

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL016-048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2022
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NAME OF PROVIDER OR SUPPLIER BEAR ISLAND RECOVERY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 CEDAR POINT BOULEVARD CEDAR POINT, NC 28584
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on December 8, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3600 Outpatient Opioid Treatment.</p> <p>This facility has a current census of 111. The survey sample consisted of audits of 11 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p>	V 105	<p>DHSR - Mental Health</p> <p>JAN 11 2023</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	Continued From page 1 (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure: (1)nursing staff had the equipment to implement the facility policy to implement standing orders for assessment of patients suspected of impairment, and (2) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice to review a patient's 12-month prescription history in the North Carolina Controlled Substances Reporting System (NCCSRS) prior to prescribing a Schedule II and Schedule III opioid medications and every 90 days thereafter. The findings are: Finding #1: Review on 12/7/22 and 12/8/22 of the facility, "Medical Director's Standing Orders" revealed: -1. "When Patient appears to be Intoxicated: ... The RN (registered nurse) or other staff will perform an instant Urine Analysis (UA) screening and a Breathalyzer (ETOH) (ethyl alcohol) to determine any presence of unauthorized drug use. ..." Interview on 12/7/22 RN#1 stated: -She was the RN working in the facility when it opened, had left employment, and recently returned. -The facility did not conduct breathalyzers for patients suspected of intoxication. -There was no breathalyzer device available to check a client's blood alcohol content (BAC) on site. -If a client was suspected to be intoxicated, a urine drug screen would be performed and sent to the reference lab.	V 105	<i>Finding # 1 : Inservice training for all nursing staff regarding standing orders protocol - this will be done in-person with each member of nursing staff on 1-19-23. The training will be performed by [REDACTED] and [REDACTED]. This training will be filed appropriately in personnel charts by Program Director, Erica Nichols.</i>	

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V 105	<p>Continued From page 3</p> <p>Interview on 12/8/22 RN#2 stated: -She had been working in the facility for 2 months. -She had never seen the breathalyzer before 12/8/22 when she was asked to put batteries in the device. -The breathalyzer device was newly purchased.</p> <p>Interviews on 12/7/22 and 12/8/22 the Licensee stated: -He was not aware a breathalyzer device was not available until he checked on 12/7/22. -One had been purchased and placed in the dosing area on 12/8/22.</p> <p>Finding #2: a. Review on 12/8/22 of client #238 revealed: -Client #238 was admitted on 10/13/22. -Admission diagnosis was severe opioid use disorder and opioid withdrawal. -Client #238's first dose of methadone was dated 10/13/22. -Documentation of the initial review of client #238's 12-month prescription history in the NCCSRS was dated 10/21/22.</p> <p>b. Review on 12/8/22/22 of client #187 revealed: -Client #187 was admitted on 6/2/22. -Admission diagnosis was moderate opioid use disorder and opioid withdrawal. -Client #187 was receiving Buprenorphine 20 mg, and switched to methadone on 12/1/22 following a 10 day absence from 11/21/22 through 11/30/22. -Documentation of the initial and only review of client #187's 12-month prescription history in the NCCSRS was dated 6/12/22.</p> <p>c. Review on 12/8/22/22 of client #203 revealed:</p>	V 105	<p>Finding # 2 :</p> <p>All new patients will have NCCSRS ran prior to being seen by MD, and every 90 days thereafter. The Program Director will be solely responsible for this task. These changes have been in effect since the survey was completed on 12/8/22. All NCCSRS for 100 percent of our patient population will be up to date and placed in patient charts no later than 2/1/23.</p>	
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V 105	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Client #203 was admitted on 7/28/22. -Admission diagnosis was severe opioid use disorder and opioid withdrawal. -Client #203's first dose of methadone was dated 7/28/22. -Documentation of the initial review of client #203's 12-month prescription history in the NCCSRS was dated 8/18/22. <p>d. Review on 12/8/22 of client #107 revealed:</p> <ul style="list-style-type: none"> -Client #107 was admitted on 1/13/22. -Admission diagnosis was opioid use disorder. -Client #107's first dose of methadone was dated 1/13/22. -Documentation of the initial review of client #107's 12-month prescription history in the NCCSRS was dated 2/2/22. <p>e. Review on 12/8/22 of client #099 revealed:</p> <ul style="list-style-type: none"> -Client #099 was admitted on 1/6/22. -Admission diagnosis was severe opioid use disorder. -Client #099's first dose of methadone was dated 1/6/22. -Documentation of the initial review of client #099's 12-month prescription history in the NCCSRS was dated 2/2/22. <p>f. Review on 12/8/22 of client #219 revealed:</p> <ul style="list-style-type: none"> -Client #219 was admitted on 9/8/22. -Admission diagnosis was opioid use disorder. -Client #219's first dose of methadone was dated 9/8/22. -Documentation of the initial review of client #219's 12-month prescription history in the NCCSRS was dated 9/15/22. <p>Interview on 12/8/22 the Program Director stated:</p> <ul style="list-style-type: none"> -Moving forward, she would ensure prescription history checks in the NCCSRS were completed 	V 105		

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V 105	Continued From page 5 prior to prescribing schedule II and schedule III opioid medications.	V 105		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.	V 108		

