Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-673	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/11/2023

NAME OF PROVIDER OR SUPPLIER **PRECIOUS HAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **532 WAYLAND DRIVE** **FAYETTEVILLE, NC 28314**

(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	**INITIAL COMMENTS** An annual, complaint and follow up survey was completed on April 11, 2023. The complaint was unsubstantiated (intake #NC00200103). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 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;	V 118		

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

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V 118	Continued From page 1 (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. 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 (#1, #3). The findings are: Finding #1 Review on 4/4/23 of client #1's record revealed: -13 year old female. -Admitted on 1/20/23. -Diagnoses of Post Traumatic Stress Disorder (PTSD), Intermittent Explosive Disorder and Attention Deficit Hyperactivity Disorder (ADHD). -No signed physician order for Quetiapine Fumarate (Fum) Extended Release (ER) 150 milligram (mg). (mental/mood) Review on 4/4/23 and 4/5/23 of client #1's physician orders dated 12/7/22 revealed: -Guanfacine Hydrochloric acid (HCL) ER 1 mg twice daily. (ADHD) -Risperidone 1 mg twice daily. (Intermittent Explosive Disorder) -Clonidine 0.1 mg tablet at bedtime. (ADHD)	V 118		

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NAME OF PROVIDER OR SUPPLIER PRECIOUS HAVEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 532 WAYLAND DRIVE FAYETTEVILLE, NC 28314

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V 118	Continued From page 2 Review on 4/4/23 of client #1's MARs from 1/20/23 - 4/4/23 revealed the following blanks: -Guanfacine HCL ER 1 mg 16 (&pm), 25 (7am and 7pm), 26 (7am), 3/1 (7pm), 3/8 (7pm), 3/9 (7am), 3/12 (7pm), 3/20 (7pm). -Risperidone 1 mg 2/1 (7pm), 16 (7pm), 2/25 (7am and 7pm), 2/26 (7am), 3/1 (7pm), 3/8 (7pm), 3/9 (7am), 3/12 (7pm), 3/20 (7pm). -Clonidine 0.1 mg on 2/16, 2/25, 3/1, 3/8, 3/12, 3/20. -Quetiapine Fum ER 150 mg on 2/16, 2/25, 3/1, 3/8, 3/12, 3/20. Interview on 4/6/23 client #1 stated: -She received her medications every morning and night. -She had not missed any medications. Finding #2 Review on 4/4/23 and 4/5/23 of client #3's record revealed: -13 year old female. -Admitted on 5/26/22. -Diagnoses of PTSD, Anxiety Disorder Unspecified, ADHD unspecified and Unspecified Mood Disorder. Review on 4/5/23 of client #3's signed physician orders dated 12/28/22 revealed: -Concerta 27 mg tablet every morning. (ADHD) -Sertraline 50 mg tablet with Sertraline 100 mg. (PTSD) -Sertraline 100 mg tablet daily. -Trazodone 50 mg one and one half tablets at bedtime. (Anxiety) -Clonidine 0.1 mg tablet at bedtime. (ADHD) Review on 4/4/23 of client #3's MARs from January 2023 - April 4, 2023 revealed the following blanks:	V 118		

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	MHL026-673	A. BUILDING: _____	B. WING _____	**R** **04/11/2023**

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V 118	Continued From page 3 -Concerta 27 mg on 3/21. -Sertraline 50 mg on 1/15, 3/23. -Sertraline 100 mg on 3/23. -Trazodone 50 mg on 1/20, 2/16, 2/28, 3/1, 3/20. -Clonidine 0.1 mg on 1/20, 2/16, 2/28, 3/1, 3/20, 3/21. Interview on 4/6/23 client #3 stated: -She received her medications every morning and every night. -She never missed any medications. Interview on 4/6/23 the Qualified Professional stated: -The clients received their medications as ordered. -The blanks on the MARs were staff error. -The group home manager was responsible for reviewing MARs.	V 118		