

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/17/2021
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NAME OF PROVIDER OR SUPPLIER JACKSON SPRINGS TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 778 HOFFMAN ROAD WEST END, NC 27376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 17, 2021. The complaint was substantiated (intake #NC00181871). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
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 reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review of the facility's fire drill log on 11/17/21 revealed:</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> -11/4/21-All 3 shifts did a fire drill on this day at different times -9/10/21-All 3 shifts did a fire drill on this day at different times -6/30/21-All 3 shifts did a fire drill on this day at different times -2/12/21-1st shift -There was only one fire drill conducted for 1st quarter of 2021. -There were no fire drills conducted for the 4th quarter of 2020. <p>Review of the facility's disaster drill log on 11/17/21 revealed:</p> <ul style="list-style-type: none"> -11/6/21-1st and 2nd shift did a disaster drill on this day at different times -11/3/21-1st and 2nd shift did a disaster drill on this day at different times -11/1/21-All 3 shifts did a disaster drill on this day at different times -10/13/21-1st shift -9/22/21-1st and 2nd shift did a disaster drill on this day at different times -9/17/21-1st and 2nd shift did a disaster drill on this day at different times -9/13/21-1st and 2nd shift did a disaster drill on this day at different times -7/13/21-1st and 2nd shift did a disaster drill on this day at different times -7/7/21-1st and 2nd shift did a disaster drill on this day at different times -3/13/21-1st and 2nd shift did a disaster drill on this day at different times -1/13/21-All 3 shifts did a disaster drill on this day at different times -There were no disaster drills conducted for 2nd quarter of 2021. -There were no disaster drills conducted for 4th quarter of 2020. 	V 114		

Division of Health Service Regulation

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V 114	<p>Continued From page 2</p> <p>Interview with client #1 on 11/17/21 revealed: -He had been living at the facility for about 5 months. -They did a fire drill once about three months ago. -He did not recall doing any disaster drills.</p> <p>Interview with client #2 on 11/17/21 revealed: -They normally do fire drills about every 3 months. -Staff had not done any disaster drills with them in a while.</p> <p>Interviews on 11/17/21 with the Executive Director revealed: -This facility had two 12 hour shifts. -She was told the facility should be doing the fire and disaster drills four times a year. The person who trained her for the Executive Director position told her that when she was in training for her position. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p>	V 114		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (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</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 3</p> <p>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 observation, record review and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of three clients (#2). The findings are:</p> <p>Review on 11/16/21 of client #2's record revealed: -Admission date of 6/2/20. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder and Enuresis-Nocturnal only. -He was 17 years old.</p> <p>Review of a physician's order on 11/17/21 revealed: -Order dated 9/29/21 for Robitussin DM 10 milliliters (ml), every 8 hours as needed for</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 4</p> <p>cough.</p> <p>Review of the Medication Administration Record (MAR) on 11/17/21 revealed: -The November 2021 MAR had the Robitussin DM 10 ml listed. -Staff administered the Robitussin DM 10 ml on 11/16.</p> <p>Observation on 11/17/21 at approximately 11:18 am of the medication area revealed: -There was a bottle of Robitussin DM 10 ml and it had expired December 2020.</p> <p>Interview with staff #1 on 11/17/21 revealed: -She just returned to the facility on 11/17/21. -Staff #2 worked on 11/16/21 and she possibly gave client #2 the expired Robitussin cough syrup. -She confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion for client #2.</p> <p>Interview with the Executive Director on 11/17/21 revealed: -She just ordered the Robitussin cough syrup online on 11/16/21. -She did know the medication was expired already. -She confirmed facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion for client #2.</p>	V 119		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug reviews every six months for two of three clients (#2 and #3) who received psychotropic drugs. The findings are:</p> <p>a. Review on 11/16/21 of client #2's record revealed: -Admission date of 6/2/20. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Posttraumatic Stress Disorder and Enuresis-Nocturnal only. -He was 17 years old.</p> <p>Review of physician's orders on 11/17/21 revealed: -Order dated 10/12/21 for Zoloft 150 milligrams (mg), one tablet in the morning. -Order dated 9/28/21 for Zyprexa 10 mg, one tablet in the evening.</p> <p>Review of the Medication Administration Record</p>	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 6</p> <p>(MAR) on 11/17/21 revealed: -November 2021-Client #2 was administered the above medications 11/1 thru 11/16.</p> <p>Review of facility records on 11/17/21 revealed: -Client #2 had a psychotropic drug review completed on 3/10/21. -There was no evidence of a current six month psychotropic drug review for client #2.</p> <p>b. Review on 11/16/21 of client #3's record revealed: -Admission date of 12/28/19. -Diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder and Attention Deficit Hyperactivity Disorder. -He was 14 years old.</p> <p>Review of physician's orders on 11/17/21 revealed: -Order dated 10/12/21 for Vyvanse 50 mg, one tablet in the morning and Abilify 10 mg, one tablet in the evening. -Order dated 9/1/21 for Prozac 20 mg, one tablet in the morning and Buspirone HCL 15 mg, one tablet two times daily. -Order dated 6/1/21 for Guanfacine 2 mg, 2 tablets in the evening.</p> <p>Review of the MAR on 11/17/21 revealed: -November 2021-Client #3 was administered the above medications 11/1 thru 11/16.</p> <p>Review of facility records on 11/17/21 revealed: -Client #3 had a psychotropic drug review completed on 3/10/21. -There was no evidence of a current six month psychotropic drug review for client #3.</p> <p>Interview on 11/17/21 with staff #1 revealed:</p>	V 121		

