STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-384	A. BUILDING: _____ B. WING _____	10/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARY BENSON HOUSE	450 MONFORD AVENUE ASHEVILLE, NC 28801

(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 complaint survey was completed on 10/26/22. The complaint was unsubstantiated (intake #NC00192537). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 12 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 106	27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (8) use of medications by clients in accordance with the rules in this Section; (9) reporting of any incident, unusual occurrence or medication error; (10) voluntary non-compensated work performed by a client; (11) client fee assessment and collection practices; (12) medical preparedness plan to be utilized in a medical emergency; (13) authorization for and follow up of lab tests; (14) transportation, including the accessibility of emergency information for a client; (15) services of volunteers, including supervision and requirements for maintaining client confidentiality; (16) areas in which staff, including nonprofessional staff, receive training and	V 106		

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V 106	Continued From page 1 continuing education; (17) safety precautions and requirements for facility areas including special client activity areas; and (18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement their written policy for the use of medications by clients affecting 3 of 3 audited clients (Client #1, #2, and #3). The findings are: Refer to V118 for information for Client #1, #2 and #3 regarding: -admission dates and diagnoses for Client #1, #2, and #3; -physician orders for currently prescribed medication; -self-administration documentation for Over the Counter (OTC) and prescription medications; -missing staff initials on the Medication Administration Record (MAR) documenting that staff monitored clients administering their own medications. Review on 10/12/22 of the facility's Medication Policy revealed: -"1003.05 Medication Monitoring- - ... Mary Benson House does not have licensed or qualified nursing staff to administer or dispense medication. Mary Benson House	V 106		

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V 106	Continued From page 2 employees monitor clients' self-administration of medications to ensure proper adherence to the written prescription order." - "1003.052 MAR (Medication Administration Record) Documentation- Medications monitored shall be recorded immediately after self-administration. The MAR sheet is to include the following: 1. Client's name 2. Name, strength and quantity of the drug 3. Instructions for administering the drug 4. Date and time the drug is administered 5. Name or initials of person monitoring the drug ... 6. Explanation of request for a PRN ..." - "1003.056 Special Issues When consumers leave the facility for an overnight or day pass and require medications during their time away, staff will document on the MAR sheet what medications were taken and how much the client has in her possession. When medication doses are missed, staff will document on the MAR sheet stating what dose was missed, why, and what action was taken." Interview on 10/26/22 with the Regional Director revealed: -the facility used the electronic MAR provided by the pharmacy that filled the prescriptions; -the facility was in the process of switching to a different electronic health record which allows for customization of fields for documentation by staff; -they will add a statement at the top of the MAR that clients self-administered their medications; -the medication policy will be reviewed to ensure it reflected their current processes.	V 106		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 3 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 records reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Review on 8/19/22 of the facility's fire and disaster drills for 7/1/21-6/30/22 revealed: -no documentation that fire or disaster drills were conducted on any shift from 10/1/21-12/31/22; -no documentation that a disaster drill was conducted on 2nd shift from 1/1/22-3/31/22. Interview on 8/18/22 and 8/22/22 with the Program Manager (PM) revealed: -shifts are "am" and "pm" for Residential Treatment Specialists (RTS); -their shifts were 12 hours each; -RTS's on "am" shift worked 8:00am to 8:00pm but some may work until only 4:00pm-5:00pm depending on staff needs; "pm" shift was 8:00pm to 8:00am;	V 114		

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V 114	Continued From page 4 -she wanted to designate a safety officer for tasks such as the drills. Interview on 8/22/22 with Client #2 revealed: -facility did fire and disaster drills "more than I care to say." Interview on 8/22/22 with Client #3 revealed: -had been at the facility for almost 90 days; -heard that the facility had fire and disaster drills but she had not been involved in one yet. Interview on 8/18/22 with the facility's Case Manager/Residential Treatment Specialist (CM/RTS) revealed: -the staff person who was scheduling the drills left; staff were now rotating responsibility of doing the drills among staff again; -she "followed the sound of the air horn and exits the building." Interview on 8/23/22 with Staff #1 revealed: -position was RTS; she worked 8:00pm to 8:00am on Sundays, Mondays, and Tuesdays; -she had done fire/disaster drills; -drills were assigned to different staff; she had not been chosen recently to complete a drill.	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	V 118		

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V 118	Continued From page 5 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. This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to ensure that 2 of 2 audited staff (Staff #1 and the Case Manager/Residential Treatment Specialist (CM/RTS) who administered medications were trained by a legally qualified person privileged to administer medication; failed to ensure that medications were administered only on the written order of a person legally authorized to prescribe medications for 3 of 3 audited clients (Clients #1, #2, and #3) and failed to ensure that	V 118		

