

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2022
NAME OF PROVIDER OR SUPPLIER INSPIRATIONZ		STREET ADDRESS, CITY, STATE, ZIP CODE 607 HILLHAVEN DRIVE WINSTON-SALEM, NC 27107		
(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 An annual survey was completed on 2/2/2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 2 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) 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 (E) name or initials of person administering the drug.	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 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 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.	

In accordance to the rule 10A
NCAC 27G .0209
MEDICATION
REQUIREMENTS

not met by the surveyor Inspirationz, LLC provided a Plan of Correction after the surveyor spoke with Nurse on 1/28/2022 the day in which the medications were reviewed and justified as typing error Surveyor and Director reviewed the medications the director pointed out the handwritten proof of the actual med Vistaril that all staff was aware as it was documented in the consumers record by the nurse in the consumers record in question prior to the typing error to indicate clearly it was a typing error as actual med dosage, prescribing method where all correct . RN reviewed all medications for accuracy on 1/28/2022 with the surveyor. Both clients medications were discussed and also verified for accuracy on 1/28/2022. The Director pointed out to the surveyor the handwritten Mar from the nurse showing that Vistaril was noted in the clients record as of 2/25/21 and that it was clearly a typing error indicating to correct dosage and given directions of the medication.

After reviewing the findings from the survey, all deficiencies were corrected within 30 minutes of their findings. The Plan of Correction was reviewed with the surveyor while interviewing Registered Nurse (RN) on staff.

The Plan of Correction is as follows, ALL medication administration records (MAR) will go through three checks prior to going active into use. The Registered Nurse will sign on off that all medications match prescriptive orders that have been given by the provider. Following the RN signing off the MAR that the medications match the prescriptive orders against the MAR. If there is a discrepancy, then the AP will return the MAR back to the RN to review the error. If the MAR passes the quality check with the AP the final check will be with the staff member that will activate using the MAR for the first day of the month. The staff member will then sign off that the MAR matches the prescriptions for the month and or changes then finally the MAR will be used for the month. Having three checks by three different personnel with ensure accuracy of the MAR. This plan of correction was in place prior to the end of the initial survey date

. I was told on January 28, 2022 that the plan of correction was sufficient by the surveyor and all deficiencies were clear when I spoke to her on the telephone on 1/28/2022

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

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</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 record reviews, observations and interviews, the facility failed to ensure the MAR was kept up to date affecting 2 of 2 clients (#1 & #2) . The findings are:</p> <p>Review on 2/1/2022 of Client #1's record revealed: - Admission date: 8/5/2020 Diagnoses: Conduct Disorder; Unspecified Trauma; Mild Intellectual Developmental Disorder; Attention Deficit-Hyperactivity Disorder (ADHD); Disruptive Mood Disorder; and Oppositional Defiant Disorder; - Age: 17 - Physician's order for Vistaril 25mg (milligrams), 1 capsule QHS (every day at bedtime), dated 2/25/2021. - No physician's order for Vyvanse.</p> <p>Review on 1/28/2022 of Client #1's MARs dated 11/1/2021 to 1/28/2022 revealed: - Administration instructions for Vyvanse 25mg, 1 capsule QHS, was present with staff initials indicating that it was administered every day. - Vistaril was not present on the MARs.</p> <p>Observation at approximately 11:07am on 1/28/2022 of Client #1's medications revealed:</p>	V 118	<p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) 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 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>	01/28/2022

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STATE FORM

6899

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If continuation sheet 2 of 4

