

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHH0976</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAROLINA DUNES BEHAVIORAL CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2050 MERCANTILE DRIVE LELAND, NC 28451</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on July 22, 2022. One complaint was substantiated (intake #NC00190400) and three complaints were unsubstantiated (#NC00190665, #NC00190106, and #NC00190103). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 72 and currently has a census of 54. The survey sample consisted of an audit of 8 current clients and 5 discharged 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;</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>(B) name, strength, and quantity of the drug; (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 and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 4 current clients audited for medication administration (clients #1, and #4). The findings are:</p> <p>Finding #1: Review on 7/20/22 of client #1's record revealed: -14 year old female admitted 2/2/22. -Diagnoses included major depressive disorder, recurrent severe without psychotic features. -Order dated 4/7/22 for Flonase nasal spray, 2 sprays twice daily for allergies. -Order dated 4/7/22 for Lactobacillus 1 capsule at bedtime for digestive health. -Order dated 6/13/22 for Macrobid 100mg (milligram) twice daily for urinary track infection ending on 6/14/22. -Order dated 6/14/22 for sulfamethoxazole-trimethoprim 800mg-160mg twice daily, 10 days, for cellulitis.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 7/20/22 of client #1's MARs from 6/8/22 - 7/20/22 revealed:</p> <ul style="list-style-type: none"> <li>-Flonase nasal spray was scheduled to be administered at 8am and 8pm.</li> <li>-No documentation Flonase was administered at 8 pm on 7/5/22; 7/6/22 Flonase was documented as administered twice at 8pm.</li> <li>-No documentation Flonase was administered at 8 pm on 6/11/22; 6/12/22 Flonase was documented at administered twice at 8pm.</li> <li>-Lactobacillus was scheduled to be administered at 8pm.</li> <li>-No Lactobacillus documented as given on 7/5/22; 7/6/22 Lactobacillus was documented as administered twice at 8pm.</li> <li>-No Lactobacillus documented as given on 6/11/22, 6/24/22, and 6/26/22; Lactobacillus was documented as administered twice at 8pm on 6/13/22, 6/25/22, and 6/27/22.</li> <li>-Macrobid 100mg was documented as given once daily on 6/13/22 at 8pm and 6/14/22 at 8am.</li> <li>-Sulfamethoxazole-trimethoprim 800mg-160mg was documented as given twice daily for 9 days (6/15/22-6/23/22) and once on 6/14/22.</li> </ul> <p>Finding #2:</p> <p>Review on 7/20/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>-13 year old female admitted 1/28/22.</li> <li>-Diagnoses included PTSD (post traumatic stress disorder) unspecified.</li> <li>-Order dated 6/12/22 for bacitracin-neomycin-polymixin B topical 400 units twice daily for 7 days for wound.</li> <li>-Order dated 6/12/22 for cephalexin 250 mg three times daily for 7 days for cellulitis.</li> </ul> <p>Review on 7/20/22 of client #4's MARs from 6/8/22 - 7/20/22 revealed:</p> <ul style="list-style-type: none"> <li>-Bacitracin-neomycin-polymixin B topical 400 units was documented as given twice daily for 6</li> </ul>	V 118		

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V 118	<p>Continued From page 3</p> <p>days (6/13/22-6/18/22) and once on 6/12/22. -Cephalexin 250 mg was documented as given three times daily for 6 days (6/13/22-6/18/23) and once on 6/12/22.</p> <p>Interview on 7/20/22 the Physician's Assistant (PA) stated: -When she ordered an antibiotic twice daily for 7 days she expected the client would get a total of 14 doses. -When she ordered for a medication to be given 3 times daily for 7 days she expected the client would receive 21 doses. -She entered orders into the electronic system and it defaulted to the end dates.</p> <p>Interview on 7/20/22 the pharmacist stated: -She had investigated the documentation of client #1's Flonase and identified the system defaulted to documentation on the next day when a nurse documented a late entry for the medication given. -She would follow up with computer staff for a solution. -She had discussed the issue with clients missing antibiotic doses with the PA and they had agreed on a different process for ordering by the number of doses to make sure clients received the correct number of doses.</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 constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff	V 315		

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V 315	<p>Continued From page 4</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:</p> <p>Review on 7/20/22 of a sample of "Facility Daily Staffing Sheets" and midnight census reports for 7/11/22 through 7/16/22 revealed:</p> <ul style="list-style-type: none"> <li>-100 Hall census ranged from 17 to 18 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty.</li> <li>-200 Hall census ranged from 14 to 15 clients. The night shift staffing ranged from 1 to 3 direct care staff on duty.</li> <li>-300 Hall census was 14 clients each night. The</li> </ul>	V 315		

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V 315	<p>Continued From page 5</p> <p>night shift staffing ranged from 1 to 3 direct care staff on duty. -400 Hall census ranged from 10 to 11 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty.</p> <p>Interview on 7/20/22 the Director of Quality and Risk Management stated: -The facility continued to work short staffed at times. -Despite ongoing efforts to recruit staff, it had been impossible to always have the required number of staff on duty. -He himself had come in and worked when staffing was critically low.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 315		