	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
	MHL049-135	B. WING		03	C 3/22/2023	
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
	FESVILLE		TENSION			
SUMMARY S		,			(X5)	
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE) THE APPROPRIATE	COMPLET DATE	
INITIAL COMMENTS	3	V 000				
The complaint was s	ubstantiated (intake #					
category: 10A NCAC	27G .5000 Facility Crisis					
census of 13. The su	irvey sample consisted of					
27G .0209 (C) Medic	cation Requirements	V 118				
REQUIREMENTS (c) Medication admir (1) Prescription or no only be administered	nistration: on-prescription drugs shall I to a client on the written					
clients only when au client's physician.	thorized in writing by the					
administered only by unlicensed persons to pharmacist or other I privileged to prepare	r licensed persons, or by trained by a registered nurse, egally qualified person and and administer medications.					
all drugs administere current. Medications recorded immediatel MAR is to include the	ed to each client must be kept administered shall be y after administration. The					
(B) name, strength, a(C) instructions for a(D) date and time the	dministering the drug; e drug is administered; and					
	Recovery crc stat SUMMARY S (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS A complaint survey w The complaint was s NC00198680). Defic This facility is license category: 10A NCAC Services for all Disat This facility is license category: 10A NCAC Services for all Disat This facility is license census of 13. The su audits of 3 former cli 27G .0209 (C) Medic 10A NCAC 27G .020 REQUIREMENTS (c) Medication admir (1) Prescription or no only be administered order of a person aud drugs. (2) Medications shall clients only when aud clients only when aud clients or other the privileged to prepare (4) A Medication Admainstered current. Medications recorded immediatel MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for a (D) date and time the	IDENTIFICATION NUMBER: MHL049-135 ROVIDER OR SUPPLIER STREET / RECOVERY CRC STATESVILLE 524 SIG STATES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 3/22/23. The complaint was substantiated (intake # NC00198680). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Crisis Services for all Disability Groups. This facility is licensed for 16 and currently has a census of 13. The survey sample consisted of audits of 3 former clients. 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 Administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:	IDENTIFICATION NUMBER: A. BUILDING: MHL049-135 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC. DENTIFYING INFORMATION) ID INITIAL COMMENTS V 000 A complaint survey was completed on 3/22/23. The complaint was substantiated (intake # NC00198680). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5000 Facility Crisis Services for all Disability Groups. V 118 This facility is licensed for 16 and currently has a census of 13. The survey sample consisted of audits of 3 former clients. V 118 10A NCAC 27G. 0209 MEDICATION REQUIREMENTS V 118 (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. V 118 (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medication Administering the drug; (4) A Medication Administeried 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	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL049-135 B. WING RECOVERY CRC STATESVILLE STREET ADDRESS, CITY, STATE, ZIP CODE S24 SIGNAL HILL DRIVE EXTENSION STATESVILLE, NC 28625 BUILDING: PROVIDER'S PLANC RECOVERY CRC STATESVILLE S10 SUMMARY STATEMENT OF DEFICIENCIES (RACHORPROENCY OR LSC IDENTIFYING INFORMATION) ID PREFIX REQULATORY OR LSC IDENTIFYING INFORMATION) PREVIDER'S CORRECTIVE AL CROSS-REFERENCED TO DEFICIENT INITIAL COMMENTS V 000 A complaint survey was completed on 3/22/23. The complaint was substantiated (intake # NC00198680). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G, 5000 Facility Crisis Services for all Disability Groups. V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS V 118 (2) 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 physician. (3) Medications, including injections, shall be administered only by licensed parsons, or by unificensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	FCORRECTION IDENTIFICATION NUMBER: A BUILDING: 000000000000000000000000000000000000	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					С		
		MHL049-135	B. WING		03	8/22/2023	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
AYMARK		TESVILLE	NAL HILL DRIVE EX VILLE, NC 28625	KTENSION			
(X4) ID	SUMMARY S			PROVIDER'S PLAN C	OF CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	COMPLET	
V 118	Continued From pag	e 1	V 118				
	drug.						
	0	or medication changes or					
		rded and kept with the MAR					
	file followed up by ap	ppointment or consultation					
	with a physician.						
	This Rule is not met as evidenced by:						
		iew and interviews the facility					
		nedications on the written					
	(FC) #15 and #16. T	affecting 2 of 3 former clients The findings are:					
	Finding #1						
	Review on 3/22/23 o	f FC #15's November 2022					
	Medication Administr	ration Record (MAR)					
	revealed:						
		en order for Amantadine 100					
	milligrams (mg).						