Division of Health Service Regulation

		<p>In accordance to the rule 10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>not met by the surveyor Inspirationz, LLC provided a Plan of Correction after the surveyor spoke with Nurse on 1/28/2022 the day in which the mediations were reviewed and justified as typing error Surveyor and Director reviewed the medications the director pointed out the handwritten proof of the actual med Vistaril that all staff was aware as it was documented in the consumers record by the nurse in the consumers record in question prior to the typing error to indicate clearly it was a typing error as actual med dosage, prescribing method where all correct . RN reviewed all medications for accuracy on 1/28/2022 with the surveyor. Both clients medications were discussed and also verified for accuracy on 1/28/2022. The Director pointed out to the surveyor the handwritten Mar from the nurse showing that Vistaril was noted in the clients record as of 2/25/21 and that it was clearly a typing error indicating to correct dosage and given directions of the medication.</p> <p>After reviewing the findings from the survey, all deficiencies were corrected within 30 minutes of their findings. The Plan of Correction was reviewed with the surveyor while interviewing Registered Nurse (RN) on staff.</p> <p><i>The Plan of Correction is as follows, ALL medication administration records (MAR) will go through three checks prior to going active into use. The Registered Nurse will sign on off that all medications match prescriptive orders that have been given by the provider. Following the RN signing off the MAR that the medications match the prescriptive orders against the MAR. If there is a discrepancy, then the AP will return the MAR back to the RN to review the error. If the MAR passes the quality check with the AP the final check will be with the staff member that will activate using the MAR for the first day of the month. The staff member will then sign off that the MAR matches</i></p>	
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If continuation sheet 3 of 4

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			<p><i>the prescriptions for the month and or changes then finally the MAR will be used for the month. Having three checks by three different personnel with ensure accuracy of the MAR. This plan of correction was in place prior to the end of the initial survey date</i></p> <p><i>. I was told on January 28, 2022 that the plan of correction was sufficient by the surveyor and all deficiencies were clear when I spoke to her on the telephone on 1/28/2022</i></p>	
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - No Vyvanse was present. - Hydroxyzine pamoate (generic for Vistaril) 25mg, 1 capsule QHS, filled on 11/30/2021 was present. <p>Review on 2/1/2022 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 8/5/2020 - Diagnoses: Unspecified Disruptive/Impulsive Control/Conduct Disorder; Borderline Intellectual Functioning; Disruptive Mood Disorder; and ADHD, Combined Presentation. - Age: 17 - A physician's order for risperidone 2mg, 1 tablet BID (twice daily), dated 10/29/2020. <p>Review on 1/28/2022 of Client #2's MARs dated 11/1/2021 to 1/28/2022 revealed:</p> <ul style="list-style-type: none"> - Administration instructions for: "Risperidone (Risperdal) 2 mg tablet: Take 2 (2mg) tablet by mouth twice a day" <p>Observation at approximately 11:38am on 1/28/2022 of Client #2's medications revealed:</p> <ul style="list-style-type: none"> - Risperidone 2mg, 1 tablet BID, filled on 12/29/2021 was present. <p>Interview on 2/1/2022 with Client #1 revealed:</p> <ul style="list-style-type: none"> - He thought that he had been taking the correct medications every day. <p>Interview on 2/1/2022 with Client #2 revealed:</p> <ul style="list-style-type: none"> - He had been getting the correct doses of his medications every day. <p>Interview on 2/2/2022 with the Associate Professional (AP) revealed:</p> <ul style="list-style-type: none"> - The errors on the administration instructions on Clients #1 and #2's MARs were due to a clerical error. 	V 118		
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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - The errors had been fixed. - Clients #1 and #2 had been administered the correct medications at the correct doses. <p>Interview on 2/1/2022 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She did not have oversight of Clients #1 and #2's medications. - The Registered Nurse (RN) was responsible for reviewing MARs for accuracy. - She believed that Clients #1 and #2 had been administered the correct medications every day. <p>Interview on 1/28/2022 with the RN revealed:</p> <ul style="list-style-type: none"> - She was responsible for ensuring that MARs were correct. - The errors on the MARs were typographical errors. - The correct medications and doses had been administered to Clients #1 and #2. - The MARs were corrected by the time of her interview. - She would work with the Director to develop a system to ensure that MARs were correct in the future. <p>Interviews on 1/28/2022 and 2/1/2022 with the Director revealed:</p> <ul style="list-style-type: none"> - The RN reviewed MARs for accuracy. - Client #1 had been taking hydroxyzine (Vistaril), not Vyvanse as the MARs indicated. - The errors on the MARs were typographical errors. - The correct medications and medication doses had been administered to Clients #1 and #2. - She would talk to the RN and get the MARs corrected immediately. 	V 118		
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