

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL077-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2022
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NAME OF PROVIDER OR SUPPLIER CREATIVE HELPING HANDS, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 478 GREENLAKE ROAD ROCKINGHAM, NC 28379
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on July 13, 2022. Deficiencies were 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>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop a treatment plan within 30 days of admission affecting one of three audited clients (#2). The findings are:</p> <p>Review on 7/13/22 of Client #2's record revealed the following: -Admission date of 5/31/22. -Diagnoses of Major Depressive Disorder, single episode, mild; Unspecified anxiety disorder; Unspecified trauma and stressor related disorder; Unspecified disruptive, impulsive-control and conduct disorder. -Client #2 had a Person Centered Plan from previous placement but not from current provider. -Client #2's Person Centered Plan from previous placement had no indication of participation from current provider.</p> <p>Interview on 7/13/22 with the Owner/ Qualified Professional revealed: -She was responsible for completing the Person Center Plans. -She was under the impression that a Person Centered Plan was to be completed within 60 days. -She thought the Managed Care Organization had informed her that treatment plans were to be done after 60 days of client being at the house. -She was also under the impression that a new Person Centered Plan had been completed</p>	V 112		

Division of Health Service Regulation

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V 112	Continued From page 2 indicating services by Creative Helping Hands prior of client attending the facility. -She would create a new Person Centered Plan for client #2 reflecting services by Creative helping Hands. -She confirmed a Person Centered Plan had not been completed within 30 days of facility providing services for client #2.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct disaster drills under conditions that simulate emergencies at least quarterly and repeated for each shift. The findings are: Record review on 7/13/22 of the facility's disaster drill log revealed: -There was no evidence that disaster drills had	V 114		

Division of Health Service Regulation

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V 114	Continued From page 3 been conducted for years 2021 and 2022. Interview on 7/13/22 with the Owner/Qualified Professional revealed: -Facility operated under two shifts. -First shift was from 7:00 am to 7:00 pm. Second shift was from 7:00 pm to 7:00 am. -She was under the impression that fire drills form had a section for disaster drills. -She was not aware that disaster drills were not being completed or recorded. -She confirmed facility failed to conduct disaster drills under conditions that simulate emergencies under each shift on each quarter.	V 114		
V 118	27G .0209 (C) Medication Requirements 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;	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>(C) instructions for administering the drug; (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 reviews, observation and interview the facility failed to ensure the Medication Administration Record (MAR) was current for two of three audited clients (#1 and #2). The findings are:</p> <p>Review on 7/13/22 of Client #1's record revealed: -Admission date of 12/29/21. -Diagnoses of Attention Deficit Hyperactivity Disorder, Combined Presentation; Parent-Child Relational Problem; Oppositional Defiant Disorder; Post Traumatic Stress Disorder.</p> <p>Review on 7/13/22 of Client #1's physician's orders revealed: -Order dated 12/21/21: -Cholecalciferol 25 micrograms (mcg.) Take one tablet daily. -Polythene Glycol 3350 238 gm. Take 17 grams (gm) daily at bedtime. -Order dated 6/30/22: -Trazadone 100 mg. Take one tablet in the evening for sleep. -Order dated 7/4/22:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Ziprasidone 40 mg. Take one capsule twice daily with meals. -Order dated 7/5/22: <ul style="list-style-type: none"> -Prazosin 2 mg. Take one capsule daily at bedtime. -Omeprazole 20 mg. Take one capsule daily. -Order dated 7/8/22: <ul style="list-style-type: none"> Sertraline 100 mg. Take one tablet daily at 7:00 pm. <p>Observation on 7/13/22 at 11:25 am of Client #1's medication revealed the following was available:</p> <ul style="list-style-type: none"> -Cholecalciferol 25 mcg. -Polythene Glycol 3350. -Trazadone 100 mg. -Ziprasidone 40 mg. -Omeprazole 20 mg. -Sertraline 100 mg. <p>Review on 7/13/22 of Client #1's MAR's for May 2022 through July 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Cholecalciferol 25 mcg. 7/12 at 7pm. -Polythene Glycol 3350. 7/12 at 7pm. -Trazadone 100 mg. 7/12 at 7pm. -Ziprasidone 40 mg. 7/2 at 7pm, 7/6-7/7 at 7pm, 7/10-7/12 at 7pm. -Omeprazole 20 mg. 7/12 at 7pm. -Sertraline 100 mg. 7/12 at 7pm. <p>Review on 7/13/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/13/22.. -Diagnoses of Major Depressive Disorder, single episode, mild; Unspecified anxiety disorder; Unspecified Trauma and stressor related disorder; Unspecified Disruptive, impulsive-control and conduct disorder. <p>Review on 7/13/22 of Client #2's physician's order dated 6/16/22 revealed the following:</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Prazosin 1 mg. Take one capsule daily in the evening. -Omeprazole 20 mg. Take one capsule in the evening at bedtime. <p>Observation on 7/13/22 at 11:30 am of Client #2's medication revealed the following was available:</p> <ul style="list-style-type: none"> -Prazosin 1 mg. -Omeprazole 20 mg. <p>Review on 7/13/22 of Client #2's MAR's for May 2022 through July 2022 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -Prazosin 1 mg. 7/12. -Omeprazole 20 mg. 7/12. <p>Interview on 7/13/22 with the Owner/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She confirmed staff did not initial the MAR for dates noted for Clients #1 and #2. -She was not aware that there had been blanks. -She would meet with staff and retrain them as needed. -She confirmed the facility failed to ensure the medication administration record (MAR) was current for Clients #1 and #2. 	V 118		