FORM APPROVE 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 MHL014-094 01/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE OAK HOUSE LENOIR, NC 28645 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on January 7, 2022. The complaint was substantiated (Intake #NC00183727), Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.1300 Residential Treatment for Children or Adolescents. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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 (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. A new form will be used to outline a (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be schedule that will be used to track and repeated for each shift. Drills shall be conducted identify each drill performed covering under conditions that simulate fire emergencies. each area of the house simulating (d) Each facility shall have basic first aid supplies different types of emergency on all accessible for use. shifts. The tracking form will indicate 3-1-2022 the date the shift the place the type of disaster, each form will be completed and posted for all staff to see. The This Rule is not met as evidenced by: house manager will review each Based on record review and interview, the facility failed to conduct fire and disaster drills under month and discuss with the area conditions that simulate emergencies quarterly clinical team to make any changes and for each shift. The findings are: needed.

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

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of

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: A. BUILDING: COMPLETED MHL014-094 B. WING 01/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2415 WEST LENOIR DRIVE **OAK HOUSE** LENOIR, NC 28645 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 114 Continued From page 1 V 114 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. 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. 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. V 118 27G .0209 (C) Medication Requirements V 118 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

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client's physician.

(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,

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Spray PRN - staff forgot to write it on the MAR. Division of Health Service Regulation

the pharmacy.

dispensed in the same bubble pack from the

-It was believed Client #1 was receiving 100 mg of Zoloft as this was how it was dispensed from

-Client #1's Seroquel 25 mg was discontinued; he

-Client #1 continued to receive Sumatriptan Nasal

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.

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