

SPT

PRINTED: 07/14/2022
FORM APPROVED

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
NAME OF PROVIDER OR SUPPLIER CREATIVE HELPING HANDS, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 478 GREENLAKE ROAD ROCKINGHAM, NC 28379		
(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	INITIAL COMMENTS An annual survey was completed on July 13, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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	Within 30 days of admission with the client and legally responsible person the qualified professional will update the Person centered plan utilizing the assessment. The QP will schedule a child and family team meeting within thirty days. The QP will add level III services and ensure the goals are simple, measurable, attainable, realistic, and timely.	

Division of Health Service Regulation

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

TITLE QP/CEO/EOO

(X6) DATE

Dn Brenda Dumas

STATE FORM

6899

S98611

If continuation sheet 1 of 7

Division of Health Service Regulation
STATE FORM

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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

CHH staff completed internal medication management review utilizing the Medication Administration: A course for Unlicensed Personnel in Community Facilities by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services on July 15, 2022

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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: -Prazosin 2 mg. Take one capsule daily at bedtime. -Omeprazole 20 mg. Take one capsule daily. -Order dated 7/8/22: 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		

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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			