Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-075	A. BUILDING: _____ B. WING _____	R 09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE HAVEN	2533 AIRPORT ROAD MARION, NC 28752

(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 and follow up survey was completed on 9/28/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 6 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	See attached for POC	
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 reviews and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 9/27/22 of fire and disaster drills	V 114		

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

LCSW 10/28/22

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V 114	Continued From page 1 revealed: -There was no documentation of disaster drills having been conducted on 2nd shift in any quarter from September 2021-August 2022. Interview on 9/27/22 with Enhanced Services Program Manager revealed: -Facility ran 12 hour shifts so they only had day (6a-6p) and evening (6p-6a) shifts. -Staff reviewed disaster drills virtually each month and then reviewed drills with clients. -Had not scheduled any disaster drills for 2nd (evening) shifts. -Was not aware disaster drills were also required to be per shift.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration;	V 117		

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V 117	Continued From page 2 (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all prescription medications available for administration were not expired for 1 of 3 clients (Client #3). The findings are: Record review on 9/27/22 for Client #3 revealed: -Date of admission-9/23/22 -Age-18 years -Diagnoses- Post Traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder Observation on 9/27/22 of medication box for Client #3 revealed -1 bottle of Bupropion 75mg with a dispense date of 9/16/21 -1 bottle of Focalin XR 40mg dispensed 8/19/21. Interview on 9/28/22 with Client #3 and his father revealed: -His mom just used old bottles to send with him to respite. She had the currently dispensed bottles at home. Interview on 9/28/22 with the Home Manager/Qualified Professional revealed:	V 117		

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V 117	Continued From page 3 -Day staff conducted intakes after she had approved and scheduled a new admission. -Staff were not paying attention to the expiration dates on bottles when they accepted and counted medications at admission.	V 117		
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; (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.	V 118		

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V 118	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MARs current for 1 of 3 clients (Client #3). The findings are: Record review on 9/27/22 for Client #3 revealed: -Date of admission-9/23/22 -Age-18 years -Diagnoses- Post Traumatic Stress Disorder, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD). -Physician ordered medication on 1/17/22 included: -Focalin XP 40mg (milligrams) (ADHD) -1 tablet in morning and 1 at noon. -Vraylar 1.5mg (depression) -1 tablet at bedtime with 3mg tablet. -Acidophilus probiotic 30 billion (digestive supplement)- 1 capsule in the mornings. -Metformin 500mg (diabetes)-twice daily with meals ordered on 8/31/22. -Levothyroxine 100mg (thyroid)- once daily ordered on 11/19/21. Review on 9/28/22 of MARs for September 2022 for Client #3 revealed: -Focalin not initialed as administered on 9/28/22 am dose. -Vraylar not initialed as administered on 9/25/22. -Vraylar was initialed as administered on 9/24/22 8am. -Acidophilus not initialed as administered on 9/28/22.	V 118		

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V 118	Continued From page 5 -Metformin not initialed as administered on 9/23/22 pm dose and 9/24/22 am dose. -Levothyroxine not initialed as administered on 9/25/22. Interview on 9/28/22 with Home Manager/Qualified Professional revealed: -Staff are trained constantly on medication issues such as completing the MARs correctly. -Will continue providing support (notes and reminders) for staff passing medications. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Provider Name:	**A Caring Alternative**	**Phone:**	**828-437-3000**
Provider Contact Person for follow-up:	[redacted] **Chief Compliance Officer**	**Fax:**	**828-437-4999**
		Email:	[redacted] **caringalternative.com**
Address:	2533 Airport Road Marion, NC 28752		**Provider #** 921422

Finding	Corrective Action Steps	Responsible Party	Time Line
V114: Facility failed to hold fire and disaster drills on each shift at least quarterly.	Drill report form has been revised to be specific to Care Haven needs. Disaster and Fire drills have been scheduled out from Oct 2022-Sept 2023 to ensure drills are conducted for both staff shifts. Staff are trained at new hire and annually (at least) on agency disaster and fire drill plans. Care Haven staff have been given specific written instructions related to the process requirements of their facility to ensure compliance.	[redacted] House Manager	Implementation Date: 10/17/22 Projected Completion Date: 10/22/2022
V117: Facility failed to ensure all prescription medications available for administration were not expired for 1 of 3 clients.	Intake Process checklist has been updated to include a step to check expiration dates on all medications. All Staff have been trained in group supervision on the update of the checklist, with special highlight of the step to check medications for expiration.	[redacted] House Manager	Implementation Date: 9/30/22 Projected Completion Date: 10/6/22
V118: facility failed to keep the MARs current for 1 of 3 clients	House Manager reviewed MAR documentation procedures with staff during supervision meetings on 10/6/22, 10/17/22, and 10/20/22. QA Department will continue to monitor MAR accuracy when level I Medication Administration Incident Reports are completed to ensure accurate documentation.	[redacted] House Manager [redacted] Chief Compliance Officer	Implementation Date: 10/6/22 Projected Completion Date: 11/27/22 Projected Completion Date: