

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL026-959</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRECIOUS HAVEN #3 COMET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>975 COMET CIRCLE</b> <b>FAYETTEVILLE, NC 28314</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on April 11, 2023. The complaint was unsubstantiated (intake #NC00200099). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</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>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 118	<p>Continued From page 1</p> <p>(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 record reviews and interviews the facility failed to administer medications on the written order of a physician and ensure MARs were kept current for two of three audited clients (#2, #3). The findings are:</p> <p>Finding #1 Review on 4/4/23 of client #2's record revealed: -15 year old female. -Admitted on 5/31/22. -Diagnoses of Post Traumatic Stress Disorder (PTSD), Mild Intellectual Disorder and Attention Deficit Hyperactivity Disorder (ADHD) by history.</p> <p>Review on 4/4/23 of client #2's signed physician orders dated 12/29/22 revealed: -Propranolol 10 mg tablet twice daily. (Anxiety) -Guanfacine Extended Release (ER) 4 mg tablet daily. (ADHD) -Sertraline 100 mg 2 tablets twice daily. (PTSD) -Ziprasidone 80 mg capsule twice daily with meals. (Mental/Mood) -Prazosin HCL 2mg capsule daily at bedtime. (PTSD)</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 4/4/23 of client #2's MARs from January 2023 - April 4, 2023 revealed the following blanks:                      -Propranolol 10 mg on 3/10, 3/28, 4/3.                      -Guanfacine ER 4 mg on 3/10, 3/25, 3/28.                      -Sertraline 100 mg on 3/10, 3/28.                      -Ziprasidone 80 mg on 3/28, 4/3.                      -Prazosin HCL 2mg on 1/7.</p> <p>Interview on 4/4/23 client #2 stated:                      -She received her medications daily.                      -She had never missed any of her medications.</p> <p>Finding #2                      Review on 4/4/23 of client #3's record revealed:                      -15 year old female.                      -Admitted on 8/25/22.                      -Diagnosis of PTSD.</p> <p>Review on 4/4/23 of client #3's signed physician orders dated:                      -7/1/22: Fluticasone Propionate Nasal Spray 50 microgram (mcg) 2 sprays daily. (allergy)                      -1/3/23: Cetirizine 10 mg tablet at bedtime. (allergy)                      -2/8/23: Tri-lo-mil 0.025 milligram (mg) tablet daily. (birth control)                      -2/3/23: Aripiprazole 15 mg tablet at bedtime. (mental/mood)                      -3/21/23: Vyvanse 10 mg capsule every morning. (ADHD)                          : Clonidine 0.2 mg at bedtime. (ADHD)                          : Trazadone 50 mg tablet at bedtime. (Depression)                      -3/24/23: Triamcinolone 0.1% apply cream externally to affected area twice daily. (skin conditions)</p> <p>Review on 4/4/23 of client #3's MARs from January 2023 - April 4, 2023 revealed the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>following blanks:</p> <ul style="list-style-type: none"> <li>-Fluticasone Propionate Nasal Spray 50 mcg on 2/14, 3/21, 3/28.</li> <li>-Cetirizine 10 mg on 3/21, 3/28.</li> <li>-Tri-lo-mil 0.025 mg on 3/10, 3/12, 3/28, 4/3.</li> <li>-Aripiprazole 15 mg on 3/21, 3/28.</li> <li>-Vyvanse 10 mg on 3/10, 3/12, 3/28, 4/3.</li> <li>-Triamcinolone 0.1 % on 3/28, 3/29, 4/3.</li> <li>-Clonidine 0.2 mg on 3/21, 3/28.</li> <li>-Trazadone 50 mg on 2/24, 3/18, 3/18, 3/28.</li> </ul> <p>Interview on 4/6/23 client #3 stated:</p> <ul style="list-style-type: none"> <li>-She received her medications daily.</li> <li>-Staff normally documented her record when she received medications.</li> </ul> <p>Interview on 4/6/23 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>-The clients received their medications daily.</li> <li>-He was unsure why staff had not documented medications when administered.</li> </ul>	V 118		