

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2023
NAME OF PROVIDER OR SUPPLIER STEPPING STONE OF WILKES		STREET ADDRESS, CITY, STATE, ZIP CODE 527 WEST PARK CIRCLE NORTH WILKESBORO, NC 28659		
(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 and complaint survey was completed on May 16, 2023. The complaint was unsubstantiated (intake #NC00201063). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .3600 Outpatient Opioid Treatment. This facility has a current census of 90. The survey sample consisted of audits of 8 current clients, and 1 deceased client.	V 000	<p style="text-align: center;">RECEIVED JUN 14 2023 DHSR-MH Licensure Sect</p>	
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally	V 113		<p>-A signed statement from the client, or legally responsible person granting permission to seek emergency care from a hospital, or physician will be added to intake paperwork. 7/3/2023</p> <p>-The form would be reviewed by the Quality Improvement (QI) committee. 6/28/2023</p> <p>-Staff will receive training on this new statement on 6/30/23 6/30/23</p>

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

MVF511

continuation sheet 1 of 3

Eri C. Capasoliu, Executive Director

6/12/23

Division of Health Service Regulation

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V 113	<p>Continued From page 1</p> <p>responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain client records affecting 4 of 8 audited current clients (#2, #3, #5, and #9) and 1 of 1 audited deceased client (DC#1). The findings are:</p> <p>Review on 5/16/23 of Client #2 and Client #3's record revealed: -Date of Admission: 4/4/23. -Diagnosis: Opioid Dependence. -No evidence of a signed statement from the client, or legally responsible person granting permission to seek emergency care from a hospital, or physician.</p> <p>Review on 5/16/23 of Client #5's record revealed:</p>	V 113			

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V 113	<p>Continued From page 2</p> <p>-Date of Admission: 1/31/23. -Diagnosis: Opioid Dependence. -No evidence of a signed statement from the client, or legally responsible person granting permission to seek emergency care from a hospital, or physician.</p> <p>Review on 5/16/23 of Client #9's record revealed: -Date of Admission: 3/16/23. -Diagnosis: Opioid Dependence. -No evidence of a signed statement from the client, or legally responsible person granting permission to seek emergency care from a hospital, or physician.</p> <p>Review on 5/16/23 of DC #1's record revealed: -Date of Admission: 10/11/22. -Diagnosis: Opioid Dependence. -No evidence of a signed statement from the client, or legally responsible person granting permission to seek emergency care from a hospital, or physician.</p> <p>Interview on 5/16/23 with the Executive Director revealed: -A new consent form would be created. -The form would be reviewed by the Quality Improvement (QI) committee within 30 days.</p>	V 113			