


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/13/2023
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NAME OF PROVIDER OR SUPPLIER FIRST AT BLUE RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 32 KNOX ROAD RIDGECREST, NC 28770
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V 000	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type B was completed on 3/13/23. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) and 10A NCAC 27G .0209 Medication Requirements (V123) were reviewed for compliance. The following was brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V123). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.</p> <p>This facility is licensed for 85 and currently has a census of 59. The survey sample consisted of audits of 10 current clients.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(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;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p>	V 117	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAR 31 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  STATE FORM	TITLE Executive Director	(X6) DATE 3/28/2023
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V 117	<p>Continued From page 1</p> <p>(C) the current dispensing date; (D) clear directions for self-administration; (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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the packaging and labeling were affixed to each prescription drug dispensed affecting 2 of 10 audited clients (Clients #2 and #5). The findings are:</p> <p>Observation on 3/7/23 at approximately 1:30pm of Client #2's medication revealed: -Bottle of Fluticasone (allergies) 50 micrograms (mcg) spray with the manufacturer's label. -There was no dispensing label affixed to the bottle.</p> <p>Observation on 3/7/23 at approximately 1:40pm of Client #5's medication revealed: -Mavyret (Hepatitis) 100-40 milligrams (mg) in the manufacturer's box. -There was no dispensing label affixed to the box.</p> <p>Record review on 3/7/23 for Client #2 revealed: -Date of Admission: 2/10/23. -Diagnosis: Alcohol Use Disorder, Depression, Anxiety.</p>	V 117	<p>Corrective Action Response for Tag V117.</p> <p>The Medical Case Manager will ensure prescription and non-prescription medication are appropriately packaged and labeled. The Medical Case Manager will ensure non-prescription medications stored at the facility will have the manufacturer's label with visible expiration dates. The Medical Case Manager will ensure up-to-date dispensing labels are attached to each prescription medication. The Medical Case Manager will consult the prescribing physician and pharmacy to address any situation when the label is not present.</p>	
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V 117	<p>Continued From page 2</p> <p>-Review of physician's orders dated 2/1/23 revealed: -Fluticasone nasal spray 50 mcg - 2 sprays each nostril once daily.</p> <p>Record review on 3/7/23 for Client #5 revealed: -Date of Admission: 8/30/22. -Diagnosis: Stimulant Use Disorder, Hepatitis C. -Review of physician's orders dated 3/16/22 revealed: -Mavyret 100-40 mg - 3 tablets daily.</p> <p>Interview on 3/7/23 with the Medical Case Manager revealed: -The box with the label for the Fluticasone for Client #2 must have been thrown away. He was not aware he needed to keep the label. -Client #5 received the Mavyret directly from the doctor who received it directly from the pharmaceutical company. Client #5 did not receive this medication through the pharmacy.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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V 118	<p>Continued From page 3</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: (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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to keep the MARs current affecting 6 of 10 audited current clients (Clients #1, #2, #3, #4, #5, #6); failed to ensure medications were administered on the written order of a physician affecting 4 of 10 audited current clients (Clients #1, #2, #4, #5); failed to ensure medications were administered by trained staff affecting 4 of 10 audited current clients (Clients/Auxiliary House Managers (AHM) #7, #8, #9, #10); and failed to obtain physician's order to self-administer medications affecting 1 of 10 audited current client (Client #1). The findings are:</p> <p>Cross-Reference: 10A NCAC 27G. 0209 Medication Requirements (V120) Based on</p>	V 118	<p>Corrective Action Response for Tag V118.</p> <p>The Medical Case Manager will work in conjunction with the Admission's Coordinator to ensure the self-administration orders, standing orders, and physician's orders are obtained and updated as necessary for clients progressing through the program. This will be accomplished by referrals to community medical professionals as needed. The Administrative Director will ensure medication is administered by trained staff. Client Auxiliary House Managers will not administer medication or have access to medication.</p>	
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V 118	<p>Continued From page 4</p> <p>observation and interviews, the facility failed to store medications securely affecting 4 of 10 audited clients (Clients/Auxiliary House Managers (AHM) #7, #8, #9, #10).</p> <p>Observation on 3/8/23 at approximately 3:30pm of the facility's stock of over the counter (OTC) medications revealed:</p> <ul style="list-style-type: none"> -Allergy (cetirizine 10 milligrams (mg)); -Mucus relief (guaifenesin 400mg) (congestion); -Pepto tablets (nausea or diarrhea); -Acetaminophen 500mg (pain or fever); -Ibuprofen 200mg (pain or fever); -Diphenhydramine 25mg (antihistamine); -Multivitamin (supplement); -Fish oil 1000mg (supplement); -Daytime cough and cold (fever, chest congestion, cough) -1 bottle of all natural; -Daytime cold packets (acetaminophen 325mg/dextromethorphan 10mg/phenylephrine 5mg) (fever, chest congestion, cough). <p>Review on 3/8/23 of facility's undated standing order form for OTC medications signed by a physician for Clients #2, #3, #4, #5 and #6 revealed:</p> <ul style="list-style-type: none"> -"Allergy and Cold preparations for relief of allergy or cold symptoms as dispensed OTC"; -"Kaopectate concentrate or generic for relief of loose bowel movements as dispensed OTC"; -"Milk of Magnesia or generic for relief of constipation as dispensed OTC"; -"Tylenol or generic for relief of minor aches and pains and/or fever as dispensed OTC"; -"Ibuprofen or generic for relief of minor aches and pains and/or fever as dispensed OTC"; -"Benadryl or generic for relief of allergy symptoms as dispensed OTC"; -"Multivitamins and nutritional supplements for food supplements as dispensed OTC"; 	V 118		

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V 118	<p>Continued From page 5</p> <p>-"Cough and Cold preparation for relief of cold and cough symptoms as dispensed OTC". -There was no quantity or strength specified to administer.</p> <p>Observation on 3/7/23 at approximately 1pm of Client #1's medications revealed: -Omeprazole 20 mg (gastroesophageal reflux) over the counter bottle with expiration of 3/2024. -Buprenorphine 8mg (opioid treatment) dispensed 2/23/23. -Cyclobenzaprine 10mg (muscle relaxant) dispensed 2/18/23. -Hydroxyzine 25mg (anxiety) dispensed 2/18/23. -Cephalexin 500mg (antibiotic) dispensed 2/27/23. -Doxycycline 100mg (antibiotic) dispensed 2/27/23.</p> <p>Record review on 3/7/23 for Client #1 revealed: -Date of Admission: 2/23/23. -Diagnosis: Opioid Use Disorder. -Review of physician's orders dated 2/22/23 revealed: -Omeprazole 20mg- once daily. -Buprenorphine 8mg -dissolve 2 tablets sublingually at 6am daily. -Cyclobenzaprine 10mg -every 8 hours as needed (PRN). -Hydroxyzine 25mg -every 4 hours PRN. -There were no orders for Cephalexin or Doxycycline. -There was no physician's order to self-administer medications. -There was no physician's order for OTC medications.</p> <p>Review on 3/7/23 of Client #1's MARs from 2/23/23-3/7/23 revealed:</p>	V 118	<p>On March 21, 2023, the Administrative Director worked in conjunction with community medical professionals to update the standing order for medication for all clients at the facility. This updated form includes the quantity and strength to administer for over the counter medications. The Medical Case Manager will ensure the administration of over the counter medications will be documented on an over the counter medication log or the client's MAR.</p>	

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Omeprazole was initialed as administered on 2/24-2/28/23 and 3/2-3/7/23. -Buprenorphine was initialed as administered on 2/24-3/7/23. -Cyclobenzaprine was initialed as administered on 3/2-3/6/23. -Hydroxyzine was initialed as administered on 3/2-3/6/23. -Cephalexin 500mg- 4 times a day for 10 days was initialed as administered 2/27/23 (2 doses) 2/28/23 (4 doses), 3/1/23 (3 doses) 3/2-3/6 (4 doses)-3/7/23 (am dose). -Doxycycline 100mg twice daily for 10 days was initialed as administered 2/27/23 (1 dose), 2/28-3/6/23 (2 doses), 3/7/23 (am dose). -OTC medications were not listed or documented as administered on the MAR. <p>Interview on 3/8/23 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He took both PRNs (hydroxyzine and cyclobenzaprine) and omeprazole on 3/1/23. "I just forgot to sign MAR." -He was also taking antibiotics. -Hasn't taken any OTC medication. -Took "multivitamin on Monday (3/6/23) and Tuesday (3/7/23) at night at staff recommendation." <p>Record review on 3/7/23 for Client #2 revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 2/10/23. -Diagnoses: Alcohol Use Disorder, Stimulant Use Disorder, Depression, Anxiety. -Physician's orders for self-administration of medication signed 2/1/23. <p>Review on 3/7/23 of Client #2's MARs from 2/1/23-3/7/23 revealed:</p> <ul style="list-style-type: none"> -OTC medications were not listed or documented as administered on the MAR. 	V 118		
