

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL054-156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ADVANCE BEHAVIORAL HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2840 LISA LANE KINSTON, NC 28502</b>
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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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on April 11, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 5 and currently has a census of 4. The survey sample consisted of audits of 3 current clients and 1 deceased client.</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>APR 22 2022</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 drug.</p>	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Angie Waller, ASHPC*      *Co-Owner*

*4-18-2022*

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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 review, observation and interview the facility failed to administer medications as ordered by a physician affecting 2 of 3 audited clients (#1 and #4). The findings are:</p> <p>Review on 4/11/22 of client #1's record revealed: - 66 year old female admitted 2/15/15. - Diagnoses included Intellectual/Developmental Disability, moderate; Seizure Disorder; Osteoarthritis; Scoliosis; and Hypertension. - Physician's orders as follows: Signed 9/15/21 rosuvastatin (high cholesterol) 40 milligrams (mg) 1 tablet at bedtime lisinopril (high blood pressure) 40 mg 1 tablet daily Signed 10/20/21 chlorhexidine 0.12% solution (germicidal oral rinse) swish for 30 seconds and expectorate twice daily, do not rinse mouth after expectorating - "Physician's Medical Evaluation/Consultation" dated 10/26/21 signed by client #1's Dentist included ". . . Last visit: Pt. (patient) was given . . . Periogard (brand name for chlorhexidine) rinse. . . Stop rinse for 2-3 days to allow ext (extraction) site to clot. Resume rinse after 3 days." - Dentist's order to discontinue use of chlorhexidine signed and dated 4/11/22.</p>	V 118	<p>QP Staff will re-in-service staff to <del>determine</del> ensure documentation on MAR is documented correctly each time meds are administered QP will monitor weekly.</p>	4/22/22
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V 118	<p>Continued From page 2</p> <p>Review on 4/11/22 of client #1's MARs for February 2022 - April 2022 revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for rosuvastatin with blanks for 2/06/22 and 2/13/22.</li> <li>- Transcription for lisinopril with blanks for 2/16/22 - 2/18/22 and 2/20/22.</li> <li>- Transcription for chlorhexidine with blanks 2/01/22 - 2/28/22; 3/01/22 - 3/31/22 and 4/01 - 4/11/22.</li> <li>- No documented explanation for the blanks.</li> </ul> <p>Observation on 4/11/22 at 11:55 am of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> <li>- rosuvastatin 40 mg 1 tablet at bedtime dispensed 3/28/22.</li> <li>- lisinopril 40 mg 1 tablet daily dispensed 11/30/21.</li> <li>- No chlorhexidine available.</li> </ul> <p>During interview on 4/11/22 client #1 stated she took her medications with staff assistance and to her knowledge she had never missed any.</p> <p>Review on 4/11/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 58 year old female admitted 4/15/16.</li> <li>- Diagnoses included Schizoaffective Disorder, bipolar type; Intellectual/Developmental Disability, moderate; Mixed Hyperlipidemia; Hyperglycemia; and Anxiety.</li> <li>- Physician's orders as follows: Signed 2/17/21 Entresto (heart failure) 24 mg - 26 mg 1 tablet twice daily Signed 7/27/21 calcium (bone health) 600 mg 1 tablet daily vitamin D3 (calcium absorption) 1000 international units (iu) 1 tablet daily Signed 11/11/21 olanzapine (anti-psychotic) 15 mg 1 tablet at</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>bedtime</p> <p>Review on 4/11/22 of client #4's MARs for February 2022 - April 2022 revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for Entresto with blank for 2/26/22 8:00 pm.</li> <li>- Transcription for calcium with blank for 2/26/22.</li> <li>- Transcription for vitamin D3 with blank for 2/26/22 8:00 pm.</li> <li>- Transcription for olanzapine with blank for 2/18/22.</li> <li>- No documented explanation for the blanks.</li> </ul> <p>During interview on 4/11/22 client #4 stated she took her medications with staff assistance and she had never missed any to her knowledge.</p> <p>During interview on 4/11/22 the Qualified Professional/Co-Owner stated:</p> <ul style="list-style-type: none"> <li>- Only 1 refill was ordered for client #1's chlorhexidine following a tooth extraction.</li> <li>- She confirmed the noted blanks on the MARs.</li> <li>- She felt confident the clients received their medications as ordered but the staff did not document medication administration.</li> <li>- She would remind staff to document administration of medications immediately after giving the medications.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		