	Poviow on 3/22/23 o	f Incident Reports revealed:					
	- Date of incident: 1						
	- Consumer's Name:						
	- Signed by: the Dire						
		nedication) pass agency					
	-	rmer Medical Technician					
		red 100 mg of Amantadine to					
	client (FC #15). This for him."	medication was not ordered					
	Review on 3/22/23 o	f Incident Reports revealed:					
	- Date of incident: 1	-					
	- Time of incident: "u	inknown"					
	- Consumer's Name:	EC #15					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL049-135	B. WING		03	C /22/2023
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
AYMARK	RECOVERY CRC STAT	(ESVILLE	NAL HILL DRIVE EX	TENSION		
		STATES	VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLE DATE
V 118	Continued From page	e 2	V 118			
	 V 118 Continued From page 2 Signed by: the Director "Client (FC #15) was given Amantadine 100 mg PO (by mouth) by [FMT #2], Med Tech (Medical Technician). Client was not ordered Amantadine as he was on Subutex protocol." Interview on 3/22/23 with FMT #2 revealed: She did not know that she made a medication error on 11/5/23 and gave FC #15 a medication that he was not prescribed. "I did not know about that one (medication error)." Interview on 3/21/23 with the Director revealed: On 11/5/23 FMT #2 administered 100 mg of Amantadine at 9 am and 3 pm to FC #15 FC #15 was never prescribed Amantadine. Attempted interview on 3/22/23 with FC #15: His phone was disconnected. 					
	Finding #2					
	 Date of incident: 17 Consumer's Name: Signed by: the Direction "Client (FC #16) rections Subutex sublingual with mg. Client advised militation just one pill' but med Technician (FMT) #2 Agency [FMT #2] ask 	FC #16				
	Medication Administr revealed:	f FC #16's November 2022 ration Record (MAR) mg, day 5: give 1 tab (2 mg)				

TATEMENT	f Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		MHL049-135	B. WING		03	3/22/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
AYMARK	RECOVERY CRC STAT	ESVILLE		TENSION		
			VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pag	e 3	V 118			
	twice daily (total of 4 - The MAR had no do medication error on 7	ocumentation about the				
		with the Director revealed: Freceived 4 mg of Subutex, ed to get 2 mg.				
	- On 11/5/22, he was Subutex pill (2 mg). H (4 mg).	with FC #16 revealed: supposed to receive 1 He received 2 Subutex pills really know what I was				
	- On 11/5/22, she did any medication error and told her that she - "To my knowledge	[FC #16] did not get too ny agency called me days				
V 123	27G .0209 (H) Medic	ation Requirements	V 123			
	and significant adver reported immediately pharmacist. An entry and the drug reaction	. Drug administration errors se drug reactions shall be				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL049-135	B. WING		03	C 3/22/2023
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
AYMARK		FESVILLE	NAL HILL DRIVE EX	TENSION		
		STATES	VILLE, NC 28625			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE ⁻ DATE
V 123	Continued From pag	e 4	V 123			
	This Rule is not met as evidenced by: Based on records review, and interviews, the facility failed to ensure drug administration errors were reported immediately to a physician or pharmacist. The findings are: Finding #1					
	Review on 3/22/23 o - Date of incident: 1 - Consumer's Name: - Signed by: the Dire - "Client (FC #16) red Subutex sublingual v mg. Client advised m 'just one pill' but med Technician (FMT) #2 Agency [FMT #2] asl out once they realized melted. - Debriefing: staff ren regarding any media	FC #16 ctor ceived 4 mg (milligrams) of when dose scheduled was 2 hed tech that his dose was I tech (Former Medical) insisted he take both. ked client to spit medication d the error, but it was already minded to call provider tion orders."				
	Medication Administr revealed: - 11/5/23: Subutex 2 twice daily (total of 4	mg, day 5: give 1 tab (2 mg) mg) ocumentation about the				
	- On 11/5/22, he was Subutex pill (2 mg). I (4 mg).	with FC #16 revealed: supposed to receive 1 He received 2 Subutex pills really know what I was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			C
		MHL049-135	B. WING		03/22/	
IAME OF PR	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
DAYMARK	RECOVERY CRC STAT	ESVILLE	NAL HILL DRIVE EX VILLE, NC 28625	CTENSION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 123	Continued From page	e 5	V 123			
	or medical doctor to r	report the medication error.				
	Finding #2					
	 Date of incident: 11 Consumer's Name: Signed by: the Direct "Client (FC #15) rectors of Subutex 2 mg 1 tapm) by evening med (FMT #2) as day shift medication. Debriefing: All nurset times and need to call late/missed med (medication Administrer revealed: 11/5/23: Subutex 2 twice daily (total of 4 The MAR had no do medication errors called her and told her and to ther and to the and the and to the and ther and ther and the and the and ther and t	FC #15 ctor ceived 1900 (7:00 pm) dose b sublingual at 2148 (9:48 tech (medical technician) t tech failed to give e staff reminded of med II provider to nifty of idications)." f FC #15's November 2022 ration Record (MAR) mg, day 5: give 1 tab (2 mg) mg) ocumentation about the 11/5/22. with FMT #2 revealed: not realize she had made s on 11/5/23 until the agency er that she had made errors. mber if anyone reported to ctor that FC #15 received his				