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V 118	Continued From page 6 MARs were kept current for 3 of 3 audited clients (Clients #1, #2, and #3). The findings are: Finding #1: Review on 8/18/22 of Client #1's record revealed: -date of admission: 12/29/21; -diagnoses of Opiate Use Disorder (d/o), severe, in sustained remission, on maintenance therapy; Sedative, Hypnotic, Anxiolytic d/o, severe, in early remission; Stimulant Use d/o, amphetamine type, severe, early remission; Tobacco Use do, moderate; Post Traumatic Stress d/o (PTSD); -was approved on 1/10/22 by the facility's physician to self-administer both over the counter (OTC) and prescription medication. Review on 8/18/22 of Client #2's record revealed: -date of admission: 5/3/22; -diagnoses of Opiate Use d/o, severe, on maintenance therapy; Alcohol Use d/o, severe; Sedative, Hypnotic, Anxiolytic Use d/o, severe, in early remission; Stimulant Use d/o, cocaine, severe, in sustained remission; PTSD; Attention Deficit Hyperactivity d/o (ADHD); Tobacco Use d/o, severe; -was approved on 5/4/22 by the facility's physician to self-administer both OTC and prescription medication. Review on 8/18/22 and 8/19/22 of Client #3's record revealed: -date of admission was 6/13/22 -diagnoses of Stimulant Use d/o, amphetamine type, severe; Opiate Use d/o, moderate; ADHD, predominantly inattentive type; Major Depression, mild; Generalized Anxiety d/o; PTSD; -was approved on 6/20/22 by the facility's physician to self-administer both OTC and prescription medication.	V 118		

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V 118	Continued From page 7 Review on 8/18/22 of physician's orders for Client #1 revealed: -Buprenorphine (opioid maintenance therapy) 8mg (milligram) SL (sub-lingual) tablet, dissolve 1 tablet under tongue three times daily (TID) ordered 4/27/22; -Gabapentin (pain) 300mg, 1 capsule TID ordered 6/8/22; -Docusate (constipation) 100mg take capsule TID ordered 7/22/22. Review on 8/18/22 and 8/19/22 of Client #1's MARs dated 6/1/22-8/18/22 revealed: -Gabapentin 300mg, 1 capsule TID was administered 6/1/22-6/7/22 without a written physician order; -there were no staff initials on the MAR to indicate that Client #1 self-administered her medications on the following dates and times: -6/5/22 for the 8:00pm doses for Buprenorphine 8mg and Gabapentin 300mg; -7/13/22 for the 12:00pm doses for Buprenorphine 8mg SL; -7/13/22- no initials for the 12:00pm dose of Gabapentin 300mg; -8/9/22 and 8/13/22- for the 8:00pm doses Buprenorphine 8mg, Docusate 100mg, and Gabapentin 300mg. Review on 8/18/22 and 8/22/22 of physician orders for Client #2 revealed: -Enoxaparin (blood clotting) 40mg syr (syringe), administer under the skin daily (evening), ordered on 6/13/22; -Suboxone (opioid maintenance therapy) 8mg-2mg sl film, dissolve ½ film under tongue every afternoon ordered 5/20/22; -Suboxone 8mg-2mg sl film, dissolve 1 film under tongue twice daily (BID) ordered 5/20/22.	V 118		

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V 118	Continued From page 8 Review on 8/18/22 and 8/23/22 of the MARs dated 6/1/22- 8/18/22 for Client #2 revealed: -Enoxaparin 40mg was administered 6/1/22 and 6/3/22-6/12/22 without a written physicians order; -there were no staff initials on the MAR to indicate that Client #2 self-administered her medications on the following dates and times: -6/2/22, 7/9/22, 8/10/22 for Enoxaparin 40mg; -6/29/22, 6/30/22, 7/1/22, 7/26/22, 8/6/22, for Suboxone 8mg-2mg (afternoon dose); -7/12/22 (8:00am) and 7/26/22 (8:00am) for Suboxone 8mg-2mg, 1 film under tongue twice daily. Review on 8/22/22 of physician orders for Client #3 revealed: -Bupropion (smoking cessation/depression) 300mg, one tab daily ordered 6/22/22; -Acetaminophen (pain), 500mg, take 2 gel caps every 6 hours while symptoms last. Do not take more than 6 gel caps in 24 hours unless prescribed by a doctor. Do not take for more than 10 days unless directed by a doctor. OTC physician orders were signed on 6/20/22. Review on 8/18/22 and 8/22/22 of MARS dated 6/1/22-8/18/22 for Client #3 revealed: -Acetaminophen 300mg was documented as administered for 15 consecutive days from 7/16/22 to 7/30/22 without a written doctors order to administer for more than 10 days; -there were no staff initials on the MAR on 7/12/22 to indicate that Client #3 self-administered bupropion 300mg. Finding #2 Review on 8/19/22 of Staff #1's personnel record revealed:	V 118		

