

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/17/2021
NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH FLOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217		
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow-up survey for the Type A2 was completed on 12/17/21. This was a limited follow-up survey, only 10A NCAC 27G .0201 Governing Body Policies (V105) with cross references 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements(V108), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0209 Medication Requirements (V118), 10A NCAC 27G .0209 Medication Requirements (V119) 10A NCAC 27G .0209 Medication Requirements (V123) 10A NCAC 27G .0603 Incident Response Requirements For Category A and B Providers (V366) and 10A NCAC 27G .0604 Incident Reporting Requirements For Category A and B Providers (V367) were reviewed for compliance.</p> <p>The following were brought back into compliance: 10A NCAC 27G .0202 Personnel Requirements (V107), 10A NCAC 27G .0202 Personnel Requirements(V108), 10A NCAC 27G .0209 Medication Requirements (V119) and 10A NCAC 27G .0604 Incident Reporting Requirements For Category A and B Providers (V367). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Substance Abuse and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorder</p> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 105	Continued From page 1 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including	V 105		

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V 105	<p>Continued From page 2</p> <p>a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure adoption of standards that assured operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on records review and interviews, the facility failed to ensure 1 of 2 Qualified Professionals(Director of Adult</p>	V 105		

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V 105	<p>Continued From page 3</p> <p>Treatment Services/DATS) demonstrated knowledge, skills and abilities required by the population served.</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V118) Based on records review, observations and interviews, the facility failed to ensure medications were administered as ordered, failed to ensure the MAR was kept current and failed to ensure medications administered were recorded immediately after administration affecting 4 of 4 clients(#1, #2, #3 and #4).</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V120) Based on records review, observations and interviews, the facility failed to ensure medications were stored in a secure manner.</p> <p>Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V123) Based on records review, observations and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist and an entry of the drug administered and the drug reaction were properly recorded in the drug record affecting 1 of 4 clients(#3).</p> <p>Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements For Category A and B Providers (V366) Based on records review and interviews, the facility failed to ensure the health and safety needs of the individuals involved in the incident, failed to develop and implement corrective measures and failed to maintain documentation.</p> <p>Review on 12/17/21 of a Plan of Protection completed on 12/16/21 by the Director of</p>	V 105			

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V 105	<p>Continued From page 4</p> <p>Compliance and Quality Integrity revealed the following documented:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? Residential staff (Temp LPN) involved will review the incident report with the Treatment Program Manager (TPM) and the Clinical Director of Treatment Services (CDTS) (12/17/21)*</p> <p>A review of the MAR will be performed by the Director of Nursing to ensure medication is being given correctly (12/17/21)*</p> <p>Do a 'learned lesson' session with Residential staff on possible outcomes for leaving medications uncontrolled by the TPM and CDTS (12/17/21)*;"</p> <p>- "Describe your plans to make sure the above happens. A locksmith will be out on 12/17/21 to assess if we could enhance our door and locking system for the Medication Room.</p> <p>A presentation on appropriate medication administration training will be given by Director of Nursing and/or VP (Vice President)</p> <p>MAT (Medication Assisted Treatment) (12/20/21). Director of Nursing and/or VP MAT will review MAR for all Residents to ensure it is remaining accurate (12/17/21 and on going).</p> <p>A printed roster of all Residential staff will be done every time an IR is reported. This will ensure we identify all staff who need to be a part of the investigation and/or correction (12/17/21).</p> <p>*Our intention is to address all staff on shift. Staff who are not on shift on the start date will be addressed immediately on the next day of work."</p> <p>Clients #1, #2, #3 and #4 had diagnoses which included Substance Abuse Disorders, Depression and Post Traumatic Stress Disorder. Client #3 had health issues which included diabetes, history of blood clots and right leg amputation. Client #4 had health issues which included</p>	V 105		

