Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601328	A. BUILDING: ______ B. WING ______	12/09/2021

DHSR - Mental Health
DEC 29 2021
Lic. & Cert. Section

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPEWAY	1717 SHARON ROAD WEST CHARLOTTE, NC 28210

(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 A complaint survey was completed on 12-9-21. The complaint was unsubstantiated (intake #NC0182840). A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally Ill and 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	The following measures will be put in place to correct reoccurrence of the problem: DON for Residential will purchase PDRs to replace current with updated ones. These are to be stored in each Nurse Station for nurse reference DON for Residential will laminate "Controlled Substance by Drug Class and Backup Guidelines" list to post at each Nurse Station for nurse reference. DON for Residential will add Drug website to Favorites on laptops which are utilized by clinical staff, for quick access during medication administration.	 1/15/2022 1/15/2022 1/15/2022
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	V 118	DON for Residential will ensure nurses review policy/ procedure for storage of medication, 5 Rights for medication administration, counting controlled substances, and documentation of medication administration. DON will ensure nurses attest to review of all medication policies. The following measures will be put in place to prevent the deficient area of practice: DON for Residential will purchase small, lockable cabinets to be added to each Nurse Station for storage of client own medications brought into HopeWay facility, to reduce likelihood of medication misplacement. In addition to current 4 times weekly "Medication Storage Audits" conducted by nurses at each nurse station, DON will conduct random 'Medication Storage Audits" once monthly. Results from audits will continue to be discussed during monthly staff meetings. In addition to double count of all controlled substances by nurses, DON will conduct random checks while nurses are performing controlled substance counts. These random checks will occur monthly, with results discussed during monthly staff meetings.	1/12/2022 & 1/14/2022 2/1/2022 2/1/12022 1/15/2022 & monthly thereafter 1/15/2022 & monthly thereafter

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] MD Kevin Y. Marra, MD	Director of Medical Services	12/22/21

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V 118	Continued From page 1	V 118		

(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 file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to administer medications as prescribed by the prescribing physician affecting 1 of 3 audited clients (Former Client #1). The findings are:

Review on 12/6/21 of Former Client (FC) #1's record revealed:
-Admission date: 9/13/21;
-Diagnoses: Attention Deficit Hyperactivity Disorder, Mild episode of recurrent Major Depressive Disorder, Chronic Hepatitis C, Substance Abuse in remission, Major Depressive Disorder, recurrent, severe, with psychosis;
-physician orders for modafinil (Provigil) (for focus and Attention Deficit Hyperactivity Disorder symptoms) 200mg (milligram) tablet three times daily.

Review on 12/6/21 of FC#1's MAR for 9/13/21 - 9/19/21 revealed:
-modafinil 200mg tablet, not administered during the 3 drug administration times for 9/15/21;
-received modafinil 200mg tablets as ordered for 9/13/21, 9/14/21, 9/16/21, 9/17/21, 9/18/21, and 9/19/21.

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V 118	Continued From page 2 Review on 12/7/21 of FC#1's Incident Report dated 9/17/21 revealed: -FC#1 brought medication modafinil into the facility upon admission; -admissions intake of medications was completed by Former RN #1; -medication storage error for modafinil 200mg tablets occurred due to the medication being stored at the wrong nurse's station and not logged in as a controlled medication at FC#1's assigned nurse's station; -on 9/13/13 and 9/14/21, Former RN#1 was assigned to FC#1 and medications were administered properly; -Former RN#1 was off duty on 9/15/21 and had not stored the medication at the correct nurse's station and medication could not be located by assigned RN; -modafinil was located at another nurse's station and was restarted on 9/16/21; -the attending physician was notified and restarted modafinil 200mg three times daily on 9/16/21. Review on 12/7/21 of Former RN#1's personnel record revealed: -disciplinary action with a written warning dated 10/15/21 for violation of company policy for FC#1's medication misplacement resulting in a medication error on 9/15/21; -employee completed a review of the Medication Storage, Medication Administration/Self Administration, Controlled Medication Accountability, and Medication Information Management Policies; -assigned to retake training for Prevention of Medication Errors by 10/30/21; -former RN#1 terminated on 11/9/21 for abandonment of job duties and insubordination.	V 118		

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V 118	Continued From page 3	V 118		

Attempted interviews on 12/8/21 and 12/9/21 with FC#1 revealed:
-messages left for FC#1 via phone;
-received no return calls.

Attempted interview on 12/8/21 and 12/9/21 with Former RN#1 revealed:
-messages left for Former RN#1 via phone;
-received no return calls.

Interview on 12/6/21 with RN#2 revealed:
-transitioned from the Director of Nursing (DON) position to a 1st shift RN position in early September 2021;
-was aware that Former RN#1 had some issues with medications errors and some of the nurses had concerns with her not wanting to be a team player;
-had no knowledge of missing medications;
-was not aware of any current medication problems, errors, or concerns;
-an incident report was completed for every facility medication error and the DON completed follow up with that RN for the medication error.

Interview on 12/6/21 with the DON revealed:
-FC#1 brought in medications from home upon admission;
-FC#1 brought in a controlled substance that was not stored at the proper nurse's station and could not be located on 9/15/21 for administration;
-FC#1 missed 3 doses of modafinil on 9/15/21 but the medication was located late that day at another nurse's station and was restarted on 9/16/21;
-reviewed medication protocols and issued discipline to the assigned admitting RN (Former RN#1);
-Former RN#1 was terminated on 11/9/21 for job abandonment and insubordination.

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