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V 118	Continued From page 9 -hired on 11/29/21; -position was Residential Treatment Specialist (RTS); -medication administration training completed on 11/15/21; -the training, "Your role in the Medication Process," was a one hour, online only training. Review on 8/19/22 of the Case Manager/Residential Treatment Specialist's (CM/RTS) personnel record revealed: -hired on 12/28/20; -position was Case Manager/RTS; -medication administration training completed on 12/28/20; -the training, "Your role in the Medication Process," was a one hour, online only training. Interview on 8/23/22 with Staff #1 revealed: -had been working at the facility since October or November 2021; -she observed clients "administer meds (medications) to themselves;" -she had training on medications, the "5 rights of meds;" -a traveling nurse came to the facility and assisted with how to use the "Quick Mar;" -the facility was working with (local pharmacy) on how best to use the MAR. Interview on 8/18/22 with the CM/RTS revealed: -she worked 9:00am-3:00pm Monday and Tuesday, Wednesday for 11 hrs, Thursday for 9 hours and off on Fridays; -there were "regimented" times for med pass; -she administered medications "occasionally" if she needed too. Interview on 8/19/22 and 10/26/22 with the Regional Director revealed:	V 118		

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V 118	Continued From page 10 -clients self-administered their medication; -their physician approved and signed a form approving clients to self-administer both OTC and prescription medication; -staff "don't actually administer medications" and that is why there was no medication administration training; staff take an online only training for medications when they are hired; -she will talk with staff about language and use of the word administer; "staff say they administer but they don't really;" -the facility will incorporate a face to face component by an RN (Registered Nurse) for the medication training. Interview on 8/19/22 with Client #1 revealed: -she was responsible to follow up with the doctor's office regarding her appointments and medications; -(local care manager program) helped her with her medications; they prescribed and monitored her medications; -there had been no problems with her medications. Interview on 8/22/22 with Client #2 revealed: -she was responsible for getting her refills called in to the pharmacy; -there were no concerns with her medications. Interview on 8/22/22 with Client #3 revealed: -medications were helpful; she took her medications at certain times; -knew when to get a refill "when it gets into the blue column on the pack;" -she had to call the doctor when she needed a refill. Due to the failure to accurately document medication administration, if could not be	V 118		

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V 118	Continued From page 11 determined if clients received their medication as ordered by the physician.	V 118		
V 732	27G .0303(a) Site Location 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (a) Each facility shall be located on a site where: (1) fire protection is available; (2) water supply, sewage and solid waste disposal services have been approved by the local health department; (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare; and (4) local ordinances and zoning laws are met. This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that clients were not exposed to hazards and pollutants that may constitute a threat to their health, safety and welfare affecting 3 of 3 audited clients (Client #1, #2 and #3). Interview on 8/22/22 with the (Local) County Environmental Health Staff revealed: -during a standard sanitation inspection June 2022, an inspector found the presence of lead hazards; -a copy of the report was sent to the provider.	V 732		

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V 732	Continued From page 12 A referral was made by phone on 8/22/22 by the DHSR (Division of Health Service Regulation) surveyor to the DHSR Construction Section regarding the (local) County Environmental Health report. A copy of the report was forwarded to the DHSR Construction Section. Review on 8/23/22 of the (Local) County Environmental Health report dated 7/29/22 revealed: -an inspection revealed the presence of "paint and dust have been identified as a source of lead exposure to a child less than 6 years of age;" -a recommendation that "lead poisoning hazards identified on the property be remediated." Interview on 8/26/22 with the Director of Safety and Workman's Compensation for the licensee revealed: -the facility was addressing the report but disagreed with it; -was trying to schedule a meeting with the county to discuss the report; -the (local) county (who issued the report) sold them the building years ago and "it was never an issue." Interview on 10/26/22 with the facility's Regional Director revealed: -DHSR construction staff conducted a site visit at the facility recently (she didn't have the specific date on hand); -the area of concern was a non-functioning fireplace in bedroom (room 106) on the first floor; -DHSR construction staff made recommendations to close off the part of the bedroom near the fireplace; -the facility will construct a wall to cover the fireplace; -the facility sent letters to the eight women	V 732		

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V 732	Continued From page 13 residing at the facility as required by the (Local) County's report.	V 732		