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	MHL011-264	A. BUILDING: _____ B. WING _____	R 12/15/2022

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 12/15/22. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 85 and currently has a census of 62. The survey sample consisted of audits of 6 current clients.	V 000		
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.	V 118		

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V 118	Continued From page 1 (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 record reviews and interviews, the facility failed to administer medications according to the written order of a physician for 1 of 6 audited clients (Client #4). The findings are: Cross Reference: 10A NCAC 27G .0209 Medication Requirements (V123). Based on record reviews and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 6 audited clients (Client #4). Record review on 12/13/22 for Client #4 revealed: -"Medication list" dated 10/19/22 and signed by Registered Nurse (RN) indicating verbal orders received by a physician included: -Prozac 40mg (depression) once daily. -Buspar 10mg (anxiety) once daily. -Magnesium Oxide 400mg (antacid) once daily. -Omeprazole 40mg (peptic ulcer) once daily. -There were no medication orders signed by a person authorized by law to prescribe medications. -Review on 12/13/22 of October-December 2022 MARs revealed: -Prozac was administered once daily for 64 days (10/19/22-12/14/22). -Buspar was administered twice daily for 21	V 118		

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V 118	Continued From page 2	V 118		

days (10/19/22- 11/8/22) and once daily for 43 days (11/9/22-12/14/22).
-Magnesium Oxide as administered once daily for 64 days (10/19/22-12/14/22).
-Omeprazole was administered once daily for 64 days (10/19/22-12/14/22).

Interview on 12/14/22 with Client #4's dispensing pharmacist revealed:
-There would be no problems or side effects in decreasing Buspar 10mg from twice a day to once a day.

Interview on 12/14/22 with Client #4 revealed:
-Had been at the facility for almost 2 months.
-Took Prozac, Buspar and Omeprazole.
-Went to the 11:00am medication call to get his medications.

Interview on 12/14/22 with the Medical Case Manager (MCM) revealed:
-Thought the signed medication order form was acceptable since it had the Nurse Practitioner's (NP) name and a signature.
-Did not realize the form was signed by the Registered Nurse as a VO (Verbal Order) from the NP.

Interview on 12/14/22 with the Executive Director (ED) revealed:
-It was the client's responsibility as part of the application and admissions paperwork to bring medications and current physician orders.
-It was the responsibility of both the Admissions Assistant and MCM to ensure the client had a signed physician order but "ultimately [MCM] is responsible for the med (medication) room."
-"If there was no order, [MCM] would call [local health center] right away,"
-If the facility was unable to get the local health

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V 118	Continued From page 3	V 118		

center to write a medication order, the facility "may tell the client to go home until they have the order."
-The MCM typed up the MARs.
-"Thought" that the MCM looked at the verbal order and that it was a physician signature.
-The difference between the physician order and label on Client #4's medication bottle "should have been caught when he got here."

Review on 12/14/22 of the Plan of Protection written by the ED and dated 12/14/22 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care?

The Medical Case Manager has contacted [local health center] to obtain a physician signed physician's order for the client in need. The Medical Case Manager will ensure this order is received within 24 hours of request.

The Medical Case Manager will complete an incident report for medication errors and will contact a pharmacist or physician should a medication error take place. This will take place immediately upon recognizing the error. The Medical Case Manager will assume responsibility for contacting the pharmacist/physician and not make it the client's responsibility.

The Medical Case Manager will ensure Client B (Client #3) contacts [local pharmacy] to inquire about how he should take his medication in terms of consistency of the time of day. This will take place on 12/14/22.