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V 118	<p>Continued From page 7</p> <p>Interview on 3/8/23 with Client #2 revealed: -"I can go to the house manager or to med (medication) call. House Managers (HM) keep some (OTC medications) at the window. You don't sign anything for it (OTC medications). I had a lot of migraines coming off benzos (benzodiazepines). I took Tylenol or ibuprofen at least every day sometimes twice. It helps sometimes to take both together." -Also "given generic Dayquil for chest congestion for a couple of days. It helped. Also given Mucinex." -Had taken "multivitamins and Vitamin B-12 every day." He bought them himself. "Sometimes I took fish oil from the house stock."</p> <p>Record review on 3/7/23 for Client #3 revealed: -Date of Admission: 8/30/22. -Diagnosis: Simulant Use Disorder. -Review of physician's orders dated 8/29/22 revealed: -Multivitamin (supplement) daily. -Physician's orders for self-administration of medication signed 8/29/22.</p> <p>Review on 3/7/23 of MARs for Client #3 from 2/1/23-3/7/23 revealed: -Multivitamin was not listed on the MAR nor recorded as administered on the MAR. -OTC medications were not listed or documented as administered on the MAR.</p> <p>Interview on 3/8/23 with Client #3 revealed: -Had been at facility for 6 months. -He took multivitamin daily. -Took "Tylenol once from med call."</p> <p>Observation on 3/7/23 at approximately 1:15pm of Client #4's medications revealed: -Naproxen 500mg (anti-inflammatory) dispensed</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>3/2/23.</p> <p>Record review on 3/7/23 for Client #4 revealed: -Date of Admission: 7/25/22. -Diagnosis: Stimulant Use Disorder. -Review of physician's orders revealed: -There were no orders for Naproxen 500mg or Cyclobenzaprine 10mg (muscle relaxant). -Physician's orders for self-administration of medication signed 6/16/22.</p> <p>Review on 3/7/23 of MARs for Client #4 from 2/1/23-3/7/23 revealed: -Naproxen 500mg-twice daily for 10 days was initialed as administered 3/2/23-3/7/23 am dose. -Cyclobenzaprine 10mg -three times daily for muscle spasms was initialed as administered 3/2/23-3/5/23. -OTC medications were not listed or documented as administered on the MAR.</p> <p>Interview on 3/7/23 with Client #4 revealed: -Had taken ibuprofen or Tylenol since admission. "Go to the front office and tell them and they can get it from med room".</p> <p>Observation on 3/7/23 of Client #5's OTC medication revealed: -Potassium (supplement) 99mg, -Melatonin (sleep) 5mg, -Acidophilus/probiotic (supplement).</p> <p>Record review on 3/7/23 for Client #5 revealed: -Date of Admission: 8/30/22. -Diagnosis: Stimulant Use Disorder, Hepatitis C. -Review of physician's orders dated 8/30/22 revealed: -Multivitamin- once daily. -There were no physician's orders for potassium, melatonin or acidophilus/probiotic.</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>-Physician's orders for self-administration of medication signed 8/30/22.</p> <p>Review on 3/7/23 of Client #5's MAR from 2/1/23-3/6/23 revealed: -Multivitamin, Potassium, melatonin or acidophilus/probiotic were not listed on the MAR or recorded as administered. -OTC medications were not listed or documented as administered on the MAR.</p> <p>Interview on 3/7/23 with Client #5 revealed: -Had been at facility for 6 months. -He took all his OTCs (Potassium, Melatonin, Acidophilus/probiotic, Multivitamin) every day. -"Have taken ibuprofen, Tylenol or pepto at some time in the 6 months I've been here." -He never signed the MAR for OTCs.</p> <p>Record review on 3/7/23 for Client #6 revealed: -Date of Admission: 10/19/22. -Diagnoses: Alcohol Use Disorder, Opioid Use Disorder. -Physician's orders for self-administration of medication signed 9/9/22.</p> <p>Review on 3/7/23 of Client #6's MAR from 2/1/23-3/7/23 revealed: -OTC medications were not listed or documented as administered on the MAR.</p> <p>Interview on 3/7/23 with Client #6 revealed: -Had been at facility 5 months. -Took Benadryl when he first arrived to help sleep. -"Go to the office (HM) and request ibuprofen or Tylenol or Benadryl. Never had to sign for anything (for OTC administration)."