

Division of Health Service Regulation

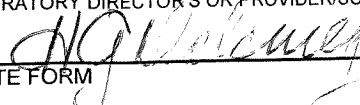
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKE AREA COUNSELING HALFWAY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>519 WALKER STREET</b> <b>NORLINA, NC 27563</b>
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V 000	<p><b>INITIAL COMMENTS</b></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 &amp; 1 former clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Director of Training</b>	(X6) DATE <b>5/9/23</b>
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STATE FORM 6899 ZPW11 If continuation sheet 1 of 10

Division of Health Service Regulation

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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	<p><b>V108 Measure to correct:</b> Freedom House has scheduled a live CPR/First Aid training to take place with staff missing certification (staff 1 and PM) at Lake Area Counseling Halfway House on 5/17/23. The training will cover all elements necessary to meet the regulatory standard.</p> <p><b>Measures to prevent:</b> Freedom House HR Specialist will require that all newly hired, direct care staff who are already certified in CPR/First Aid produce a current certification that meets the regulatory standard upon hiring and before working alone with any consumer. The certification will be loaded into their electronic HR file.</p> <p>Additionally, Freedom House has contacted a local trainer who will conduct live CPR/First</p>	<p><b>Completion date:</b> 5/17/23</p> <p><b>Prevention steps will be implemented by 5/17/23 and will be ongoing</b></p>

Division of Health Service Regulation

		<p>Aid training that meets the required regulatory standards, as needed, to ensure that all staff working with consumers receive the training prior to working alone with consumers. Staff who need to renew their certification will also be scheduled to participate in the training prior to their current certification's expiration date.</p> <p><b>Monitoring method:</b></p> <p>The HR Specialist will review trainings for all newly hired staff at onboarding. If they have current CPR/First Aid certificate, she will place a copy of their current certification in the personnel file and track the expiration date in our electronic HR record system.</p> <p>If the staff does not have active certification at time of hire, the HR Specialist will schedule them for a live training at Freedom House and advise staff and their supervisor that they cannot work alone with consumers until training is completed and certification acquired. The supervisor will monitor work schedule such that the staff does not work without another staff on site who is certified.</p> <p>The HR Specialist will run a report from the electronic HR system monthly. This report will show all those whose certifications expire within the next three months. HR Specialist will notify the staff member and their supervisor that certification is expiring and schedule them to attend the next CPR/First Aid training to be held at Freedom House. HR Specialist and staff supervisor will monitor that staff attends the training as scheduled. Staff will be required to give a copy of certification to HR Specialist for inclusion in HR file.</p>	<p><b>Monitoring will be implemented by 5/17/23 and will be ongoing</b></p> <p><b>Live training will begin 5/17/23 and will be repeated as necessary to ensure all new staff are trained prior to working alone with consumers</b></p> <p><b>HR Specialist will begin running report and following up effective June 1, 2023.</b></p>
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Division of Health Service Regulation

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-PM arrived at the facility approximately 15 minutes later</li> <li>-survey team departed the facility at approximately 4:45pm</li> <li>-PM and staff #1 was the only staff present throughout the survey on 4/26/23</li> </ul> <p>Observation on 4/27/23 at approximately 9:45 am revealed:</p> <ul style="list-style-type: none"> <li>-PM and staff #1 were the only staff on shift with multiple clients present</li> </ul> <p>During an interview on 4/27/23, staff #1 reported:</p> <ul style="list-style-type: none"> <li>-completed CPR/First Aid training online</li> <li>-did not do compressions as part of the training</li> </ul> <p>During an interview on 4/27/23, the PM reported:</p> <ul style="list-style-type: none"> <li>-had not completed a skills session</li> <li>-was never told that she needed to take a skills session</li> <li>-Human Resources (HR) set up the training for staff including her</li> <li>-had not been contacted by HR in regards to any additional training</li> <li>-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</li> <li>-was an oversight that in-person skills had to be completed within 90 days</li> </ul> <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		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</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> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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> </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		

