Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-059	A. BUILDING: _____ B. WING _____	05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESTVIEW	166 MASSAPOAG ROAD LINCOLNTON, NC 28092

(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 survey was completed on May 23, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V 117 Medication packaging and labeling required for medicate Shampoos, label worn off. In the future, Nursing will ensure physician will write the order and state medicated shampoo is being purchased over the counter due to the cost at pharmacy. Label will be created with client's name, prescriber's name, current dispensing date, clear directions, name, strength, quantity and expiration date, name, address, phone number of dispensing location and the name of dispensing practitioner. and placed on a plastic bag or box and kept in the med cabinet.	
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (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; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (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	V 117		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mary E. Costner — TITLE: Administrator — (X6) DATE: 6/5/23

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V 117	Continued From page 1 practitioner. This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for two of three audited clients (Clients #1 and #3). The findings are: Review on 5/23/23 of Client #1's record revealed: -Admission date 7/28/99. -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mild Depression Disorder, Obstructive Sleep Apnea, Allergic Rhinitis, Hiatal Hernia,Chronic Constipation, Hemorrhoids, Abdominal Extension and Obsessive Compulsive Disorder. -12/12/22 - Physician order - Ketoconazole Shampoo 2% - apply to affect area 3 times a week - Monday, Wednesday, and Friday. Observation on 5/22/23 at 12:37 p.m. of Client #1's medications revealed: -Ketoconazole Shampoo 2% bottle - the label was illegible due to the print being worn off. Review on 5/23/23 of Client #3's record revealed: -Admission date 12/11/11. -Diagnoses of Mild IDD, Post-Traumatic Stress Disorder and Attention-Deficit Hyperactivity Disorder. -12/12/22 - Physician order - Ketoconazole	V 117		

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V 117	Continued From page 2 Shampoo 2% - apply to affect area 3 times a week - Monday, Wednesday, and Friday. Observation on 5/22/23 at 12:20 p.m. of Client #3's medications revealed: -Ketoconazole Shampoo 2% bottle - the label was illegible due to the print being worn off. Interview on 5/22/23 with Staff #2 revealed: -They did not have the packaging label for Client #1 and #3's shampoo that came from the pharmacy.	V 117	V 118 Facility failed to administer Meds (ear drops) as on the written Physician's order. In the future, Nursing will ensure orders match and if discrepancy such as switching pharmacy's have documentation as to what was incorrect and communicate this to those who administer meds (ear drops) so meds are administered as written on Physician's order.	
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; (D) date and time the drug is administered; and	V 118		

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V 118	Continued From page 3 (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 observation, record review and interview, the facility failed to administer medications as on the written physician order for 1 of 3 audited clients (Client #1). The findings are: Review on 5/23/23 of Client #1's record revealed: -Admission date 7/28/99. -Diagnoses of Moderate Intellectual Developmental Disability (IDD), Fragile X Syndrome, Mild Depression Disorder, Obstructive Sleep Apnea, Allergic Rhinitis, Hiatal Hernia,Chronic Constipation, Hemorrhoids, Abdominal Extension and Obsessive Compulsive Disorder. -12/22/22 - physician's order - Ear Drops 6.5% - "Use as directed in both ears once every day for 5 days then flush and repeat this every month." Observation on 5/22/23 at 12:37 p.m. of Client #1's medications revealed: -Ear Drops 6.5% - in both ears 1 time daily for 5 days, flush, and repeat every month - dispensed 1/12/23. Review on 5/23/23 of Client #1's MARs for March 2023 through May 23, 2023 revealed:	V 118		

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V 118	Continued From page 4 -Ear Drops 6.5% - March and April 2023 - initialed every day indicating it was administered daily. -May - indicated "DC'd" to administer in both ears 1 time daily for 5 days, flush, and repeat every month. -Added in May - "Use per Manufacturer's directions to remove ear wax as needed;" no initials to indicate it was administered. Interview on 5/23/23 with the Registered Nurse revealed: -They switched pharmacies in December of 2022. -They were unable to fix the electronic record system to indicate administration for 5 days per month. -The PRN (as needed) entry was the one that should have been removed from the MAR. -The current order was to continue to administer for 5 days and repeat every month.	V 118		

RHA HEALTH SERVICES

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June 5, 2023

[redacted]

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Dear Ms. Thayer,

Please find the attached plan of correction for the standard deficiencies cited in your recent annual survey completed May 23, 2023, of Crestview, located at 166 Massapoag Road, Lincolnton NC 28092, MHL #055-059. We thank you for your continued dedication to quality services. Please do not hesitate to contact me if you have any further questions regarding the plan of correction.

Regards,

Mary E. Costner, Administrator

Mary E. Costner, MA, EdS

Administrator

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