

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/27/2023
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NAME OF PROVIDER OR SUPPLIER LAKE AREA COUNSELING HALFWAY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 519 WALKER STREET NORLINA, NC 27563
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 27, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 13 and currently has a census of 12. The survey sample consisted of audits of 2 current clients & 1 former clients.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure 2 of 3 audited staff (#1 and Program Manager (PM)) maintained certification in First Aid and Cardio Pulmonary Resuscitation (CPR). The findings are:</p> <p>Review on 4/27/23 of staff #1's personnel record revealed: - hire date 7/15/22 - First Aid/CPR/AED training certificate completed through an online training portal completed on 9/3/22</p> <p>Review on 4/27/23 of PM's personnel record revealed: -hire date 4/1/2011 -First Aid/CPR/AED training certificate completed 3/23/22 -Training certificate completed for Adult, Child, and Baby First Aid/CPR/AED online (eligible for skills session within 90 days)</p> <p>Observation on 4/26/23 at 10am revealed: -arrived at the facility and was greeted by staff #1 -was the only staff on shift with client #1</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -PM arrived at the facility approximately 15 minutes later -survey team departed the facility at approximately 4:45pm -PM and staff #1 was the only staff present throughout the survey on 4/26/23 <p>Observation on 4/27/23 at approximately 9:45 am revealed:</p> <ul style="list-style-type: none"> -PM and staff #1 were the only staff on shift with multiple clients present <p>During an interview on 4/27/23, staff #1 reported:</p> <ul style="list-style-type: none"> -completed CPR/First Aid training online -did not do compressions as part of the training <p>During an interview on 4/27/23, the PM reported:</p> <ul style="list-style-type: none"> -had not completed a skills session -was never told that she needed to take a skills session -Human Resources (HR) set up the training for staff including her -had not been contacted by HR in regards to any additional training -received an email from the American Red Cross with information regarding the requirement to take an instructor-led skill session within 90 days of completing the online course -was an oversight that in-person skills had to be completed within 90 days <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>(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; (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 observation, record review and interview the facility failed to ensure medications were written on the order of a physician for 1 of 2 current clients (#5) and failed to keep 1 of 1</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>audited former client (FC#13) MARs current. The findings are:</p> <p>A Record review on 4/26/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 3/3/23 - diagnoses of: Alcohol Dependence, Cocaine & Cannabis Dependence & Bipolar - no physician orders for the following medications: - Glipizide 10mg (milligrams) daily (Diabetes) - Simvastatin 20mg daily (Cholesterol) - Gabapentin 300mg bedtime (pain) <p>Observation on 4/26/23 at 1:58pm of client #4's medications revealed:</p> <ul style="list-style-type: none"> - Glipizide, Simvastatin & Gabapentin were in client #4's medication Bin <p>During interview on 4/27/23 the Program Manager reported:</p> <ul style="list-style-type: none"> - she was responsible for ensuring the medication orders were in the clients' records - could not locate the physician orders for the above medications <p>B. Review on 4/26/23 of FC #13's record revealed:</p> <ul style="list-style-type: none"> -admitted 10/31/22 and discharged 1/19/23 -diagnoses of Alcohol Dependency, Cocaine Dependency, Major Depressive Disorder, Borderline Personality Disorder, Delusional Disorder, and Post-traumatic Stress Disorder -physician's orders included Lisinopril 30mg dated 10/31/22 (Hypertension) and Bupropion XL 150mg dated 11/22/22 (Depression) <p>Review on 4/26/23 of FC #13's December 2022 and January 2023 MARs revealed:</p> <ul style="list-style-type: none"> - no staff initials for Lisinopril from 12/25- 	V 118		