</p> <p>Interview on 3/7/23 with the Medical Case</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>Manager (MCM) revealed: -"We've never recorded OTCs before." -Was not aware Client #1 did not have signed physician's orders for OTCs or self-administration. -Client #1 and Client #4 went to the local emergency room last week. -Clients being seen at the emergency department were responsible for obtaining discharge paperwork and submitting the paperwork and medication orders upon return to the facility. -Both Client #1 and Client #4 started new medications after they were treated at the emergency department. -Neither Client #1 nor Client #4 returned their paperwork, specifically physician's orders to the facility.</p> <p>Interview on 3/7/23 with the Executive Director (ED) revealed: -"It's (medication procedures) always been this way. The forms are the same for both facilities and it's never been cited."</p> <p>Review on 3/10/23 of the 1st Plan of Protection dated 3/10/23 and signed by the ED revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective March 9, 2023 all medication including over the counter medication has been removed from the house manager office and placed in FIRST's (Licensee) medical office for storage. The Senior House Manager will ensure medication is not kept in the house manager office. Effective March 9,2023 the key to FIRST's medical office has been removed from the house manager office. A copy of the medical office key will be issued to staff as needed and not be available for non-staff clients working in house</p>	V 118		
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V 118	<p>Continued From page 11</p> <p>positions. On March 9, 2023 FIRST reached out to a consulting physician and established a meeting to review our over the counter standing order. This meeting will take place the week of, March 13 - March 17. The standing order for medication will be revised to include specific OTC medications as well as their strength (mg). Only these medications will be stored in FIRST's OTC med cabinet. Effective March 9,2023 all medications including OTC medications will be recorded either on an over-the-counter medication log or on the client's MAR when these meds are self-administered by the clients. All medication administration will be documented. Describe your plans to make sure the above happens. The Medication Case Manager in conjunction with the Senior House Manager will ensure medications including over the counter medications are stored in the medical office. The Senior House Manager will ensure keys are not available to the medical room except for those issued to select staff. Keys will not be available for clients working in house positions. Clients will not administer medication. The Medication Case Manager will ensure the OTC log is maintained and appropriate documentation is taking place for all prescription and non-prescription medication administered at the facility. The Medication Case Manager will ensure all clients have the appropriate orders for medication. Medication will not be administered to clients without orders."</p> <p>Review on 3/13/23 of the 2nd Plan of Protection dated 3/13/23 and signed by the ED revealed an additional statement of: -" ...Only medications with appropriate orders</p>	V 118		

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V 118	<p>Continued From page 12</p> <p>onsite will be administered ..."</p> <p>The facility is a therapeutic community for men with substance use disorders. Client #1, who was admitted on 2/23/23, administered his own medications including Omeprazole (11 doses), Buprenorphine (12 doses), Cyclobenzaprine (5 doses), Hydroxyzine (5 doses), Cephalexin (30 doses) and Doxycycline (16 doses) without a doctor's order to self-administer. Client #1 and Client #4 were seen at a local emergency room (2/27/23 and 3/2/23 respectively) and were discharged with medication to address their illnesses (cephalexin and doxycycline for Client #1 and Client #4 naproxen and cyclobenzaprine) but the facility had no orders on site. Client #1 also did not have a signed order to take OTC medications. The facility's standing order form did not explicitly give the amount/strength of 8 listed OTC medications. Additional OTC medications observed in stock were not included on the signed physician orders. Medical staff reported never documenting OTC administration on a MAR while 6 clients reported self-administering 1 or more OTC medications. Medication was also discovered stored in the HM's office. 4 Client/AHMs were allowed to administer medications to other clients. In addition, a key to the medication room was available to access by the 4 Client/AHMs. This deficiency constitutes an Imposed Type B rule violation which is detrimental to the health, safety and welfare of the clients. An administrative penalty of \$200.00 per day is imposed for failure to correct within 45 days.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION</p>	V 120		

