STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		MHL092-643	B. WING		06/2	8/2023	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
HEALING	HEALING TRANSITIONS WOMEN'S FACILITY 3304 GLEN ROYAL ROAD RALEIGH, NC 27603						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
	An annual survey w deficiency was cited	as completed on 6/28/23. Ad.					
		sed for the following service C 27G .3200 Social Setting ubstance Abuse					
		ed for 10 and currently had a udit sample consisted of 3					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person a drugs. (2) Medications shad clients only when a client's physician. (3) Medications, incomplications only build the persons pharmacist or other privileged to prepare (4) A Medication Adall drugs administered current. Medication	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, regally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The					
	(B) name, strength, (C) instructions for (D) date and time the	and quantity of the drug; administering the drug; ne drug is administered; and of person administering the		RECEIVED BY MHL & C 7/14/23			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION		SURVEY PLETED		
		MHL092-643	B. WING		06/2	28/2023		
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HEALING	TRANSITIONS WO	MEN'S FACILITY	I GLEN ROYAL R EIGH, NC 27603	OAD				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 118	(5) Client requests checks shall be recipile followed up by a with a physician. This Rule is not measure on the failed to ensure one was current and physician are: Review on 6/28/23 -Admission date of -Diagnoses of Opicinand Anxiety. Review on 6/28/23 revealed: -Divalproex (mood) -Divalproex Sodium -Amoxicillin (antibiotal -Lurasidone (schized -Meloxicam (anti-inday -Desvenlafaxine (day -Desvenlafaxine day -Desvenlafaxine (day -Desvenlafaxine day -Desvenlafaxine (day -Desvenlafaxine day -Desvenlafa	for medication changes or corded and kept with the Mappointment or consultation et as evidenced by: eview and interview the facte of three audited clients Maysicians orders present. The of client #1's record reveated 6/27/23 and Dependency, Depression of client #1's medications of client #1	ility IAR The led: on list					
	Review of client #1	's medications present tha	t					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.	·		
		MHL092-643	B. WING		06/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIE AL INI	C TRANSITIONS WOR	AENIS EACH ITY 3304 GLE	N ROYAL R	OAD		
HEALING	G TRANSITIONS WON	RALEIGH,	NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa were not document revealed: -A pack of pills with -Spiriva inhaler with Review on 6/28/23 6/27/23- AM Divalp 6/27/23- PM Divalp 100 mg 6/28/23- AM Amoxi 100 mg Interview on 6/28/2 -Brought medicatio -Staff locked the m- -Currently only takin twice a day and the -Took Amoxicillin for -Only took the hydro blood pressure was her blood pressure -Kept the old medic couldn't get refills. -Did not have order Interview on 6/28/2 Services stated: -When a client is ac medications they an -Clients' medication	rige 2 red on the medication sheet no box or label. no box or label. of client #1's MAR revealed: roex 500 mg roex 500 mg, Desvenlafaxine cillin 125 mg, Desvenlafaxine dillin 125 mg, Desvenlafaxine 3 client #1 stated: ns into the program with her. redications when she arrived. ng the Divalproex 500 mg to Desvenlafaxine 100 mg. or a sinus infection. ochlorothiazide when her shigh, did not take it today as was low. reations in case she ran out and	V 118	Healing Transitions' Detox Medication Policies & Procedures have been up include: 1.) Staff will document with an "R" or medication log to indicated refusal to administer medications at the prescritime. 2.) Staff will include what each medicing prescribed for on the medication log. 3.) Prescribed inhalers will be logged medication log, but may be kept on client's person/in their property. Who so, this will be indicated on the log. Additionally, inhaler must be in the boundary the prescription label attached. Who is available, staff must verify the prescription in the interpretation. The updated policy is effective as of 2023. Training on the updated policies & procedure medications without complete prescription are not permitted. This medication error has been addresses staff on duty and an individual medicitationing was conducted by Recovery Engagement Specialist III.	on dated to on the o self-ibed date/cation is d in the en done ox with en no box scription cribing July 10, rocedures 3, 2023 es, ription d with eation	
	sure the medication -The medications a cabinetThe client is to req would remind them -They typically do n medications.	ian's orders, they just made as had the labels on them. The secure uest their medications or staff of have clients with lots of the than the usual medications.		All supervisory staff (Detox Coordina Recovery Engagement Administrato Recovery Engagement Specialist II & perform daily file audits and weekly medication audits. An audit form wa and implemented as of July 10, 2023 ensure consistency and accuracy. C audit forms are then scanned into a stolder, which is reviewed weekly by t Director of Detox Services.	r, § III) s created 3 to ompleted secured	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL092-643	B. WING		06/28/2023		
NAME OF PROVIDER OR SUPPLIER HEALING TRANSITIONS WOMEN'S FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE ASSOCIATED STREET ADDRESS, CITY, STATE, ZIP CODE RALEIGH, NC 27603							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE		
V 118	for their programStaff should have to of what she was activate what all medicationsWill look into a system of the control of the contro	been more clear with client #1 ctually taken in comparison to as she had with her. Stem to better document the and administering of them.	V 118	Healing Transitions has been granted to Rule 10A NCAC 27G.0209 by the Department of Health and Human Se This wavier allows clients to self-adm their own medications without authori in writing by the client's physician. We are including the notification of an a secondary document with this correlaction plan.	NC ervices. iinister ization oproval as		

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