Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
	MHL0601328	B. WING		12/09/2021	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
<i>(</i>			т		
•	CHARLO	OTTE, NC 28210			
SUMMARY STATEMENT OF DEFICIENCIES ( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
0 INITIAL COMMENTS		V 000			
The complaint was un #NC0182840). A defi This facility is licensed categories: 10A NCA0 Hospitalization for Ind Mentally III and 10A N Supervised Living for	nsubstantiated (intake ciency was cited.  If or the following service C 27G .1100 Partial cividuals Who Are Acutely ICAC 27G .5600A  Adults with Mental Illness.				
27G .0209 (C) Medica	ation Requirements	V 118			
REQUIREMENTS (c) Medication admini (1) Prescription or nor only be administered order of a person auth drugs. (2) Medications shall clients only when auth client's physician. (3) Medications, inclu- administered only by unlicensed persons tr pharmacist or other le privileged to prepare a (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, all	stration: n-prescription drugs shall to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of it to each client must be kept administered shall be after administration. The following:				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT)  INITIAL COMMENTS  A complaint survey was The complaint was un #NC0182840). A defit  This facility is licensed categories: 10A NCAC Hospitalization for Ind Mentally III and 10A N Supervised Living for The survey sample concurrent clients and 1 ft  27G .0209 (C) Medication adminit (1) Prescription or not only be administered order of a person authorized order orde	MHL0601328  ROVIDER OR SUPPLIER  STREET A  1717 SH  CHARLO  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  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 III 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.  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 administeration The MAR is to include the following:	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE  1717 SHARON ROAD WES  CHARLOTTE, NC 28210  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  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 III 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.  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, 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; (C) instructions for administering the drug; (C) instructions for administering the drug;	MHL0601328    B. WING	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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1 ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0601328		B. WING		12/09/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
HOPEWAY	<b>Y</b>		RON ROAD WE TE, NC 28210	ST		
(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)		
V 118	(E) name or initials of drug. (5) Client requests for checks shall be recorfile followed up by apwith a physician.	person administering the medication changes or ded and kept with the MAR pointment or consultation	V 118			
	failed to administer methe prescribing physic clients (Former Client Review on 12/6/21 of record revealed: -Admission date: 9/13-Diagnoses: Attention Disorder, Mild episod Depressive Disorder, Substance Abuse in r Disorder, recurrent, s-physician orders for and Attention Deficit H symptoms) 200mg (medaily.  Review on 12/6/21 of 9/19/21 revealed: -modafinil 200mg tablethe 3 drug administral-received modafinil 20	ew and interviews the facility edications as prescribed by cian affecting 1 of 3 audited #1). The findings are:  Former Client (FC) #1's  8/21; Deficit Hyperactivity e of recurrent Major				

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Division	of Health Service Regu	lation			_
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING		A. BUILDING: _		COMPLETED	
MHL0601328		B. WING		12/09/2021	
		WITIL000 1328			12/09/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
HODEWAY	,	1717 SH	ARON ROAD WE	ST	
HOPEWA		CHARLO	OTTE, NC 28210		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE DATE
				DEFICIENCY)	
V 118	Continued From page 2		V 118		
	   Review on 12/7/21 of	FC#1's Incident Report			
	dated 9/17/21 revealed	<del>-</del> -			
		ation modafinil into the			
	facility upon admission				
		medications was completed			
	by Former RN #1;	medications was completed			
		error for modafinil 200mg			
		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				
	administered properly; -Former RN#1 was off duty on 9/15/21 and had				
		ation at the correct nurse's			
		n could not be located by			
	assigned RN;	Treduction be located by			
		d at another nurse's station			
	and was restarted on				
	-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 wi	th a written warning dated			
		of company policy for			
		isplacement resulting in a			
	medication error on 9				
		l a review of the Medication			
	Storage, Medication A				
	Administration, Contr				
	Accountability, and M				
	Management Policies				
	_	aining for Prevention of			
	Medication Errors by				
	-former RN#1 termina				
	abandonment of job of	duties and insubordination.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '			(X3) DATE SURVEY COMPLETED	
	MHL0601328	B. WING		12	2/09/2021	
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	re, zip code	·		
,	1717 SHA	RON ROAD WE	ST			
1	CHARLO	TTE, NC 28210				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
8 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.						
Former RN#1 revealer-messages left for Former	d: rmer RN#1 via phone;					
-transitioned from the position to a 1st shift   September 2021; -was aware that Form with medications erro had concerns with he	Director of Nursing (DON) RN position in early er RN#1 had some issues rs and some of the nurses					
-had no knowledge of -was not aware of any problems, errors, or c -an incident report wa facility medication error	y current medication oncerns; s completed for every or and the DON completed					
-FC#1 brought in med admission; -FC#1 brought in a co not stored at the prop not be located on 9/15 -FC#1 missed 3 dose but the medication wa another nurse's statio 9/16/21; -reviewed medication discipline to the assig RN#1);	ontrolled substance that was er nurse's station and could 5/21 for administration; s of modafinil on 9/15/21 as located late that day at an and was restarted on protocols and issued ned admitting RN (Former					
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT)  Continued From page Attempted interviews FC#1 revealed: -messages left for FC-received no return cather and the position to a 1st shift September 2021; -was aware that Form with medications error had concerns with he player; -had no knowledge of was not aware of any problems, errors, or can incident report was facility medication error follow up with that RN Interview on 12/6/21 v-FC#1 brought in medication; -FC#1 brought in medication; -FC#1 brought in a continued on 9/15 version of the second of the proposition of the proposition of the second of the proposition o	MHL0601328  ROVIDER OR SUPPLIER  STREET AD  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  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	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STAY  1717 SHARON ROAD WE CHARLOTTE, NC 28210  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 3  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	ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1717 SHARON ROAD WEST CHARLOTTE, NC 28210  SUMMARY STATEMENT OF DEPOLISHINGS (EACH DEPOLENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC DEATTEYMS INFORMATION)  COntinued From page 3  Attempted interviews on 12/8/21 and 12/9/21 with FCPH revealed: -received no return calls.  Attempted interview on 12/8/21 and 12/9/21 with Former RN#1 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 brought in medication was restated on 9/15/21 but the medication was located late that day at another nurse's station and was restarted on 9/15/21 but the medication was located late that day at another nurse's station and was restarted on 9/15/21 but the medication protocols and issued discipline to the assigned admitting RN (Former RN#1); -FC#1 brought was terminated on 11/9/21 for job	A BUILDING:	

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PRINTED: 12/16/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING \_ MHL0601328 12/09/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1717 SHARON ROAD WEST **HOPEWAY** CHARLOTTE, NC 28210 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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