

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-229	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/23/2022
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NAME OF PROVIDER OR SUPPLIER FIRST IMAGE INC GRACE COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 3750 MEADOWVIEW RD BLDG F1 LUMBERTON, NC 28358
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed June 23, 2022. The complaint was unsubstantiated (NC00189038). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>This facility is licensed for 8 and currently has a census of 7. 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 (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;</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>(D) date and time the drug is administered; and (E) 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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered as ordered and MARs were kept current, affecting 2 of 3 audited clients (#1, #5). The findings are:</p> <p>Finding #1: Review on 6/23/22 of client #1's record revealed: -30 year old female admitted 11/23/21. -Diagnoses included cocaine use disorder, severe; cannabis use disorder, severe; opioid use disorder, severe.</p> <p>Review on 6/23/22 of client #1's Emergency Department (ED) "After Visit Summary" dated 4/2/22 revealed: -Reason for ED visit, "Weakness - Generalized." -Diagnosis, "Bell's palsy." -Instructions, "Take valacyclovir (valacyclovir) approximately every 8 hours for 7 days to help with the Bells palsy. Take prednisone once per day for 7 days."</p> <p>Review on 6/23/22 of client #1's medication orders revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Order dated 11/22/21 for Valtrex (Valacyclovir) PRN (as needed) if outbreak occurs. No dosage or frequency included in the order. (Used to treat infections caused by certain types of viruses.)</p> <p>-No order documented to clarify the 11/22/21 Valtrex order for the dosage, frequently, or instructions for when to start the medication (i.e. with onset of symptoms) or how long to continue the medication for an outbreak.</p> <p>-Order dated 4/2/22 for valacyclovir 1 gram tablet 3 times a day for 7 days.</p> <p>-Order dated 4/2/22 for prednisone 20 mg (milligrams), 3 tablets daily for 7 days. (Reduce symptoms and/or allergic-type reactions.)</p> <p>Review on 6/23/22 of client #1's MARs for April, May, and June 2022 revealed:</p> <p>-Valacyclovir 1 gram tablet, 3 times a day did not start until 4/5/22. (3 days after client #1's ED visit and medication ordered.)</p> <p>-Prednisone 20 mg, 3 tablets daily did not start until 4/5/22. (3 days after client #1's ED visit and medication ordered.)</p> <p>-Valacyclovir 500 mg by mouth daily PRN (as needed) was transcribed to the May 2022 MAR. The medication was documented intermittently in the morning over 12 days between 5/19/22 and 5/30/22 as follows: Given 5/19/22 and 5/20/22, skipped 5/21/11 and 5/22. Given 5/23/22, skipped 5/24/11 and 5/25/22. Given 5/26/22 and 5/27/22, skipped 5/28/22 and 5/29/22 and given 5/30/22. One dose was documented in the evening at 8 pm on 5/22/22.</p> <p>Interview on 6/22/22 client #1 stated:</p> <p>-She had been admitted the prior November.</p> <p>-She would go to the office to take her medications by 9 am.</p> <p>-She would get a "continuity form" from all physician visits to bring back to the facility.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The staff were good about reminding her when she needed to get a medication refilled. -She was responsible to call the pharmacy for refills and had not missed medications because they were not refilled. <p>Finding #2: Review on 6/23/22 of client #5's record revealed: -41 year old female admitted 4/28/22. -Diagnoses included alcohol use disorder, hypertension, and iron deficiency.