Describe your plans to make sure the above happens.
The Medical Case Manager contacted [local health center] to obtain the physician's order on

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V 118	Continued From page 4 December 14, 2022. The Medical Case Manager will contact [local urgent care] to schedule an immediate appointment should [local health center] not return the physician's order by close of business on 12/14/22. The Executive Director provided training to the Medical Case Manager on the procedure for incident reporting on December 14, 2022. This training included making clear that the Facility is responsible for contacting physician/pharmacist for medication errors instead of client being responsible. The Executive Director will arrange a training with the local Registered Nurse supervising FIRST's (Licensee) Medication Administration class to discuss the timing of medication as far as consistency of the time of day. This training will take place before January 15, 2023." Client #4 was admitted to the facility with alcohol use disorder, depression and anxiety. Client #4 received Prozac, Buspar, Omeprazole and Magnesium Oxide for 64 days without a signed physician's order. Upon the Medical Case Manager (MCM) identifying the medication error of Client #4 receiving double doses of Buspar for 21 days, the MCM did not consult with a physician or pharmacist regarding the error. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		
V 123	27G .0209 (H) Medication Requirements	V 123		

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V 123	Continued From page 5 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 6 audited clients (Client #4). The findings are: Record review on 12/13/22 for Client # 4 revealed: -Date of Admission: 10/14/22 -Diagnoses: Depression, Stomach Ulcers, Alcohol Use Disorder, Cocaine Use Disorder, Tobacco Use Disorder, Post Traumatic Stress Disorder. -Medication ordered via verbal order dated 10/19/22 included: -Buspar 10mg (milligram) (anxiety) once daily. Review on 12/14/22 of an undated incident report regarding Client #4 signed by The Medical Case Manager (MCM), Assistant Medical Case Manager and Client #4 revealed: -"Detailed account of incident: Client has been taking Buspirone (Buspar) 10mg twice daily.	V 123		

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V 123	Continued From page 6 Physician's order states it should be taken once daily. Cause of Incident: Client didn't realize that dose was changed while in jail custody. Immediate Corrective Measures: Client will take buspirone as per current physician order. Preventative Measures: Pay attention to directions on prescription label ...Individual and/or agency notified of incident: Client contacted nurse at [local] county jail ..." Interview on 12/14/22 with the MCM revealed: -Caught the mistake with Client #4's Buspar on 11/9/22 while he was auditing the MARs (medication administration record) and orders. The order prescribed Buspar only once daily rather than twice daily as written on the bottle he also brought in. -Client #4 came in with medications in a dispill pack (multi-dose pill packs) as well as bottles of medication. All of his AM medications were in one bubble pack and an evening dose of Buspar was in a second bubble pack. He brought about 7-8 days worth of dispill packs. -When he caught the mistake he completed the incident report. -Was not aware he needed to contact a pharmacist or physician regarding the medication error. Interview on 12/14/22 with the Executive Director (ED) revealed: -It was facility policy for a pharmacist or physician to be contacted for medication errors. -Will be providing additional training for all medication trained staff. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 123		

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V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to an offer of employment for 1 of 3 audited staff (House Manager (HM) . The findings are: Record review on 12/13/22 for the HM revealed: -Date of hire was 7/13/21 -HCPR was obtained on 7/19/21. Interview on 12/14/22 with Executive Director revealed: -It was his responsibility to complete the background and HCPR checks. -Their admissions director was taking the Administrative Director position and would be responsible for HCPR checks in the future.	V 131		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 8 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior;	V 536		

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V 536	Continued From page 9 (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.	V 536		

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(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.
(5) Acceptable instructor training programs shall include but are not limited to presentation of:
(A) understanding the adult learner;
(B) methods for teaching content of the course;
(C) methods for evaluating trainee performance; and
(D) documentation procedures.
(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.
(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.
(8) Trainers shall complete a refresher instructor training at least every two years.
(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.
(1) Documentation shall include:
(A) who participated in the training and the outcomes (pass/fail);
(B) when and where attended; and
(C) instructor's name.
(2) The Division of MH/DD/SAS may request and review this documentation any time.

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V 536	Continued From page 11 (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (House Manager (HM)) were trained on the use of alternatives to restrictive interventions. The findings are: Record review on 12/14/22 for the HM revealed: -Date of Hire was 7/13/21 -Previous training in de-escalation was 5/24/21 but annual recertification did not occur. Interview on 12/14/22 with Executive Director revealed: -The HM was scheduled for training on 12/22/22. -It was his responsibility to make sure training was kept up to date.	V 536		