

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-315	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/18/2022
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NAME OF PROVIDER OR SUPPLIER JOHNSON CENTER I	STREET ADDRESS, CITY, STATE, ZIP CODE 100 THURLOW STREET RED SPRINGS, NC 28377
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 18, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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</p>	V 118		

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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>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 record reviews and interviews the facility failed to ensure medications were administered as ordered by a physician and MARs kept current affecting 2 of 3 audited clients (#2 and #4). The findings are:</p> <p>Finding #1 Review on 3/18/22 of client #2's record revealed: -13 year old female. -Admitted on 4/23/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Major Depressive Disorder moderate with atypical features and Attention Deficit Hyperactivity Disorder (ADHD) predominantly inattentive presentation mild.</p> <p>Review on 3/18/22 of client #2's signed physician orders revealed: -10/29/21: Denta 5000 Plus toothpaste daily. (tooth decay) -2/2/22: Trileptal 300 milligram (mg) tablet twice daily. (seizures)</p> <p>Review on 3/18/22 of client #2's MARs from January 1, 2022 to March 18, 2022 revealed the following blanks: -Denta 5000 Plus - 3/5/22 and 3/6/22.</p>	V 118		

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V 118	Continued From page 2 -Trileptal 300 mg - 3/5/22 and 3/6/22. Interview on 3/18/22 client #2 stated: -She received her medications daily. -She had not missed or denied any medications. Finding #2 Review on 3/18/22 of client #4's record revealed: -9 year old female. -Admitted on 3/1/22. -Diagnoses of Oppositional Defiant Disorder and ADHD combined presentation. Review on 3/18/22 of client #4's signed physician orders revealed: -Vyvanse 50 mg tablet every morning. (ADHD) -Zoloft 25 mg tablet every morning. (depression) Review on 3/18/22 of client #4's MARs from January 1, 2022 to March 18, 2022 revealed the following blanks: -Vyvanse 50 mg - 3/5/22 and 3/6/22. -Zoloft 25 mg - 3/5/22 and 3/6/22. Interview on 3/18/22 client #4 stated: -She received her medications daily. Interview on 3/17/22 - 3/18/22 the Associate Professional/Owner stated: -She was sure the clients received their medications. -She believed staff missed documenting medications were administered. -She understood MARs should be kept current.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 121		

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V 121	<p>Continued From page 3</p> <p>(f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to perform six-month reviews of the drug regimens of clients receiving psychotropic medications, affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 3/18/22 of client #2's record revealed: -13 year old female. -Admitted on 4/23/21. -Diagnoses of Disruptive Mood Dysregulation Disorder, Major Depressive Disorder moderate with atypical features and Attention Deficit Hyperactivity Disorder (ADHD) predominantly inattentive presentation mild. -No documentation of a six-month psychotropic drug review.</p> <p>Review on 3/18/22 of client #2's daily drug regimen revealed: -Lithium 150 milligram (mg) tablet daily. (manic-depressive disorder) -Denta 5000 Plus toothpaste daily. (tooth decay)</p>	V 121		

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V 121	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Trileptal 300 mg 1 tablet twice daily. (seizures) -Hydrocortisone 2.5 % to skin on arms and legs as needed. (skin conditions) -Ibuprofen 600 mg 1 tablet every 6 hours for menstrual pain. <p>Interview on 3/17/22 - 3/18/22 the Associate Professional/Owner stated:</p> <ul style="list-style-type: none"> -The six-month psychotropic drug reviews were not completed for client #2. -She monitored the client's medications as a psychiatric nurse. -She would ensure six-month reviews of drug regimens were completed for clients who received psychotropic medications. 	V 121		