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V 105	Continued From page 5 blindness and arthritis. Clients #1, #2, #3 and #4's MARs had blank dosing dates on the MARs. Client #3's blood thinner was not administered as ordered and the medication error was not identified and reported. There was no oversight regarding the medications to ensure medications were administered correctly. Medications were left unsecured by Nurse #1 on more than one occasion. The issue of unsecured medications was not addressed with Nurse #1 by the DATS. The DATS had received ongoing supervision addressing communication with staff and nursing as well as following up with medication errors and issues. The inaccurate documentation of the MARs and incorrect medication administration, the unidentified and unreported medication error, the unsecured medications, the lack of implementation of corrective actions to prevent further unsecured medications and the lack of oversight and competency of the DATS constitutes a Type A1 rule violation for serious neglect. This deficiency was cited as a Type A2 during the survey completed 10/15/21, but evidence in this survey has increased the severity of this deficiency. The Type A1 rule violation for serious neglect must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 105		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF	V 109		

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V 109	Continued From page 6 QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.	V 109		

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V 109	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure 1 of 2 Qualified Professionals (Director of Adult Treatment Services/DATS) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Refer to V118, V123 and V366 for examples of the DATS's failure to provide oversight regarding medication issues and failure to develop and implement corrective measures regarding incidents: -Nurse #1 left the nursing office and the medication cabinet unlocked on multiple occasions; -the issue of unsecured medications were not addressed with Nurse #1 by the DATS; -no oversight of the medications was implemented allowing unidentified medication errors.</p> <p>Review on 12/15/21 of the DATS's personnel record revealed: -hire date of 10/26/20; -job title of Director of Adult Treatment Services; -Licensed Clinical Addiction Specialist(LCAS).</p> <p>Interview on 12/15/21 with the DATS revealed: -met with his direct supervisor(the Vice President of Administration) for individual supervision on a weekly basis; -sometimes met multiple times a week if needed; -also have group supervision with his director supervisor and two other directors.</p> <p>Interview on 12/15/21 with the Vice President of Administration revealed: -met with the DATS for individual supervision</p>	V 109		

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V 109	<p>Continued From page 8</p> <p>several times in last two months; -topics included admissions functions, ensure communication with staff and nursing, trainings, staff coverage and following up with medication errors and issues.</p> <p>Review on 12/14/21 of an incident report dated 11/19/21 completed by Counselor #1 documented Nurse #1 walked away from the nursing office leaving the door unlocked and the medication cabinet unlocked on the residential unit.</p> <p>Interview on 12/14/21 with Counselor #1 revealed: -had talked to the DATS about her concerns with Nurse #1; -other staff also have concerns with Nurse #1 leaving medications and the nursing office unlocked; -"he(the DATS) barely gave me a listen;" -the DATS "did not seem particularly concerned;" -"understand enough about nursing to know a procedure of what it is and safety issues."</p> <p>Interview on 12/14/21 with staff #2 revealed: -had found the nursing office and medication cabinet left unlocked more than once by Nurse #1; -saw a bag of medications laying on a table in the unlocked nursing office; -did not report concerns about Nurse #1 to anyone; -"if I tell anybody, it falls on deaf ears;" -"going through some management changes."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109		