Division of Health Service Regulation

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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"> <li>- admitted 3/3/23</li> <li>- diagnoses of: Alcohol Dependence, Cocaine &amp; Cannabis Dependence &amp; Bipolar</li> <li>- no physician orders for the following medications:</li> <li>- Glipizide 10mg (milligrams) daily (Diabetes)</li> <li>- Simvastatin 20mg daily (Cholesterol)</li> <li>- Gabapentin 300mg bedtime (pain)</li> </ul> <p>Observation on 4/26/23 at 1:58pm of client #4's medications revealed:</p> <ul style="list-style-type: none"> <li>- Glipizide, Simvastatin &amp; Gabapentin were in client #4's medication Bin</li> </ul> <p>During interview on 4/27/23 the Program Manager reported:</p> <ul style="list-style-type: none"> <li>- she was responsible for ensuring the medication orders were in the clients' records</li> <li>- could not locate the physician orders for the above medications</li> </ul> <p>B. Review on 4/26/23 of FC #13's record revealed:</p> <ul style="list-style-type: none"> <li>-admitted 10/31/22 and discharged 1/19/23</li> <li>-diagnoses of Alcohol Dependency, Cocaine Dependency, Major Depressive Disorder, Borderline Personality Disorder, Delusional Disorder, and Post-traumatic Stress Disorder</li> <li>-physician's orders included Lisinopril 30mg dated 10/31/22 (Hypertension) and Bupropion XL 150mg dated 11/22/22 (Depression)</li> </ul> <p>Review on 4/26/23 of FC #13's December 2022 and January 2023 MARs revealed:</p> <ul style="list-style-type: none"> <li>- no staff initials for Lisinopril from 12/25-</li> </ul>	V 118	<p><b>V118 Measures to Correct:</b></p> <p>After the survey, the Program Director contacted the prescriber of any medications with missing orders. An order was completed and uploaded to client record.</p> <p><b>Measures to Prevent</b></p> <p>The Program Manager and halfway house staff will be retrained on proper procedures for managing medications including:</p> <ul style="list-style-type: none"> <li>--obtaining orders for all meds prior to administration,</li> <li>---logging medications received,</li> <li>---- signing off on all; meds given,</li> <li>--- tracking medications needing refills such that refill is obtained in a timely manner and ensuring medications are properly stored.</li> </ul> <p>This training will be given by the VP of Quality Assurance and Training no later than June 26, 2023.</p> <p><b>Measures to Monitor</b></p> <p>The Program Manager or her designee will monitor MARs daily to ensure that :</p> <ul style="list-style-type: none"> <li>--all required boxes are signed by staff monitoring meds, a</li> <li>--all meds added to the MAR have an order on file and</li> <li>---- medications are being refilled prior to running out.</li> </ul>	<p><b>Completed:</b> 5/1/23</p> <p><b>Training to be completed by June 26, 2023</b></p> <p><b>Monitoring implemented by June 26, 2023 and is ongoing</b></p>

Division of Health Service Regulation

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V 118	Continued From page 5  12/27/22 - 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  During interview on 4/26/23 the PM stated: - 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 getrefills	V 118		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION 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	V 120	<b>V120 Measures to Correct</b>  Over the counter medications found in consumer rooms during survey were confiscated immediately.  <b>Measures to prevent:</b> All staff will be retrained on regulatory requirements for receiving, documenting, storing and administering medication no later than June 26, 2023.  This training will be given by the VP of Quality Assurance and Training no later than June 26, 2023.  Staff will also be retrained to monitor the consumer common areas twice per shift and to view consumer rooms at least once per day to monitor for safety and compliance with facility regulations. Staff conducting these monitorings will document completion and findings on	<b>Completed</b> 4/26/23  <b>Training to be completed</b> by June 26, 2023  <b>Training to be completed</b> by June 26, 2023  <b>Monitoring</b>

Division of Health Service Regulation

			<p>facility logs.</p> <p><b>Measures to monitor:</b></p> <p>The Program Manager or her designee will monitor facility and room check logs daily to ensure the reviews are conducted and any negative findings resolved.</p>	<p>of facility is ongoing</p> <p><b>Monitoring by Program Manager will begin after staff is retrained and no later than June 26, 2023.</b></p>
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Division of Health Service Regulation

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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 &amp; #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"> <li>- admitted to the facility on 2/2/23</li> <li>- diagnoses of: Alcohol Dependence, Cocaine Dependence, Adjustment Disorder, Major Depressive Disorder &amp; Diabetes</li> <li>- no physician's order for Milk of Magnesium</li> </ul> <p>Observation on 4/26/23 at 10:43pm of client #5's &amp; #7's bedroom revealed:</p> <ul style="list-style-type: none"> <li>- a bottle of Milk of Magnesium on the nightstand</li> </ul> <p>During interview on 4/27/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- he purchased the milk of magnesium</li> <li>- had constipation &amp; took one dose 2 weeks ago</li> <li>- was not supposed to have the medication in his bedroom</li> <li>- "had to do something...I was constipated"</li> <li>- he forgot the medication was in his bedroom</li> <li>- the Program Manager (PM) was aware he took the medication</li> </ul> <p>B. Review on 4/27/23 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 2/4/23</li> </ul>	V 120		