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V 120	<p>Continued From page 13</p> <p>REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to store medications securely affecting 4 of 10 audited clients (Clients/Auxiliary House Managers (AHM) #7, #8, #9, #10). The findings are:</p> <p>Observation on 3/8/23 at approximately 12:10pm of the House Manager's (HM) office and interview with the Senior HM revealed: -Paper cup with approximately 10-20 large multicolored tablets on the main desk left of the client window which were identified as Tums (antacid).</p>	V 120	<p>Corrective Action Response for Tag V120.</p> <p>The Medical Case Manager and Senior House Manager removed all medication from the house manager office at the time it was pointed out during the review. The key to the medication room was removed to ensure Client Auxiliary House Manager do not have access to medication. All medication will be stored in the medication room at the facility.</p>	
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V 120	<p>Continued From page 14</p> <p>Interview on 3/9/23 with Client/AHM #7 revealed: -"We usually have a bottle of Tylenol here (HM office) too, (in addition to Tums) to pass (administer) at our convenience." -"They (Tums) were usually in a bottle." He was not aware who poured the tablets into the cup. -"I would pour tablets into the cap and hand to clients (at the HM window)." -Had access to a key to the medication room housing all client medications.</p> <p>Interview on 3/9/23 with Client/AHM #8 revealed: -Had been a client at the facility for 10 months and Client/AHM since 1/12/23. -"We (HM or Client/AHM) give (clients) Tylenol, ibuprofen or Tums only from office (HM) window." -Have 6pm and 9pm medication calls when the Medical Case Manager (MCM) is not on site so he alternated administering medications with the HM staff that worked the same shift. -"Had medication certification training before I could pass (administer) meds (medications)." -Had passed client prescription medications at evening "med call" from the medication office.</p> <p>Interview on 3/9/23 with Client/AHM #10 revealed: -Had been a client at the facility since 12/1/22 and Client/AHM since 1/3/23. -Was trained in medication administration but had not administered any prescription medications. -Was told by previous Client/AHMs the limit of OTC medications he could administer to clients were: 2 Tylenol, 3 ibuprofen, 3-4 Tums but hardly ever administered. He had assisted administering medications in the medication room with another HM.</p> <p>Interview on 3/9/23 with the Senior HM revealed: -There was no written criteria for becoming a</p>	V 120		

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V 120	<p>Continued From page 15</p> <p>Client/AHMs. -Client/AHMs signed a confidentiality agreement. -There was usually a staff HM working when a Client/AHM was working. -He was responsible for oversight during the day and lived on campus so he could be pulled in overnight if needed. -Had a key to the medication room in HM's office. -Client/AHMs were trained in medication administration.</p> <p>Interview on 3/9/23 with the Medical Case Manager (MCM) revealed: -Only staff or Client/AHMs were allowed in the HM office. -The medication room, where all client prescription medications and medical records were kept, was locked. -HMs (including Client/AHMs) were responsible for administering medications when he was not there and had access to the medication room as a key was kept in the HM office.</p> <p>Interview on 3/9/23 with the Executive Director revealed: -"All clients have a job; some in the community, some in house." -"We never intended for clients to pass (administer) meds (medications)."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for an Imposed Type B rule violation.</p>	V 120		
V 506	<p>27D .0201(d) Client Rights - Informing Clients</p> <p>10A NCAC 27D .0201 INFORMING CLIENTS (d) In each facility, the information provided to the client or legally responsible person shall</p>	V 506		