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V 118	Continued From page 9	V 118		
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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were administered as ordered, failed to ensure the MAR was kept current and failed to ensure medications administered were recorded immediately after administration affecting 4 of 4 clients(#1, #2, #3 and #4). The findings are:</p> <p>Finding #1: Review on 12/14/21 of client #1's record revealed: -admission date of 12/7/21; -diagnoses of Alcohol Use Disorder, Cannabis Use Disorder and Major Depressive Disorder; -physician's order dated 12/7/21 for Ferrous Sulfate(iron deficiency) 300mg(milligram) one tablet twice daily.</p> <p>Observation on 12/15/21 at 11:30am of client #1's medications revealed Ferrous Sulfate 300mg one tablet twice daily dispensed 9/27/21.</p> <p>Review on 12/14/21 and 12/15/21 of client #1's MAR from 12/7/21-12/15/21 revealed: -a legend at the bottom of the MAR form documented circled staff initials indicated the medication was not given; -circled staff initials on the dosing dates of 12/8 in the am and 12/9 in the am for Ferrous Sulfate 300mg one tablet twice daily; -a low supply of Ferrous Sulfate was the documented explanation on the MAR for the medication not given for the dosing dates of 12/8 and 12/9; -dosing date of 12/10 for Ferrous Sulfate was initialed as administered; -dosing dates of 12/11 and 12/12 were left blank with no documented explanation on the MAR.</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Interview on 12/14/21 with client #1 revealed: -took her medications as prescribed; -not missed any medications.</p> <p>Finding #2: Review on 12/14/21 of client #2's record revealed: -admission date of 12/6/21; -diagnoses of Alcohol Use Disorder, Cannabis Use Disorder and Depression; -admission assessment dated 12/6/21 documented the following health issues: Neuropathy, Type II Diabetes and High Cholesterol; -physician's order dated 12/6/21 for Gabapentin(alcohol withdrawal/anxiety) 300mg one tablet three times daily.</p> <p>Observation on 12/15/21 at 11:34am of client #2's medications revealed Gabapentin 300mg one tablet three times daily dispensed 12/2/21.</p> <p>Review on 12/14/21 and 12/15/21 of client #2's MAR from 12/6/21-12/15/21 revealed the dosing date of 12/8 at noon left blank with no documented explanation on the MAR.</p> <p>Interview on 12/14/21 with client #2 revealed: -received his medications daily; -not missed any medications.</p> <p>Finding #3: Review on 12/14/21 of client #3's record revealed: -admission date of 12/7/21; -diagnosis of Alcohol Use Disorder Severe; -admission assessment dated 12/6/21 documented following health issues: High Blood Pressure, Diabetes, history of blood clots and right leg amputation;</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>-physicians' orders dated 12/7/21 for the following medications: Warfarin(blood clots/blood thinner) 7.5mg one tablet daily on Sunday, Tuesday, Wednesday, Thursday and Saturday and Humalog(diabetes) 100units administer 15 units three times daily before meals.</p> <p>Observation on 12/15/21 at 11:40am of client #3's medications revealed: -Warfarin 7.5mg one tablet daily on Sunday, Tuesday, Wednesday, Thursday and Saturday dispensed 9/8/21; -Humalog 100units administer 15 units three times daily before meals dispensed 10/25/21.</p> <p>Review on 12/14/21 and 12/15/21 of client #3's MAR from 12/7/21-12/15/21 revealed: -Warfarin 7.5mg one tablet daily listed on the MAR to administer only on the following days of the week: Sunday, Tuesday, Wednesday, Thursday and Saturday; -Warfarin was documented as administered on the additional dosing dates of 12/10(Friday) and 12/13(Monday); -dosing dates left blank on 12/8(7am and 12pm) and 12/9(7am) for Humalog with no documented explanation on the MAR.</p> <p>Interview on 12/14/21 and 12/15/21 with client #3 revealed: -"whatever your bottle says, that is what they give you;" -"don't take your word for it;" -not missed any medications; -took Warfarin every day in the morning; -took the Humalog before he eats three times a day.</p> <p>Finding #4: Review on 12/15/21 of client #4's record</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH FLOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217		
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V 118	<p>Continued From page 13</p> <p>revealed:</p> <ul style="list-style-type: none"> -admission date of 11/23/21; -diagnosis of Cocaine Use Disorder; -admission assessment dated 11/23/21 <p>documented the following medical and mental health issues: Blindness, Depression, Arthritis and Post Traumatic Stress Disorder;</p> <ul style="list-style-type: none"> -physicians' orders dated 11/23/21 for the following medications: gabapentin(pain) 300mg one tablet twice daily, Brinzolamide 1%/Brimindine Tartrate 0.2% eye drops one drop in right eye twice daily and Timolol Malaete 0.5% one drop in right eye twice daily. <p>Observations on 12/15/21 at 11:05am of client #4's medications revealed:</p> <ul style="list-style-type: none"> -gabapentin 300mg one tablet twice daily dispensed 4/9/21; -Brinzolamide 1%/Brimindine Tartrate 0.2% eye drops one drop in right eye twice daily; -Timolol Malaete 0.5% one drop in right eye twice daily. <p>Review on 12/15/21 of client #4's MARs from 11/23/21-12/15/21 revealed:</p> <ul style="list-style-type: none"> -dosing date of 12/12 at 9pm left blank with no documented explanation on the MAR for gabapentin 300mg one tablet twice daily; -dosing dates of 12/11 at 9pm and 12/12 at 9pm left blank with no documented explanation on the MAR for Brinzolamide 1%/Brimindine Tartrate 0.2% eye drops one drop in right eye twice daily; -dosing date of 12/12 at 9pm left blank with no documented explanation on the MAR for Timolol Malaete 0.5% one drop in right eye twice daily. <p>Interview on 12/15/21 with client #4 revealed:</p> <ul style="list-style-type: none"> -took two eye drops and also gabapentin; -staff gave his medications to him; -staff never forgot to give his medications. 	V 118		