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V 108	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure provide training to meet client needs for 1 of 1 registered nurses (RN) audited (RN#2). The findings are: Review on 12/8/22 of RN #2's personnel record revealed; -Hire date: 9/12/22 -Position: Registered Nurse/Dosing Nurse Review on 12/7/22 and 12/8/22 of the facility "Medical Director's Standing Orders" revealed: -1. "When Patient appears to be Intoxicated: ... The RN or other staff will perform an instant Urine Analysis (UA) screening and a Breathalyzer (ETOH) (ethyl alcohol) to determine any presence of unauthorized drug use. ..." Interview on 12/8/22 RN#2 stated: -She had been working in the facility for 2 months. -She had not been trained on how to use the breathalyzer device. -She had never seen the breathalyzer before 12/8/22 when she was asked to put batteries in the device. -If she suspected a client was impaired, she would probably have them sit on the sofa, do a random urine drug screen, and call the physician.	V 108	Policy and procedure s regarding suspicion of patient intoxication, and the use of breathalyzer device have been reviewed by MD and CEO. Specific use of proper equipment and determining patient impairment will be part of the mandatory inservice training for all nursing staff lead by [REDACTED] MD and [REDACTED] PhD. All medical Staff will sign off, stating they have recieved this training, and will implement protocols in daily practice. This paperwork will be filed in personnel charts by PID no later than 2/1/23.	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118		

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V 118	<p>Continued From page 7</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as prescribed, affecting 2 of 2 audited clients (clients #238 and #187). The findings are:</p>	V 118	<p><i>Policy on standing orders have been reviewed by MD and CEO, and are being incorporated into the inservice training taking place on 1/19/23.</i></p>

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V 118	<p>Continued From page 8</p> <p>Finding #1: Review on 12/8/22 of client #238's record revealed: -Female client admitted 10/13/22. -Diagnoses: severe opioid use disorder and opioid withdrawal. -Induction order dated 10/13/22 read to administer methadone 25 mg (milligrams) and increase or decrease by 5 mg daily for signs and symptoms of opiate withdrawal up to a maximum dose of 80 mg.</p> <p>Review on 12/8/22 of client #238's MARs from 10/13/22 - 12/8/22 revealed: -Client #238 received 1 dose of 20 mg of methadone on 10/13/22. -Client #238 received 1 dose of 30 mg of methadone, a daily increase of 10 mg, on 10/14/22.</p> <p>Finding #2: Review on 12/8/22 of client #187's record revealed: -Male client admitted 6/2/22. -Diagnoses: moderate opioid use disorder and opioid withdrawal. -Order dated 7/19/22 to decrease Buprenorphine to 16 mg daily due to 4 day absence; may resume by 2 mg daily to maintenance of 20 mg daily.</p> <p>Review on 12/7/22 and 12/8/22 of the facility "Medical Director's Standing Orders ... Resuming dose after Absences revealed: -If a patient had been absent for 2 consecutive days, resume medicating at 80% of the last dose and 100% on subsequent days. -If a patient had been absent between 3 and 6 consecutive days, resume medicating at 66% of the last dose on the first day back, 80% on the second day back, and 100% on subsequent days.</p>	V 118	<p>Policy and procedure regarding dose changes due to patient absences, as well as urine drug screen protocols will be reviewed with all staff on the same date as the inservice training, 1/19/23. Reviewing will all clinic staff ensures uniformity in staff/patient interaction and allow for better overall patient care. This will be documented in the staff meeting notes binder and filed by PD no later than 2/1/23.</p> <p><i>E. Stuey</i>, MA, CCAS-A Program Director</p>	
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V 118	<p>Continued From page 9</p> <p>-Patients receiving Buprenorphine, after missing 3 or more days, required an "instant drug screen" and recent drug use history. The Medical Director would be consulted to determine appropriateness for resuming dosing if the "instant" drug screen was positive for opiates.</p> <p>Review on 12/8/22 of client #187's MARs from 9/2/22 - 12/8/22 revealed:</p> <p>-Client #187 had increased to a daily dose of Buprenorphine 20 mg prior to a 3 day absence on 10/1/22, 10/2/22, and 10/3/22.</p> <p>-Client #187's dose was decreased to Buprenorphine 14 mg on 10/4/22 and to 16 mg on 10/5/22.</p> <p>-Client #187 resumed dosing at Buprenorphine 20 mg on 10/6/22.</p> <p>-No urine drug screen was documented on 10/4/22 following a 3 day absence.</p> <p>-Client #187 had a 3 day absence from 10/24/22 - 10/26/22. No urine drug screen was documented on 10/27/22 following a 3 day absence. His dose was resumed at Buprenorphine 20 mg on 10/27/22.</p> <p>-Client #187 had a 10 day absence from 11/21/22 - 11/30/22. No "instant" urine drug screen was documented on 12/1/22.</p> <p>Interview on 12/8/22 the Program Director stated:</p> <p>-She looked and there were no other orders for client #238 to receive 20 mg on 10/13/22 or to increase her dose by 10 mg on 10/14/22.</p> <p>-The meaning of "instant" urine drug screen meant the staff would perform a dip urine drug screen that would give immediate results.</p> <p>-There were no dip urine drug screens documented for client #187 on 10/28/22 or 12/1/22 following his absences of 3 and 10 days respectively.</p>	V 118		

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V 118	Continued From page 10 Interview on 12/7/22 the Licensee stated: -The policy to decrease dosages after absence was only for those clients who received methadone. -The standing orders to decrease dosages due to absences did not apply to Buprenorphine. -No one had ever identified the policy was not clear that the orders to decrease doses due to absence only applied to methadone.	V 118		