

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/12/2021
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey survey was completed on November 12, 2021. The complaint was substantiated (Intake #NC00180485). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

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

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V 118	<p>Continued From page 1</p> <p>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 record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#2, #3 and #5). The findings are:</p> <p>A. Review on 11/10/21 of client #2's record revealed: - 12 year old male. - Admission date of 06/24/21. - Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Adjustment Disorder with Mood Disturbance of Emotions and Conduct Other Specified Trauma and Stressor related disorder.</p> <p>Review on 11/10/21 of client #2's September 2021 MAR revealed the following medications were initialed by staff as administered on 09/31/21 (30 days in the month of September): - Lithium (treats Bipolar Disorder). - Oxcarbazepine (treats seizures).</p> <p>During interview on 11/10/21 client #2 revealed he received his medication daily.</p> <p>B. Review on 11/10/21 of client #3's record revealed: - 14 year old male.</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Admission date of 02/23/21. - Diagnoses of ADHD and Intermittent Explosive Disorder. <p>Review on 11/10/21 of client #3's September 2021 MAR revealed the following medications were initialed by staff as administered on 09/31/21(30 days in the month of September):</p> <ul style="list-style-type: none"> - Quetiapine (antipsychotic). - Melatonin (sleep aid). - Oxcarbazepine. <p>During interview on 11/10/21 client #3 revealed he received his medication daily.</p> <p>C. Review on 11/10/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male. - Admission date of 08/04/21. - Diagnoses ADHD Combined Type and Disruptive Mood Dysregulation Disorder. <p>Review on 11/10/21 of client #5's September 2021 MAR revealed the following medications were initialed by staff as administered on 09/31/21(30 days in the month of September):</p> <ul style="list-style-type: none"> - Adderal (treats ADHD). - Prozac (antidepressant). - Risperidone (antipsychotic). - Hydroxyzine (treats anxiety). - Guanfacine (treats lowers blood pressure). <p>During interview on 11/10/21 client #5 revealed he received his medication daily.</p> <p>Interview on 11/10/21 the Licensee stated she was aware MARs need to be kept current.</p> <p>Due to the failure to accurately document medication administration it could not be</p>	V 118		

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V 118	Continued From page 3 determined if clients received their medications as ordered by the physician. This deficiency has been cited 7 times since the original cite on 10/15/18 and must be corrected within 30 days.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug regimen reviews for one of three audited clients (#3) who received psychotropic drugs. The findings are: Review on 11/10/21 of client #3's record revealed: - 14 year old male. - Admission date of 02/23/21. - Diagnoses of Attention Deficit Hyperactivity Disorder and Intermittent Explosive Disorder.	V 121		

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V 121	<p>Continued From page 4</p> <p>- No 6 month drug regimen review performed by the pharmacist or physician.</p> <p>Review on 11/10/21 of client #3's daily drug regimen revealed:</p> <ul style="list-style-type: none"> - Zoloft (treats Depression) 50 milligrams (mg) - once daily. - Oxcarbazepine (treats Seizures) 150mg - one tablet in morning a 3 tablets at bedtime. - Melatonin (sleep aid) 5mg - one tablet at bedtime. - Seroquel (antipsychotic) 100mg - one and one-half tablet at bedtime. - Lithium (treats Manic Depression) 150mg - one tablet at bedtime. <p>Interview 11/10/21 the Licensee stated she was aware 6 month drug regimen reviews were required for clients that received psychotropic medications</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 121		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. & ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:</p> <p>(9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum:</p> <ul style="list-style-type: none"> (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and 	V 521		

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V 521	<p>Continued From page 5</p> <p>duration of the behavior which led to the intervention, and any precipitating circumstance contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting one of three clients (#1). The findings are:</p> <p>Review on 11/10/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male. - Admission date of 06/24/21. - Diagnoses of Attention Deficit Hyperactivity Disorder, Adjustment Disorder with Mood 	V 521		

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V 521	<p>Continued From page 6</p> <p>Disturbance of Emotions and Conduct Other Specified Trauma and Stressor related disorder.</p> <p>Revie won 11/10/21 of a facility incident report for client #2 revealed:</p> <ul style="list-style-type: none"> - Date of Incident: 11/07/21. - Time of incident: 11:00am. - "Describe the cause of the incident...member (client #2) was told to rewrite a paper, after not doing them right several times. [Client #2] walked back to his room cussing and slammed his door. Staff went to reopen the door and [Client #2] held the door closed on staff. [Client #2] threatened staff while continuing to swear. [Client #2] started hitting things and throwing things in his room as staff stepped out. [Client #2] was put in a restraint, as another staff calmed him down. Staff quickly released him after he was talked to, and appeared calm." -No documentation of required information when a restrictive intervention was implemented on 11/07/21 for client #2. <p>Interview on 11/10/21 the Licensee stated:</p> <ul style="list-style-type: none"> - A restrictive intervention detail report had not been completed for the restraint implemented on 11/07/21 with client #2. - She understood any restrictive intervention required specific documentation when utilized. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 521		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the licensee failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 11/10/21 at approximately 1:00pm revealed:</p> <ul style="list-style-type: none"> - The hallway bathroom had a rusty vent in the ceiling and was loose. The wall near the light switch had a hole in the sheetrock. The sink had rust stains on the surface. - Client #2's room had a golf ball sized hole in the wall. The wall had an approximately 2 foot by 2 foot section of unpainted repair. The light switch was cracked. - The hallway had paint peeled away from the door and a rusty ceiling vent. -Client #2's bedroom the flooring was peeling away from the sub floor. -The floor in the hallway had a bubbled area near the bathroom entrance. <p>During interview on 11/10/21 the Licensee stated she would take care of the repairs needed in the home.</p>	V 736		