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V 118	<p>Continued From page 14</p> <p>Finding #5: Review on 12/14/21 of an incident report dated 12/13/21 regarding client #4 completed by staff #2 documented the following: "This morning at 9:20am staff was moving clients downstairs. During a brief sweep of the room to confirm clients were all downstairs, staff opened room 419. On the nightstand was a yellow pill labeled D03. The pill was identified as gabapentin 300mg(milligram)."</p> <p>Further interview on 12/14/21 with staff #2 revealed: -found a gabapentin pill in a client's room on the nightstand; -not sure how the pill got there; -did an incident report.</p> <p>Interview on 12/14/21 with client #4 revealed: -"I do have a gabapentin pill in my room;" -last week he had his black jacket on and found the pill in his pocket; -it was a gabapentin pill; -placed the pill on his dresser; -"where it is right now."</p> <p>Interviews on 12/14/21 and 12/15/21 with the Treatment Program Manager(TPM) revealed: -started her position right before Thanksgiving 2021 as the TPM; -she is in a clinical position; -the RN(Register Nurse) was still on medical leave; -the RN has been on leave since September 2021; -the RN was responsible for oversight of the medications and MARs; -did not have anybody assigned to review MARs since the RN went on leave;</p>	V 118		

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V 118	Continued From page 15 -when the nurses come back on shift they are supposed to review the MARs: -every shift should be reviewing the MARs. The RN was not able to be interviewed due to being on medical leave. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any	V 120		

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V 120	<p>Continued From page 16</p> <p>subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored in a secure manner. The findings are:</p> <p>Review on 12/14/21 of an incident report dated 11/19/21 completed by Counselor #1 documented the following: "3:12pm 11/19 entered nursing office and asked for a client chart so as to copy medication regimen and dosing, informed nurse on duty [Nurse #1] would take Dr(doctor) orders from the chart in order to copy the page for purpose of completing an admission application, Upon leaving the nursing office and going out into hallway, [Nurse #1] left the nursing office and walked past me, leaving medication cabinet unlocked and door to nursing office unlocked. [Counselor #2] was in hallway and I called to him. I informed him what happened and we waited several minutes for [Nurse #1] to return to the nursing office."</p> <p>Interview on 12/14/21 with Counselor #1 revealed: -had concerns about Nurse #1 "for awhile;" -came downstairs to photo copy from Dr orders from a chart; -told Nurse #1 she needed to photo copy one page from a chart across the hall and would be right back; -can look straight across into the dormitory counselor's office from the nursing office; -copier was in the dormitory counselor's office;</p>	V 120		

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V 120	<p>Continued From page 17</p> <ul style="list-style-type: none"> -got 2-3 steps out of the nursing office; -Nurse #1 left the office and walked past her; -she looked and Nurse #1 left medication cabinet open and unlocked and the door to the nursing office unlocked and open; -clients were milling about in the commons area as it was a Friday; -asked Counselor #2 where was Nurse #1; -have a problem because Nurse #1 does not follow protocols; -she(Counselor #1) stayed and waited by the nursing office; -"finally comes back up and goes back in the office;" -"I said(to herself) that is an incident report" and wrote the incident report first thing on Monday. -heard this was routine for Nurse #1; -there were other incidents when Nurse #1 would walk out of the nursing room and leave it unlocked; -was told by other staff of the other incidents; -staff #2 told her one time he wanted to get into the nursing office; -he knocked on the door and tried the handle; the door opened but nobody was inside; -not sure of the time frame. <p>Interview on 12/14/21 with Counselor #2 revealed:</p> <ul style="list-style-type: none"> -was up on the 4th floor; -needed to get a list of medications for one of his clients seeking aftercare; -the door was closed; -knocked on the door to the nursing office; -tried the door handle; -it was unlocked; -medication cabinet was locked; -stayed in the nursing office until another staff was able to come up and had the key; -did not see Nurse #1; 	V 120		

