

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>MHL059-075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>11/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARE HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2533 AIRPORT ROAD MARION, NC 28752</b>			
(X4) ID PREFIX X 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 on November 19, 2021. The complaint was substantiated (Intake #NC00179907). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.	V 000	In reference to V 111, the following corrections will be implemented:  Prior to admission, Care Haven House Manager will obtain the most recently completed assessment and verify that the assessment was completed no more than 12 months prior AND includes each of the required components. QA Department will audit a sampling of client charts on a quarterly basis to provide ongoing monitoring.	12/31/2021	
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	Additional information regarding each client's current status is now captured in the CARE HAVEN REFERRAL FORM, which was recently updated for this purpose. As noted on the form, the form must be fully completed in order to be considered for admission. QA Department will audit a sampling of client charts on a quarterly basis to provide ongoing monitoring.  In the event a client has multiple admissions to Care Haven, a new referral form must be completed if 30 days or more has passed since the most recent prior admission date. This correction has already been implemented and will be monitored ongoing by QA department via quarterly chart audits.  Each client must have a completed safety/crisis plan prior to admission. During the intake process, this plan is reviewed and signed off on by Care Haven staff, client, and parent/guardian (if applicable). In the event a client has multiple admissions to Care Haven OR new information becomes relevant during the client's current stay, the safety/crisis planning document must be reviewed and/or updated. The safety/crisis planning document was recently revised to document any updates or reviews and QA Department will audit a sampling of client charts on a quarterly basis to provide ongoing monitoring.	12/31/2021  12/31/2021  12/31/2021	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 TVWG11 If continuation sheet 1 of 6

*Virginia DeMoss* 12/3/2021  
Virginia DeMoss, Chief Compliance Officer

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 2 of 2 former clients (FC #4 and FC #5) audited. The findings are:</p> <p>Review on 11/12/21 of FC #4's record revealed: -Admitted 6/29/21. -Discharged 7/15/21. -Diagnoses of Autism Spectrum Disorder (ASD), Post-Traumatic Stress Disorder and Attention-Deficit Hyperactive Disorder (ADHD).</p> <p>Review on 11/12/21 of FC #4's Comprehensive Clinical Assessment (CCA) dated 3/18/20 revealed: -There was no updated assessment prior to the client's most recent admission.</p> <p>Review on 11/12/21 of FC #4's "Safety Crisis Plan" dated 6/3/21 revealed: -Triggers/Stressors, Warning Signs, and Coping Skills for the client. -There were no problems or concerns listed for the client.</p> <p>Review on 11/12/21 of FC #5's record revealed: -Admitted 7/4/21. -Discharged 7/11/21.</p>	V 111			

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V 111	<p>Continued From page 2</p> <p>-Diagnoses of ADHD, ASD, Oppositional Defiant Disorder, Generalized Anxiety Disorder, and Pervasive Developmental Disorder.</p> <p>Review on 11/12/21 of FC #5's CCA dated 1/22/21 revealed:</p> <p>-Continued to struggle with interactions and appropriate boundaries with others.</p> <p>-Struggled with distraction and some impulsivity.</p> <p>-There was no updated assessment prior to the client's most recent admission.</p> <p>Review on 11/12/21 of FC #5's "Care Haven - Initial Referral Form" dated 12/13/19 revealed: -A history of and current sexualized behaviors; client made sexualized comments.</p> <p>-There was not an updated referral form for the client's most recent admission.</p> <p>Review on 11/12/21 of FC #5's "Safety Crisis Plan" dated 2/11/21 revealed:</p> <p>-Triggers/Stressors, Warning Signs, and Coping Skills for the client.</p> <p>-There were no problems or concerns listed for the client.</p> <p>Review on 11/16/21 of FC #5's Client Specific Competencies revealed:</p> <p>-2/11/21 - Client had a history of sexualized behavior, to limit access to the computer, to place him in downstairs bedroom and to monitor him around clients.</p> <p>-5/30/21 - there were no current behavior/concerns checked.</p> <p>Interview on 11/9/21 with Staff #2 revealed: -She learned about clients' needs by reviewing the referral form, client specific competencies, CCA, safety plan, and intake packet.</p> <p>-This was shared with all staff on the Google</p>	V 111			

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V 111	Continued From page 3  drive. -This would enable her to know if the client self-harmed, had sexualized behavior or had a history of running for example.  Interview on 11/16/21 with the Enhanced Services Program Manager revealed: -If the CCA was done within the year, they would still use this as current. -He would expect that the safety plan would be updated when previous clients returned.	V 111		
V 123	27G .0209 (H) Medication Requirements  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.  This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 4 of 4 former clients (FC #6, #7, #8 and #9) audited. The findings are:  Review on 11/18/21 of FC #6's record revealed: -Admitted 6/16/21.	V 123	In reference to V 123, the following corrections will be implemented:  The required contact made to the prescriber or pharmacist will be documented in a Note To Chart as well as on the incident report in the "Reporting Information" section. QA department will monitor via quarterly incident report evaluation.  Additionally, the MAR form used by Care Haven was recently updated to include more detailed notes regarding medication errors which can include a note regarding contact made with the prescriber or pharmacist, if applicable. QA will monitor via quarterly chart audit and incident reporting evaluation.	1/10/2022  1/10/2022

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V 123	<p>Continued From page 4</p> <p>-Discharged 7/9/21.</p> <p>-Diagnoses of Attention-Deficit Hyperactive Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Oppositional Defiance Disorder (ODD) and Disruptive Mood Dysregulation Disorder.</p> <p>Review on 11/18/21 of FC #7's record revealed:</p> <p>-Admitted 7/11/21.</p> <p>-Discharged 7/25/21.</p> <p>-Diagnoses of ODD, ADHD, Unspecified Dissociative Disorder and Sepiapterin Reductase Deficiency.</p> <p>Review on 11/18/21 of FC #8's record revealed:</p> <p>-Admitted 7/15/21.</p> <p>-Discharged 7/22/21.</p> <p>-Diagnoses of Generalized Anxiety Disorder and PTSD.</p> <p>Review on 11/18/21 of FC #9's record revealed:</p> <p>-Admitted 8/27/21.</p> <p>-Discharged 9/7/21.</p> <p>-Diagnoses of Autism Spectrum Disorder, PTSD, ADHD and Unspecified Depressive Disorder.</p> <p>Review on 11/12/21 of facility level I incident reports from July 2021 to present date revealed:</p> <p>-7/12/21 - FC #6 missed "a dose" of medication as it was not refilled. The medication missed was not listed.</p> <p>-7/13/21 - FC #6 missed "two doses" of medication as it was not refilled. The medication missed was not listed.</p> <p>-7/15/21 - FC #7 missed 2 doses of Seroquel - 25 mg -for 2 days.</p> <p>-7/17/21 and 7/18/21 - FC #8 - received 2 doses of Vitamin D3 on the wrong days.</p> <p>-8/28/21 -9/1/21 - FC #9 - received Sertraline 25 mg for 5 days instead of the ordered 50 mg. -There was no indication a physician or</p>	V 123		

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STATE FORM 6899 TVWG11 If continuation sheet 5 of 6

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FORM APPROVED

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V 123	Continued From page 5  pharmacist was called for any of the above medication errors.  Interview on 11/17/21 with the Qualified Professional revealed: -It was company protocol to call the pharmacist and family for all medication errors. -This was only documented if the pharmacy suggested possible side effects as a result of the errors.	V 123			