

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-094</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAK HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2415 WEST LENOIR DRIVE LENOIR, NC 28645</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on January 7, 2022. The complaint was substantiated (Intake #NC00183727). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.1300 Residential Treatment for Children or Adolescents.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies quarterly and for each shift. The findings are:</p>	V 114		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Review on 1/4/22 of the facility's fire drill logs from January 2021 to December 2021 revealed: -3rd Quarter (July - September) - no 3rd shift fire drill.</p> <p>Review on 1/4/22 of the facility's disaster drill logs from January 2021 to December 2021 revealed: -1st Quarter (January - March) - no 1st and 3rd shift disaster drills. -2nd Quarter (April - June) - no 2nd and 3rd shift disaster drills. -3rd Quarter - no 1st and 2nd shift disaster drills. -4th Quarter (October - December) - no 2nd and 3rd shift disaster drills.</p> <p>Interview on 1/4/22 and 1/7/22 with the Qualified Professional/Residential Director revealed: -There were 3 shifts Monday - Friday; on Weekends 2-24 hour shifts. -He understood the rule to be one disaster drill per quarter. -He would ensure the disaster drills were done each quarter for each shift.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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,</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure prescription and non-prescription drugs were administered on the written order of a person authorized by law to prescribe drugs and that MARs were kept current affecting 2 of 3 audited clients (Clients #1 and #3). The findings are:</p> <p>Review on 1/4/22 of Client #1's record revealed: -Admission date 9/15/21. -Diagnosis of Adjustment Disorder with mixed disturb of emotions and conduct.</p> <p>Observation on 1/4/22 at 2:06 p.m. of Client #1's medications revealed:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>-Sertraline HCl (Zoloft) 100 milligrams (mg) - 1 tablet every day - dispensed 12/23/21.</p> <p>-Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril as needed (PRN) - dispensed 12/8/21.</p> <p>-Seroquel 25 mg - was not observed.</p> <p>Review on 1/4/22 of Client #1's MARs for October 2021 to present date revealed:</p> <p>-Sertraline HCl (Zoloft) 100 mg - 1 tablet every day - was initialed as starting 10/4/21.</p> <p>-Zoloft 50 mg - 1 tablet every day - was initialed as starting 11/1/21 and given through 1/4/22.</p> <p>-Zoloft 100 mg was not listed on November, December or January MARs.</p> <p>-Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril PRN - was not listed on October and November.</p> <p>-Seroquel 25 mg - 1 tablet at bedtime PRN was not listed on November, December and January MARs.</p> <p>Review on 1/4/22 of Client #1's "Medical Appointment Information Record" revealed:</p> <p>-10/23/21 - (signed same date)- Sertraline HCl (Zoloft) 100 mg - 1 tablet every day; Seroquel 25 mg - 1 tablet at bedtime PRN; Sumatriptan Nasal Spray 5 mg - 1 spray in each nostril PRN was not listed.</p> <p>-10/23/21 (second sheet - same date) signed 11/11/21 - Zoloft 50 mg - 1 tablet every day; Seroquel was same as above; Sumatriptan Nasal Spray 5 mg - PRN was not listed.</p> <p>-11/6/21 (signed same date) - "Sertraline 50 mg (Zoloft 100 mg)" - 1 tablet every day; Seroquel was same as above, Sumatriptan Nasal Spray - 5 mg - PRN was not listed.</p> <p>Review on 1/4/22 of Client #3's record revealed:</p> <p>-Admission date 3/31/20.</p> <p>-Diagnoses of Autism Spectrum Disorder,</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>Post-Traumatic Stress Disorder, and Circadian Rhythm Sleep Disorder.</p> <p>Observation on 1/4/22 at 1:58 p.m. of Client #3's medications revealed: -Seroquel 25 mg - 1 tablet at bedtime - dispensed 12/15/21.</p> <p>Review on 1/4/22 of Client #3's MARs from October 2021 to present date revealed: -Seroquel 25 mg - 1 table at bedtime - was not listed on November, December and January MARs.</p> <p>Interview on 1/4/22 with the Qualified Professional/Residential Director revealed: -The staff completed the top portion of the Medical Appointment Information Record to include client's name, date of birth, diagnoses and current medications. -Staff also wrote the medications the client's took on the MARs each month. -It depended on who took the client to the doctor and who was working at the end of the month which staff completed these documents. -He believed the confusion was due to typos on the Medical Appointment sheet and the MARs. -All of the medications - a.m. and p.m.- were dispensed in the same bubble pack from the pharmacy. -It was believed Client #1 was receiving 100 mg of Zoloft as this was how it was dispensed from the pharmacy. -Client #1's Seroquel 25 mg was discontinued; he could not find the discontinue order. -This had been a problem getting actual prescriptions from the doctor and the pharmacy; He had repeatedly asked for these. -Client #1 continued to receive Sumatriptan Nasal Spray PRN - staff forgot to write it on the MAR.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-Client #3 received his Seroquel as ordered as it was included in the bubble pack with all his p.m. medications.</li> <li>-It was overlooked as to not being re-written on the MARs.</li> <li>-He would contact the pharmacy and ask if they would print monthly MARs for each client to assist in documentation errors.</li> </ul>	V 118		