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V 120	<p>Continued From page 18</p> <ul style="list-style-type: none"> -refrigerator was in nursing office with stored insulin; -not sure if the refrigerator was locked. <p>Interview on 12/14/21 with staff #2 revealed:</p> <ul style="list-style-type: none"> -concerns with Nurse #1; -found the medication cabinet unlocked and wide open and the door to the nursing office was open and unlocked; -found it like that yesterday(12/13/21); -between 9am-12noon, went upstairs to grab something; -Nurse #1 was on the unit but she was not in the nursing room; -saw the door open to the nursing office; -did not see Nurse #1 right then but a couple of minutes later saw her; -another time he(staff #2) was on the unit; -the clients were on the unit; -"could not tell you where the nurse was;" -the door to the nursing office was open; -went to shut the door to the nursing office, -saw a bag of medications laying out; -he took a picture; -Nurse #1 was working; -Nurse #1 had set the medications out because a discharged client was supposed to pick the medications up but he never did. <p>Review on 12/14/21 of a picture on staff #2's cell phone revealed:</p> <ul style="list-style-type: none"> -a brown desk by a window with long white vertical blinds with a plastic bag of several medication bottles laying on the brown desk; -date and time on the picture was 11/26/21 at 12:37pm. <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be</p>	V 120		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MCLEOD ADDICTIVE DISEASE CENTER-4TH FLOOR

515 CLANTON ROAD, 4TH FLOOR
CHARLOTTE, NC 28217

Division of Health Service Regulation
STATE FORM

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V 123	<p>Continued From page 20</p> <p>tablet daily to be administered on the following days of the week: Sunday, Tuesday, Wednesday, Thursday and Saturday; -no documentation present in the record regarding any medication error, any drug reaction and any notification of medication error to a physician or pharmacist.</p> <p>Observation on 12/15/21 at 11:40am of client #3's medications revealed Warfarin 7.5mg one tablet daily on Sunday, Tuesday, Wednesday, Thursday and Saturday dispensed 9/8/21.</p> <p>Review on 12/14/21 and 12/15/21 of client #3's MAR from 12/7/21-12/15/21 revealed: -Warfarin 7.5mg one tablet daily listed on the MAR to administer only on the following days of the week: Sunday, Tuesday, Wednesday, Thursday and Saturday; -Warfarin 7.5mg one tablet daily was documented as administered on the following days of the week as ordered: Wednesday(12/8), Thursday(12/9), Saturday(12/11), Sunday(12/12) and Tuesday(12/14); -Warfarin was documented as administered on two additional dosing dates of 12/10(Friday) and 12/13(Monday).</p> <p>Interview on 12/14/21 and 12/15/21 with client #3 revealed he took Warfarin every day in the morning.</p> <p>Interview on 12/15/21 with the Treatment Program Manager revealed she was not aware client #3 was administered additional doses of Warfarin.</p> <p>Interview on 12/15/21 with the Director of Adult Treatment Services(DATS) revealed "off the top of my head, we don't have any medication</p>	V 123		

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V 123	Continued From page 21 errors." This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.	V 123		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	V 366		

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V 366	Continued From page 22 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the	V 366		

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V 366	<p>Continued From page 23</p> <p>LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the health and safety needs of the individuals involved in the incident, failed to develop and implement corrective measures and failed to maintain documentation. The findings are:</p> <p>Review on 12/14/21 of an incident report dated</p>	V 366		

