #2(CN#2) and Contract Staff(CS#4), 1 of 1 former contract staff(Former Contract Nurse #3(FCN#3)), 3 of 3 staff (#1, #2 and #3) and 3 of 3 interns(#1, #2 and #3). The findings are:</p> <p>Review of personnel records on 10/4/21, 10/6/21, 10/7/21 and 10/15/21 revealed: -DATS was hired on 10/26/20 and there was no documentation of completed training in CPI(Non-Violent Crisis Prevention Intervention) present in the record; -CN#1 was hired on 10/6/21 and there was no documentation of completed training in CPI present in the record; -CN#2 was hired on 10/6/21 and there was no documentation of completed training in CPI present in the record; -FCN#3 was hired on 7/29/21 and there was no documentation of completed training in CPI present in the record; -Clinician was hired on 2/25/19. Documentation of completed training in CPI dated 4/3/19 with an</p>	V 536		

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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 536	<p>Continued From page 60</p> <p>expiration date of 4/3/20. No documentation of updated CPI training was present in the record; -staff #1 was hired on 7/6/21 and there was no documentation of completed training in CPI present in the record; -staff #2 was hired on 3/12/18. Documentation of completed training in CPI dated 5/30/19 with expiration date of 5/30/20. No documentation of updated CPI training was present in the record; -staff #3 was hired on 7/7/90. Documentation of completed training in CPI dated 4/24/19 with expiration date of 4/24/20. No documentation of updated CPI training was present in the record; -CS#4 was hired on 8/2/21 and there was no documentation of completed training in CPI present in the record; -intern #1 started on 8/27/21 and there was no documentation of completed training in CPI present in the record; -intern #2 started on 8/27/21 and there was no documentation of completed training in CPI present in the record; -intern #3 started on 8/21/21 and there was no documentation of completed training in CPI present in the record.</p> <p>Interview on 10/4/21 with the clinician revealed: -had CPI training but it has expired, -when most trainings are offered, she can't go to training because she is working in residential services; -trainings are offered during the workday.</p> <p>Interview on 10/4/21 with staff #1 revealed: -started in July 2021; -trainings included CPI training.</p> <p>Interview on 10/4/21 and 10/11/21 with the DATS revealed: -FCN#3 did not have her CPI training;</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/15/2021
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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH F	STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217
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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 536	Continued From page 61 -contract staff normally get the CPI training if they stay longer; -he is currently certified in CPI.	V 536		