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V 506	<p>Continued From page 16</p> <p>include;</p> <p>(1) the rules that the client is expected to follow and possible penalties for violations of the rules;</p> <p>(2) the client's protections regarding disclosure of confidential information, as delineated in G.S. 122C-52 through G.S. 122C-56;</p> <p>(3) the procedure for obtaining a copy of the client's treatment/habilitation plan; and</p> <p>(4) governing body policy regarding:</p> <p>(A) fee assessment and collection practices for treatment/habilitation services;</p> <p>(B) grievance procedures including the individual to contact and a description of the assistance the client will be provided;</p> <p>(C) suspension and expulsion from service; and</p> <p>(D) search and seizure.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to maintain client information in a confidential manner affecting 10 of 10 audited clients (Clients #1, #2, #3, #4, #5, #6 and Client/Auxiliary House Managers (AHM) #7, #8, #9, #10). The findings are:</p> <p>Observation on 3/7/23 at approximately 11:00am of the medication room and Interview with the Medical Case Manager (MCM) revealed: -Client prescription medications sorted by client names, client specific over the counter medications sorted by client name, and client medical records were stored in the office. The outside door was locked and accessible by key. Client/Auxiliary House Managers #7, #8, #9, and #10 had access to the key to the door leading to</p>	V 506	<p>Corrective Action Response for Tag V506.</p> <p>The Medical Case Manager and Senior House Manager removed the key to the medication room when it was pointed out during the review. The Senior House Manager will ensure Auxiliary House Managers do not have access to the medication room or client records, which will not be kept in the House Manager office. All records will be stored in areas accessible only by staff.</p>	

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V 506	<p>Continued From page 17</p> <p>the medications and client records.</p> <p>Record review on 3/7/23 for Client #1 revealed: -Date of Admission: 2/23/23. -Diagnosis: Opioid Use Disorder.</p> <p>Record review on 3/7/23 for Client #2 revealed: -Date of Admission: 2/10/23. -Diagnosis: Alcohol Use Disorder, Depression, Anxiety.</p> <p>Record review on 3/7/23 for Client #3 revealed: -Date of Admission: 8/30/22. -Diagnosis: Stimulant Use Disorder.</p> <p>Record review on 3/7/23 for Client #4 revealed: -Date of Admission: 7/25/22. -Diagnosis: Simulant Use Disorder.</p> <p>Record review on 3/7/23 for Client #5 revealed: -Date of Admission: 8/30/22. -Diagnosis: Stimulant Use Disorder, Hepatitis C.</p> <p>Record review on 3/7/23 for Client #6 revealed: -Date of Admission: 10/19/22. -Diagnosis: Opioid Use Disorder, Alcohol Use Disorder.</p> <p>Record review on 3/9/23 for Client/AHM #7 revealed: -Date of Admission: 10/14/22. -Diagnosis: Alcohol Use Disorder, Stimulant Use Disorder. -Confidentiality Agreement signed 11/11/22.</p> <p>Record review on 3/9/23 for Client/AHM #8 revealed: -Date of Admission: 6/9/22. -Diagnosis: Alcohol Use Disorder, Stimulant Use Disorder.</p>	V 506		

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V 506	<p>Continued From page 18</p> <p>-Confidentiality Agreement signed 12/30/22.</p> <p>Record review on 3/9/23 for Client/AHM #9 revealed: -Date of Admission: 8/30/22. -Diagnosis: Stimulant Use Disorder. -Confidentiality Agreement signed 1/30/23.</p> <p>Record review on 3/9/23 for Client/AHM #10 revealed: -Date of Admission: 10/1/22. -Diagnosis: Alcohol Use Disorder. -Confidentiality Agreement signed 1/3/23.</p> <p>Interview on 3/9/23 with Client/AHM #7 revealed: -There was a key to the medication room in the HM office.</p> <p>Interview on 3/9/23 with Client/AHM #8 revealed: -He alternated evening medication administration responsibilities with the staff that worked his shift. Had accessed the medication office with the key that was available in the HM office.</p> <p>Interview on 3/9/23 with MCM revealed: -Clients who had shown progress in the program, attended meetings and followed the rules (no write ups) were chosen as Client/AHM by a team with the Senior HM responsible. -There were 4 Client/AHMs. -Only staff or Client/AHMs were allowed in the HM office. -All client medical records and prescription medications were kept in the locked medication office.</p> <p>Interview on 3/8/23 with the Senior HM revealed: -There was no written criteria for Client/AHMs. -Client/AHMs sign a confidentiality agreement. -A key for the medication room is available in the</p>	V 506		

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V 506	<p>Continued From page 19</p> <p>HM office (where confidential client medical records are kept).</p> <p>Interview on 3/9/23 with Executive Director revealed: -"All clients have a job; some in the community, some in house." -"There were no client records stored in the HM office."</p>	V 506		