

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW HOPE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>320 WEST HUDSON BOULEVARD GASTONIA, NC 28054</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 6/14/22. The complaint was unsubstantiated (NC #00189374). Deficiencies were cited.</p> <p>The 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 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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; (D) date and time the drug is administered; and</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>(E) name or initials of person administering the 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, observations and interviews the facility failed to ensure medications were administered to a client on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 clients (client #2). The findings are:</p> <p>Review on 6/14/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 3/26/20;</li> <li>- Age 16;</li> <li>- Diagnoses Oppositional Defiant Disorder, Intermittent Explosive Disorder, Unspecified Attention Deficit Hyperactivity Disorder;</li> <li>- No physician orders for over the counter (OTC) medications: <ul style="list-style-type: none"> <li>- Allergy Relief Loratadine(allergy) 10 milligrams(mg);</li> <li>- Loperamide Hydrochloride (anti-diarrhea) 2mg;</li> <li>- Diphenhydramine(Benadryl) 25 mg.</li> </ul> </li> </ul> <p>Observations on 4/8/22 at approximately 2:47pm of client # 2's medication box revealed:</p> <ul style="list-style-type: none"> <li>- OTC medications were in client #2's medication box;</li> <li>- Allergy relief loratadine 10 mg expired 9/2021</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <p>was in a box;</p> <ul style="list-style-type: none"> <li>- Single pill identified as loperamide hydrochloride 2mg on label expired 7/2020;</li> <li>- Single pill identified as diphenhydramine 25 mg on label expired 7/2021.</li> </ul> <p>Review on 6/8/22 of client #2's MAR for March 2022-June 2022 revealed:</p> <ul style="list-style-type: none"> <li>- PRN(as needed) medication flow sheet listed allergy relief loratadine was administered on 4/4/22, 4/8/22, 4/11/22, 4/12/22, 4/13/22 and 4/14/22.</li> </ul> <p>Interview on 6/8/22 with client #2 revealed:</p> <ul style="list-style-type: none"> <li>- Received medications daily;</li> <li>- Was unable to identify medications.</li> </ul> <p>Interview on 6/8/22 with the Chief Executive Officer revealed:</p> <ul style="list-style-type: none"> <li>- Unaware there was no physician's order for the OTC medications.</li> </ul>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 3 clients (client #2). The following are:</p> <p>Review on 6/14/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date 3/26/2020;</li> <li>- Age 16;</li> <li>- Diagnoses- Oppositional Defiant Disorder, Intermittent Explosive Disorder Unspecified, Attention Deficit Hyperactivity Disorder.</li> </ul> <p>Observation on 6/8/22 at 2:47 pm of client #2's medication revealed:</p> <ul style="list-style-type: none"> <li>- Allergy Relief Loratadine 10 milligrams(mg) over the counter (OTC) expired 9/2021;</li> <li>- Loperamide Hydrochloride 2mg OTC expired 7/2020;</li> <li>- Diphenhydramine 25 mg OTC expired 7/2021.</li> </ul>	V 119		

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V 119	Continued From page 4  Interview on 6/8/22 with the Chief Executive Officer revealed: - Not aware the medication had expired; - Disposed of the medication.	V 119		