Division of Health Service Regulation

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V 120	Continued From page 7  - diagnoses of: Opioid & Alcohol Abuse, Generalized Anxiety Disorder & Adjustment Disorder  Observation on 4/26/23 at 10:53am of client #6's bedroom revealed: - a bottle of Tylenol on the dresser  During interview on 4/27/23 client #6 reported: - 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  During interview on 4/27/23 staff #1 reported: - 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  During interview on 4/26/23 the PM reported: - staff supposed to check clients' bedrooms - clients were not supposed to have medications in their bedrooms	V 120		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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.	V 736	<b>V736 Measures to Correct:</b>  The agency's Operations Director has reviewed all items out of compliance. She will have them repaired as soon as possible and no later than June 26 <sup>th</sup> ,2023.  <b>Measures to Prevent</b>  Staff conducting daily facility and room checks	<b>Measures to correct: Will be completed by June 26,2023</b>

Division of Health Service Regulation

		<p>will be trained to document any broken household items or unclean conditions on a form attached to the log. Staff will ensure any negative findings are resolved on their shift. If the issue cannot be resolved on their shift, they will document the issue and Program Director will make a request for repairs via MaintainX, our electronic maintenance request tracking system. Program Manager will monitor the status of repair requests until they are resolved.</p> <p><b>Measures to monitor:</b></p> <p>The Program Manager or her designee will monitor facility and room check logs daily to ensure the reviews are conducted and any negative findings resolved.</p>	<p><b>Monitoring by Program Manager will begin after staff is retrained and no later than June 26, 2023.</b></p>
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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"> <li>- the upstairs carpet in the living area was heavily frayed with long strips of torn carpet running the length of the room</li> <li>- missing ceiling tile above client #4's bed</li> <li>- the refrigerator crisper drawer was broken with stored food inside of it</li> </ul> <p>During interview on 4/27/23 the Program Manger reported:</p> <ul style="list-style-type: none"> <li>- was made aware of the condition of the carpet by Division of Health Service Construction department recently</li> <li>- maintenance was at the facility 3 weeks ago and did not observe the missing tile</li> <li>- the refrigerator crisper drawer had been broken approximately 6 months</li> <li>- she did not report it, "did not think it was a big deal"</li> <li>- will follow back up with maintenance</li> </ul> <p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p>	V 736		
V 752	(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL093-058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAKE AREA COUNSELING HALFWAY HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>519 WALKER STREET</b> <b>NORLINA, NC 27563</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
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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"> <li>- hallway bathroom sink near the upstairs stairway entrance was 119</li> <li>- bathroom down stairs water temperature (temp) was 119</li> <li>- bathroom upstairs water temp in the living area was 119</li> </ul> <p>During interview on 4/26/23 clients #5 &amp; #6 reported:</p> <ul style="list-style-type: none"> <li>- no concerns in regards to the water temps</li> </ul> <p>During interview on 4/26/23 the Program Manager reported:</p> <ul style="list-style-type: none"> <li>- she checked the water temps last Tuesday &amp; it was 110</li> <li>- she checked the water temps weekly</li> <li>- the clients had access to the hot water tank &amp; will sometimes adjust the water temps</li> </ul>	V 752	<p><b>V752 Measures to Correct</b> After the survey, Program Manager adjusted the water temperature and tested with a thermometer to ensure proper range.</p> <p><b>Measures to Prevent :</b> Program Manager will test water temp weekly at multiple faucets in the house. Temps outside of range will be adjusted immediately.</p> <p>Additionally, Operations Director will ensure that a lock is placed on door of room with water heater so that consumers cannot access the hot water heater to adjust water temperature. Program Manager and staff will be given a copy of the key so they may adjust water temp as needed.</p> <p><b>Measure to Monitor:</b> Operations Director will collect water temp logs from the Program Manager monthly to ensure compliance with monitoring and maintenance of appropriate water temperature.</p>	<p><b>Measures to correct:</b> Water temperature was adjusted immediately after survey on 4/26/23</p> <p><b>Weekly log to be implemented week of 5/15/23</b></p> <p><b>Lock to be placed on door no later than June 26, 2023</b></p> <p><b>Operations Director will begin collecting monthly water temperature log June 5<sup>th</sup>, 2023</b></p>
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Division of Health Service Regulation