</p> <p>Review on 6/23/22 of client #5's medication orders revealed: -Orders dated 2/23/22 included: -Complete multivitamin once daily (vitamin supplement) -Folic acid 400 mcg (micrograms) daily (supplement) -Citalopram 10 mg daily (antidepressant) -Acetaminophen 500 mg, 1-2 tablets every 6 hours as needed for pain or fever. -Ibuprofen 200 mg 1-2 tablets every 4-6 hours as needed for pain or fever. -Order dated 3/11/22: Naltrexone 50 mg 1/2 tab daily -Orders dated 5/10/22: -Citalopram 20 mg daily -Naltrexone 50 mg daily (alcoholism) -Discontinue amitriptyline (antidepressant) -Discontinue Trazodone (antidepressant) -No order for amitriptyline 25mg take ½ tab TID (3 times daily) prior to 5/10/22. -No order for Trazodone 100 mg take 2-3 at night as needed prior to 5/10/22.</p> <p>Review on 6/23/22 of client #5's "Patient Chart Report" from the pharmacy dated 4/27/22 revealed: -Folic acid 1 mg daily</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Naltrexone 50 mg daily</p> <p>MARs for April, May, and June 2022 revealed:</p> <p>-Trazodone 100 mg, 3 tablets, had been documented at night as administered on 4/27/22, and nightly from 5/1/22 - 5/11/22.</p> <p>-Citalopram HBR 20 mg QD had been administered 4/28/22 - 5/9/22. (Order dated 2/23/22 was for 10 mg.)</p> <p>-Amitriptyline 25 mg ½ tab tid had been documented TID from 4/28/22 - 5/10/22 (7am).</p> <p>-Naltrexone 50 mg daily had been administered 4/28/22 - 5/9/22. (Order dated 3/11/22 was for Naltrexone 50 mg 1/2 tab daily.)</p> <p>-MAR Entry: Drug identified as "Pain Relief;" Strength, "Tablets;" Directions, "take 2 every 6 hrs (hours) while symptoms last;" Drug date: "OTC (Over the Counter)."</p> <p>- "Pain Relief, " 2 tablets, had been documented as administered 8 times between 4/27/22 and 4/30/22; and 18 times between 5/1/22 and 5/10/22.</p> <p>-Complete multivitamin once daily had not been transcribed to the MARs.</p> <p>-Folic acid 1 mg daily had not been transcribed to the MARs.</p> <p>Interview on 6/22/22 client #5 stated:</p> <p>-She took medications daily between 7 am and 8 am, and some medications as needed.</p> <p>-She had not missed any doses of her medication.</p> <p>-The staff reminded her if she needed to call the pharmacy for a refill.</p> <p>-The facility staff would pick up her medications from the pharmacy.</p> <p>Interview on 5/23/22 the Program Director stated:</p> <p>-The staff had not obtained signed physician orders for client #5 at the time she was admitted.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-She had client #5's orders dated 2/23/22 and 3/11/22 sent to her on 6/23/22.</p> <p>-Client #5's "Patient Chart Report" from the pharmacy dated 4/27/22 was thought to be orders.</p> <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> <p>This deficiency has been cited 3 times since the original cite on 1/31/19 and must be corrected within 30 days.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 6/22/22 between 4 pm and 4:45 pm revealed: -Client #1's unit: -No stopper in bathroom sink. -Rust colored spotting across surface of light fixture above the bathroom sink.</p>	V 736		

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V 736	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Laminate surface of bathroom sink back splash missing sections beside the wall to the right of the sink. -Client #3's unit: <ul style="list-style-type: none"> -Laminate surface of bathroom sink, area approximately 12 by 6 inches, discolored. -Rust colored spotting across surface of light fixture above the bathroom sink. -Mismatched floor tiles in bathroom. -Client #4's unit: No stopper in bathroom sink. -Client #6's unit: <ul style="list-style-type: none"> -Sticky substance protruding from base of toilet. -Rust colored spotting across bottom surface of wall mounted medicine cabinet. -Mismatched and separations of floor tiles in hall and bathroom. -Surface of kitchen cabinets worn and the door to the base cabinet near the sink would not close securely. <p>Interview on 6/22/22 the Program Director stated:</p> <ul style="list-style-type: none"> -They have been approved to replace flooring in the units. -The toilet in client #6's unit had been recently replaced. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		