

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-685</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/26/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS HEALTH CARE PHASE III</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3501 NEPTUNE DRIVE</b> <b>RALEIGH, NC 27604</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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed 4/26/22. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The facility is licensed for four and currently has a census of four. The survey sample consisted of three audits of current clients.</p>	V 000		
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</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 review, interview and observation the facility failed to ensure one of three audited (#1) clients medications were administered on the written order of a physician. The findings are:</p> <p>Review on 4/26/22 of client #1's record revealed: -Admission date 3/3/22 -Diagnoses of Disruptive Mood Dysregulation Disorder, Generalized Anxiety Disorder, Bi-polar and Post Traumatic Stress Disorder (PTSD).</p> <p>Review on 4/26/22 of client #1's Physician order dated 3/3/22 revealed: -"Albuterol- PRN (as needed)"</p> <p>Observation on 4/26/22 at 2:25 PM of client 1's medication box revealed no Albuterol present.</p> <p>Interview on 4/26/22 the Associate Professional (AP) stated: -The Albuterol may have been taken to the sister facility as she would need it there today. -Staff would take the Albuterol inhaler to the sister facility in case she needed while visiting there.</p> <p>Interview on 4/26/22 at the sister facility, the</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Qualified Professional (QP) stated:                      -Currently could not locate the Albuterol.                      -Would contact staff to locate.                      -Often staff brought medications to the sister facility for an audit.                      -Would locate and send picture to surveyor on 4/26/22.</p> <p>As of 4/27/22 no evidence of Albuterol present in the facility.</p>	V 118		