

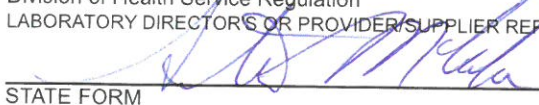
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHH0976	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2022
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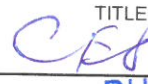
NAME OF PROVIDER OR SUPPLIER CAROLINA DUNES BEHAVIORAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2050 MERCANTILE DRIVE LELAND, NC 28451
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on July 22, 2022. One complaint 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	<p>Carolina Dunes Behavioral Health takes these findings seriously and has implemented what we feel is an effective plan of action to address the identified deficiencies and monitor for compliance with actions taken. Pursuant to your request, the response is structured as follows: 1) the measures put in place to correct the deficient practice, 2) the measures put in place to prevent the problem from occurring again, 3) the person who will monitor the situation to ensure it will not occur again, and 4) how often the monitoring will take place.</p>	
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;</p>	V 118	<p>V 118</p> <p>The electronic medical record indicates the administration of a medication on the following day when a Nurse documents the administration after midnight, creating an extra line for the dosage time. To correct the practice of medication administration late entries being documented incorrectly after midnight, the Director of Nursing will educate all nurses regarding the proper method of documenting late entries of medication administration. The education will specify that the actual time of medication administration must be manually documented.</p> <p>When an antibiotic order with more than once daily dosing is ordered for a number of days and is started mid-day, the electronic medical record does not automatically add any omitted doses from that day to the end of the medication course, resulting in omitted overall doses.</p>	9-1-2022

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE

8/11/2022

STATE FORM

6899

54SK11

DHSR - Mental Health

If continuation sheet 1 of 6

AUG 17 2022

Lic. & Cert. Section

Division of Health Service Regulation

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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	<p>To correct this, the Medical Director will educate all Medical Staff on electronically ordering the number of intended doses of antibiotic medication orders with more than once daily dosing instead of ordering a number of days.</p> <p>The Director of Nursing will review a sample of Medication Administration Records weekly to determine compliance with medication administration and proper late entries. The Director of Nursing will report these findings weekly in Safety Committee as a standing agenda item.</p> <p>The Director of Pharmacy will review 100% of Physician's orders to ensure antibiotic medication orders with more than once daily dosing are ordered by number of doses instead of number of days. The Director of Pharmacy will contact any Provider ordering an antibiotic with more than once daily dosing by number of days instead of doses and ask them to revise the order to number of intended doses.</p> <p>The Director of Nursing will be responsible for monitoring medication administration. The Director of Pharmacy will be responsible for monitoring Physician's orders.</p>	
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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"> -Flonase nasal spray was scheduled to be administered at 8am and 8pm. -No documentation Flonase was administered at 8 pm on 7/5/22; 7/6/22 Flonase was documented as administered twice at 8pm. -No documentation Flonase was administered at 8 pm on 6/11/22; 6/12/22 Flonase was documented at administered twice at 8pm. -Lactobacillus was scheduled to be administered at 8pm. -No Lactobacillus documented as given on 7/5/22; 7/6/22 Lactobacillus was documented as administered twice at 8pm. -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. -Macrobid 100mg was documented as given once daily on 6/13/22 at 8pm and 6/14/22 at 8am. -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. <p>Finding #2:</p> <p>Review on 7/20/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> -13 year old female admitted 1/28/22. -Diagnoses included PTSD (post traumatic stress disorder) unspecified. -Order dated 6/12/22 for bacitracin-neomycin-polymixin B topical 400 units twice daily for 7 days for wound. -Order dated 6/12/22 for cephalexin 250 mg three times daily for 7 days for cellulitis. <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"> -Bacitracin-neomycin-polymixin B topical 400 units was documented as given twice daily for 6 	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	Continued From page 4 10A NCAC 27G .1902 STAFF (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. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (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. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. 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: 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: -100 Hall census ranged from 17 to 18 clients. The night shift staffing ranged from 2 to 3 direct care staff on duty. -200 Hall census ranged from 14 to 15 clients. The night shift staffing ranged from 1 to 3 direct care staff on duty. -300 Hall census was 14 clients each night. The	V 315	V 315 To improve recruitment and retention of direct care staff, the base salary for the position has been increased and the shift differentials have been increased to incentivize working evenings and nights, especially on weekends. To ensure that a 2:6 direct care staff to patient ratio is maintained at all times, the Director of Nursing and Program Manager will report daily to the CEO in the Safety Committee meeting the number of staff scheduled for that day and the following day. The census will be capped as needed on the PRTF units when appropriate staffing cannot be guaranteed due to staffing shortages. The Lead MHTs have been empowered to offer critical shift incentive pay to help cover vacant MHT shifts. A central call-out phone is being provided which is answered by a Lead MHT to ensure that coverage for the vacant shift is obtained in a timely manner. In the event of an unforeseen staff vacancy, the Program Manager will notify the designated MHT(s) that they must stay until appropriate relief can be obtained. The Lead MHTs are responsible for obtaining this relief coverage. The facility is using OnShift scheduling software to communicate with employees through blast messages regarding vacant shifts. The Program Manager will monitor staffing ratio compliance and report to the CEO twice daily with an update the following day. A Scheduling Coordinator position has been created and filled in order to improve consistency of MHT scheduling and to ensure the schedule reflects sufficient staff coverage to maintain the correct ratios.	9-1-2022

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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	<p>The Human Resources Director and leadership team will hold bi-weekly new hire orientation classes instead of monthly classes to expedite the onboarding of prospective employees in order to increase hiring ahead of turnover. These bi-weekly new hire orientations will continue until staffing levels are adequate to maintain proper ratios at all times on all shifts. In addition to the base salary increases being offered to MHTs, the shift differentials have been increased to promote coverage of the historically more difficult to cover shifts on evenings and weekends.</p> <p>The Program Manager is responsible for maintaining the appropriate 2:6 direct care staff to patient ratio.</p> <p>The Program Manager will monitor this process daily and report any discrepancies and corrective action to the CEO in the Safety meeting.</p>	