

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2021
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NAME OF PROVIDER OR SUPPLIER CARE HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752
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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>An annual and complaint survey was completed on November 19, 2021. The complaint was substantiated (Intake #NC00179907). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(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.</p>	V 111		

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

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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. -Struggled with distraction and some impulsivity. -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:</p> <p>-A history of and current sexualized behaviors; client made sexualized comments. -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. -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. -5/30/21 - there were no current behavior/concerns checked.</p> <p>Interview on 11/9/21 with Staff #2 revealed:</p> <p>-She learned about clients' needs by reviewing the referral form, client specific competencies, CCA, safety plan, and intake packet. -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		

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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: -Admitted 7/11/21. -Discharged 7/25/21. -Diagnoses of ODD, ADHD, Unspecified Dissociative Disorder and Sepiapterin Reductase Deficiency.</p> <p>Review on 11/18/21 of FC #8's record revealed: -Admitted 7/15/21. -Discharged 7/22/21. -Diagnoses of Generalized Anxiety Disorder and PTSD.</p> <p>Review on 11/18/21 of FC #9's record revealed: -Admitted 8/27/21. -Discharged 9/7/21. -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: -7/12/21 - FC #6 missed "a dose" of medication as it was not refilled. The medication missed was not listed. -7/13/21 - FC #6 missed "two doses" of medication as it was not refilled. The medication missed was not listed. -7/15/21 - FC #7 missed 2 doses of Seroquel - 25 mg -for 2 days. -7/17/21 and 7/18/21 - FC #8 - received 2 doses of Vitamin D3 on the wrong days. -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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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		