

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER NEW BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT GASTONIA, NC 28054		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed 9/29/21. The complaints were unsubstantiated (Intake # NC00180085). Deficiencies were cited. This facility is licensed for the following services category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8899

5ZMO11

If continuation sheet 1 of 6

Kasheena Shm

Executive Director 10/21/2021

Division of Health Service Regulation

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER NEW BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT GASTONIA, NC 28054		
(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 2</p> <p>tab each morning, guanfacine 1mg 1 tab each morning and each evening, oxcarbazepine(seizure) 300mg 1 tab each morning and each evening, loratadine 10mg 1 tab each morning, topiramate 50mg 1 tab each evening, aripiprazole(depression) 10mg 1 tab each evening, ibuprofen 400mg 1 tab as need, hydroxyzine pamoate 25mg 1 tab as needed, pro air 90mcg 2 puffs as needed.</p> <p>Review on 9/28/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date 7/26/21; - Diagnoses of Disruptive Mood Dysregulation Disorder and Persistent Depressive Disorder; - Age 16. <p>Review on 9/28/21 of client #2's July, August, and September 2021 MAR revealed:</p> <ul style="list-style-type: none"> -No signed physicians order for the following: lexapro(depression) 5mg 1 tab each morning, famotidine(antacid) 20mg 1 tab each morning and evening, melatonin(sleep aid) 1mg 3 tab as need, Ibuprofen(pain reliever) 200mg 1 tab as need; - September 2021 MAR revealed altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed were discontinued on 9/2/21; - No physicians order to discontinue altavera(birth control) 0.15/0.03mg 1 tab each morning, benadryl(antihistamine) 25mg 1 tab as needed. -Medications listed on the September 2021 MAR are as follows: lexapro 10mg 1 tab each morning, lexapro 5mg 1 tab each morning, altavera 0.15mg/0.03mg 1 tab each morning, famotidine 20mg 1 tab each morning and evening, melatonin 1mg 3 tab as need, Ibuprofen 200mg 1 tab as need, benadryl 25mg 1 tab as needed. <p>Observation on 9/28/21 at 3:35pm of client #1's</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER NEW BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT GASTONIA, NC 28054		
(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 3</p> <p>medication with pharmacy dispensed date revealed:</p> <ul style="list-style-type: none"> - Sertraline 50mg 1 tab each morning dispensed 9/9/21, guanfacine 1mg 1 tab each morning and each evening dispensed 9/9/21, oxcarbazepine 300mg 1 tab each morning and each evening dispensed 9/9/21, loratadine 10mg 1 tab each morning dispensed 9/9/21, aripiprazole 10mg 1 tab each evening dispensed 9/9/21, ibuprofen 400mg 1 tab as need OTC (over the counter) dispensed 8/10/21, hydroxyzine pamoate 25mg 1 tab as needed dispensed 6/14/21, pro air 90mcg dispensed 9/9/21. <p>Observation on 9/28/21 at 3:00pm of client #2's medication with pharmacy dispensed date revealed:</p> <ul style="list-style-type: none"> - Lexapro 10mg 1 tab each morning dispensed 9/17/21, Lexapro 5mg 1 tab each morning dispensed 9/17/21, famotidine 20mg 1 tab each morning and evening dispensed 9/1/21, melatonin 1mg 3 tab as need OTC, ibuprofen 200mg 1 tab as need OTC, <p>Interview on 9/28/21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -When asked to provide the signed medication orders for clients #1 and #2, the Director/Licensee revealed she did not have any signed physicians orders at the facility for review and was having a hard time getting signed orders from the provider. <p>Interview and record review on 9/29/21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -Provided signed orders dated for 9/29/21 for client #1 as follows: pro air 90mg 2 puffs as needed, hydroxyzine pamoate 25mg 1 tab as needed, ibuprofen 400mg 1 tab as needed, 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW BRIDGE

**2442 SANDHURST COURT
GASTONIA, NC 28054**

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-352	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER NEW BRIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 2442 SANDHURST COURT GASTONIA, NC 28054			
(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 131	<p>Continued From page 5</p> <p>Review on 9/28/21 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 2/1/21; - Job description of Direct Care Worker; - HCPR report was dated on 8/9/21. <p>Review on 9/28/21 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 2/1/21; - Job description of Direct Care Worker; - HCPR report was dated on 8/9/21. <p>Review on 9/28/21 of Qualified Professional's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire 12/16/20; - Job description of Qualified Professional; - HCPR report was dated on 1/7/21. <p>Interview on 9/28/21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> - Accessed the HCPR prior to August 2021; - The HCPR reports were printed in August and that was the reason for the August date; - Unable to provide proof of accessing the HCPR prior to August 2021; - Plan to start printing out the HCPR reports the date it is accessed. 	V 131			