Division of Health Service Regulation

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V 121	<p>Continued From page 7</p> <p>-She spoke with someone from the pharmacy. They informed her that they were supposed to return to the facility in September 2021 to do the drug regimen reviews for the clients. They did not return because one of the pharmacy staff tested positive for COVID.</p> <p>-Pharmacy staff never completed the drug regimen review for any of the clients after March 2021.</p> <p>-She confirmed the six months psychotropic drug review was not current for clients #2 and #3.</p> <p>Interview with the Executive Director on 11/17/21 confirmed:</p> <p>-The facility failed to ensure the six months psychotropic drug review was current for clients #2 and #3.</p>	V 121		
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 manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 11/16/21 at approximately 2:30 pm of the facility revealed:</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Breezeway to the recreational area-There were 2 holes about size of orange in the wall. There was a 3rd hole approximately 6 inches long and wide. There was a white putty substance on the wall. -Suite 3---The Reflection room had no carpet on the floor. The walls needed to be painted throughout suite. -Clients #3 and #10's bedroom-There was writing on door and doorframe. The blinds were hanging from window. -Common area-The paint around the wall thermostats were a different color from other part of wall. -Client #4 and #5's bedroom-There was writing on the bedroom door. -Empty bedroom-The door had peeling paint. The tile was cracked on floor and there were approximately 50 paint chips on floor. -Bathroom- There was a strong urine odor. There was residue from stickers outside of the toilet stall. There were red, pink and green paint on countertop surrounding the sinks. The shower curtain was mildewed and faded. There was broken tile around tub area and dark stains around border of tub. -Hallway near Nursing Station-The walls needed to be painted. -Suite 2---There was writing on 3 of the bedroom doors. There was trash on floor throughout Suite 2. The walls need painting throughout Suite 2. -Bathroom-The door had rust stains. The cover to wall light fixture was missing. The toilet tank cover was missing. There was writing, peeling paint and fading paint on the walls. -The door to Suite 2 had writing and faded paint on it. -Hallway near Suite 2-There was a hole about size of a plum in wall with white putty substance around it. -Suite 1---The Reflection room had chipped paint 	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 9</p> <p>on floor. The walls had peeling paint. The door to reflection room had peeling paint.</p> <p>-Area near reflection room-The paint was peeling on the plexiglass window.</p> <p>-Clients #2 and #8's bedroom-The blinds were broken. There was writing on wall and approximately 5 nail holes in wall. There were brown and black smudges on walls. The door frame to closet had peeling paint. There were paint chips on the floor.</p> <p>-Clients #7 and #9's bedroom-There was writing on walls. There were approximately 10 pin sized holes in the walls. The walls had white paint blended in with the blue paint. The door had faded paint and writing on it.</p> <p>-Client #6 bedroom-There was writing on the bedroom door. There was writing on the walls inside the closet. The window sill was cracked. There was writing on the wall. The wall was stained with a yellowish substance.</p> <p>-Bathroom-The cabinet surrounding the sink was cracked. The wall had faded paint. The door to bathroom had peeling paint, rust stains and writing on it.</p> <p>-The door to Suite 1 had peeling paint on the door frames.</p> <p>Interview with the Executive Director on 11/16/21 revealed:</p> <p>-She was aware of the majority of the maintenance issues with the facility.</p> <p>-The majority of the property damage was caused by the clients. The clients punched several holes in the walls.</p> <p>-Client #4 was in that empty bedroom and he peeled paint off the door. He was just recently moved to another room.</p> <p>-Suite 2 was not being utilized at the present time. Clients had not resided on Suite 2 in about 6 months.</p>	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 10</p> <ul style="list-style-type: none"> -She submitted work orders to the Director of Operations every Monday for maintenance issues at the facility. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor <p>Interviews with the Director of Operations on 11/16/21 and 11/17/21 revealed:</p> <ul style="list-style-type: none"> -If there are maintenance issues with the facility the Executive Director sends him a work order. -The Executive Director would normally send him a work order for any issues that are discovered for that week. -If the maintenance issue is an emergency, he must be called and sent a work order. -They had submitted numerous work orders for issues with the facility. Sometimes when things are repaired the clients will do damages again. -The agency had a maintenance person and they used some outside people as needed. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor 	V 736		