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V 118	<p>Continued From page 5</p> <p>12/27/22</p> <ul style="list-style-type: none"> - no staff initials for Bupropion XL from 1/16 - 1/17/23 - the MARs for these dates had code 6 instead of staff initials documented in the boxes - per the MAR instructions at the bottom of the page, code 6 was when a medication was not obtained or a refill was needed <p>During interview on 4/26/23 the PM stated:</p> <ul style="list-style-type: none"> - was responsible for checking the MARs - checked the MARs weekly - other staff will also check the MAR - process for medication refills was to request 10 days prior to medications running out - since the pandemic began, it had been difficult contacting medical providers to get refills 	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(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;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled</p>	V 120		

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V 120	<p>Continued From page 6</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 3 clients (#5 & #6) medications were stored in a locked cabinet. The findings are:</p> <p>A. Review on 4/26/23 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 2/2/23 - diagnoses of: Alcohol Dependence, Cocaine Dependence, Adjustment Disorder, Major Depressive Disorder & Diabetes - no physician's order for Milk of Magnesium <p>Observation on 4/26/23 at 10:43pm of client #5's & #7's bedroom revealed:</p> <ul style="list-style-type: none"> - a bottle of Milk of Magnesium on the nightstand <p>During interview on 4/27/23 client #5 reported:</p> <ul style="list-style-type: none"> - he purchased the milk of magnesium - had constipation & took one dose 2 weeks ago - was not supposed to have the medication in his bedroom - "had to do something...I was constipated" - he forgot the medication was in his bedroom - the Program Manager (PM) was aware he took the medication <p>B. Review on 4/27/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> - admitted 2/4/23 	V 120		

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V 120	<p>Continued From page 7</p> <ul style="list-style-type: none"> - diagnoses of: Opioid & Alcohol Abuse, Generalized Anxiety Disorder & Adjustment Disorder <p>Observation on 4/26/23 at 10:53am of client #6's bedroom revealed:</p> <ul style="list-style-type: none"> - a bottle of Tylenol on the dresser <p>During interview on 4/27/23 client #6 reported:</p> <ul style="list-style-type: none"> - he was cleaning his bedroom & found the Tylenol - he sometimes had headaches - had asked staff in the past for medication for headaches - staff said "no" because a prescription was needed <p>During interview on 4/27/23 staff #1 reported:</p> <ul style="list-style-type: none"> - completed a walk through every hour of the clients' bedroom - no medications have been found in their bedrooms in the last 3 months - clients cannot take medications without a prescription from physician <p>During interview on 4/26/23 the PM reported:</p> <ul style="list-style-type: none"> - staff supposed to check clients' bedrooms - clients were not supposed to have medications in their bedrooms 	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p>	V 736		

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V 736	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain its grounds in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 4/26/23 at 10:30am during the facility's tour revealed the following:</p> <ul style="list-style-type: none"> - the upstairs carpet in the living area was heavily frayed with long strips of torn carpet running the length of the room - missing ceiling tile above client #4's bed - the refrigerator crisper drawer was broken with stored food inside of it <p>During interview on 4/27/23 the Program Manger reported:</p> <ul style="list-style-type: none"> - was made aware of the condition of the carpet by Division of Health Service Construction department recently - maintenance was at the facility 3 weeks ago and did not observe the missing tile - the refrigerator crisper drawer had been broken approximately 6 months - she did not report it, "did not think it was a big deal" - will follow back up with maintenance 	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and</p>	V 752		

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V 752	<p>Continued From page 9</p> <p>visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the facility's water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 4/26/23 at 10:30am during the facility's tour revealed the following:</p> <ul style="list-style-type: none"> - hallway bathroom sink near the upstairs stairway entrance was 119 - bathroom down stairs water temperature (temp) was 119 - bathroom upstairs water temp in the living area was 119 <p>During interview on 4/26/23 clients #5 & #6 reported:</p> <ul style="list-style-type: none"> - no concerns in regards to the water temps <p>During interview on 4/26/23 the Program Manager reported:</p> <ul style="list-style-type: none"> - she checked the water temps last Tuesday & it was 110 - she checked the water temps weekly - the clients had access to the hot water tank & will sometimes adjust the water temps 	V 752		