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V 366	<p>Continued From page 24</p> <p>11/19/21 completed by Counselor #1 documented the following: -3:12pm 11/19 entered nursing office and asked for a client chart so as to copy medication regimen an dosing, informed nurse on duty [Nurse #1] would take Dr(doctor) orders from the chart in order to copy the page for purpose of completing an admission application, Upon leaving the nursing office and going out into hallway, [Nurse #1] left the nursing office and walked past me, leaving medication cabinet unlocked and door to nursing office unlocked. [Counselor #2] was in hallway and I called to him. I informed him what happened and we waited several minutes for [Nurse #1] to return to the nursing office;"</p> <p>-under the section on the form titled "Incident Prevention" was documented: "Treatment services leadership has reviewed nursing office protocols with nursing staff. McLeod will continue to administer written warnings as appropriate" completed by the Operations Manager on 11/22/21.</p> <p>Interview on 12/14/21 with the Treatment Program Manager(TPM) revealed: -started her position right before Thanksgiving as the TPM; -her position was clinical; -she had a supervision staff meeting with all residential staff and presented the information regarding the need to secure medications and the nursing office; -reported the Director of Adult Treatment Services(DATS) would have gone over the medication security protocol with Nurse #1 in response to the incident(11/19/21); -she will check to see if the DATS has documentation of this.</p>	V 366		

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NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH FLOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217		
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V 366	<p>Continued From page 25</p> <p>Review on 12/15/21 of a staff meeting dated 12/8/21 facilitated by the TPM and the Operations Manager revealed:</p> <ul style="list-style-type: none"> -staff sign in sheet and agenda; -under General Procedures on agenda: "Medication room and med cabinet must remained locked. Only nurses and med-trained staff should be in med room;" -sign in sheet did not have Nurse #1's signature and name. <p>Review on 12/15/21 of an email sent out to all residential staff regarding the information covered in the 12/8/21 staff meeting revealed the email was sent to Nurse #1 but there was no documentation Nurse #1 read the email.</p> <p>Interview on 12/14/21 with Nurse #1 revealed:</p> <ul style="list-style-type: none"> -been employed since October 8, 2021; -the nursing office was on the residential unit; -clients came to the nursing office to get their medications; -medications were kept in a locked cabinet, and the nurses have a key; -protocol was to close the medication cabinet when she finished giving out medications to clients; -never left the medication cabinet open; -when she left the nursing office, she would close and lock it; -was not made aware the nursing office and the medication cabinet was left unlocked; -"If that happened, they should have came to me and told me;" -did not know of the incident and no one met with her about it; -nobody has addressed with her; -would be a write up, verbal warning or something and she did not sign anything; -the DATS never said anything to her about 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/17/2021
NAME OF PROVIDER OR SUPPLIER MCLEOD ADDICTIVE DISEASE CENTER-4TH FLOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 515 CLANTON ROAD, 4TH FLOOR CHARLOTTE, NC 28217		
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V 366	<p>Continued From page 26</p> <p>leaving the medication cabinet and nursing office unlocked;</p> <p>-the DATS did discuss with her about some of the counselors "being petty;"</p> <p>-only see the DATS when she got her time sheet;</p> <p>-"have no idea what you are talking about"</p> <p>-"correct thing to do would be to sit down and discuss it with me."</p> <p>-"they just canceled my contract;"</p> <p>-said she was "alienating staff;"</p> <p>-got this notification on Monday 12/5/21;</p> <p>-"it says nothing about medication errors or not following protocols and procedures."</p> <p>Interview on 12/15/21 with the DATS revealed:</p> <p>-was made aware of the unlocked medications through multiple residential staff;</p> <p>-Nurse #1 stepped over to the other office across the hallway from the nursing office and left the door open with intention to return quickly and she got delayed;</p> <p>-only time he was made aware of unlocked medications;</p> <p>-addressed the issue in a staff meeting;</p> <p>-he was not part of the staff meeting;</p> <p>-also addressed in an email sent to all nurses and staff to review;</p> <p>-"probably we did not do well enough to follow-up on;"</p> <p>-"we did not request a read receipt(for email sent to Nurse #1) and we should have going forward."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0201 Governing Body Policies (V105) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 366		