

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-390	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2023
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NAME OF PROVIDER OR SUPPLIER COMMUNITY CHOICES, INC - CASCADE AT DL	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLIAMSBURG ROAD, APARTMENT F DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on June 16, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children.</p> <p>This facility is licensed for 18 and currently has a census of 10. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care 	V 107		

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

Misty Fulk VP, Quality & Service Integration 7/16/2023

STATE FORM 6899 PPG611 If continuation sheet 1 of 9

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V 107	<p>Continued From page 1</p> <p>Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on records review and interview, the facility failed to have a complete personnel record affecting one of four audited staff (Staff #4). The findings are:</p> <p>a. Review on 6/16/23 of Staff # 6's personnel records revealed: -Hire date of 10/10/22. -She was hired as a Substance Abuse Technician I. -There was no proof of education for Staff #6.</p> <p>Interview on 6/16/23 with the Program Director revealed:</p>	V 107		

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V 107	Continued From page 2 -She knew that Staff #6 had completed high school, because she was enrolled in college. -She did not know why Staff # 6's record did not have a copy of her education. -She would ask Staff #6 to bring in documentation to meet proof of education. -She confirmed that agency did not have Staff #6's proof of education.	V 107	This was an oversight. We did have the proof of education. It was filed incorrectly. We have a new staff member pulling HR records and she did not know where to look in the file. We have provided the staff memeber with additional training so this will not happen in the future.	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	<p>Continued From page 3</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of four audited staffs (#4, #5 and #6) received training to meet the needs of the clients as specified in their treatment/habilitation plan. The findings are:</p> <p>Review on 6/16/23 of Staff #4's personnel record revealed: -Hired date of 10/10/22. -She was hired as a Substance Abuse Technician I. -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 6/16/23 of Staff #5's personnel record revealed: -Hired date of 11/15/22. -She was hired as a Case Coordinator -There was no evidence of mental health/developmental disability/substance abuse training.</p> <p>Review on 6/16/23 of Staff #6's personnel record revealed: -Hired date of 11/7/22. -She was hired as a Substance Abuse Technician I. -There was no evidence of mental health/developmental disability/substance abuse</p>	V 108	<p>We use Relias as our training platform. The position that manages Relias has been vacant and we have struggled to ensure that all new hires complete the required Relias training. That position has recently been filled and we now have a process where new hires have 2 weeks to complete all training. The staff member responsible for Relias will track each new hire until the new hire has completed their training. If the new hire does not complete the required training in the designated time frame, the supervisor will be alerted and the new hire will not be allowed to work with clients until they complete the training. HR will send out monthly reports to the supervisors so that we can see who is due for training and who may be overdue. Supervisors have been reminded that training has to be a priority and it will be monitored monthly. Failure to complete the required trainings either at hire or annually, will result in moving into the disciplinary process.</p>	

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V 108	Continued From page 4 training. Interview on 6/16/23 with the Program Director revealed: -Agency provided required training to all staff. -She thought the training was provided during orientation. -Staff also completed training on the Relias system. -She confirmed the facility failed to ensure staff received training to meet the needs of the clients as specified in their treatment/habilitation plan.	V 108		
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	<p>Continued From page 5</p> <p>(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 administered on the written order of a person authorized by law to prescribe medications affecting 2 of 3 clients (Client #2 and Client #3). The findings are:</p> <p>Review on 6/16/23 of Client #2's record revealed: -Date of Admission: 9/9/22. -Diagnoses: Alcohol Related Disorders; Bipolar I Disorder; Post Traumatic Stress Disorder.</p> <p>Review on 6/16/23 of Client #2's physician's orders revealed; -Order dated 10/31/22: -Divalproex Solution 500 milligram (mg)- take one tablet twice a day. -Mirtazapine 30 mg- take one tablet at bedtime. -Order dated 11/22/22: -Prazosin 5 mg- take two capsules at night. -Bupropion 150 mg- take one tablet daily. -Order dated 6/13/23: - Atomoxetine 10 mg- take one capsule daily. - Atomoxetine 18 mg- take one capsule daily.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Observation on 6/16/23 at 1:30 pm of Client #2's medications revealed:</p> <ul style="list-style-type: none"> -Divalproex Solution 500 mg was available. -Mirtazapine 30 mg was available. -Prazosin 5 mg was available. -Bupropion 150 mg was available. -Atomoxetine 10 mg was available. -Atomoxetine 18 mg was not available. <p>Review on 6/16/23 of Client #2's April 2023 through June 16, 2023 MARs revealed blanks for the following medications with no staff initials circled or charting codes and no notes that explained the blanks:</p> <p>April 2023:</p> <ul style="list-style-type: none"> -Divalproex Solution 500 mg- 4/11-4/14 am. -Mirtazapine 30 mg- 4/4-4/30. -Prazosin 5 mg- 4/8. -Bupropion 150 mg- 4/11, 4/13-4/14, 4/28. -Atomoxetine 18 mg- 4/11, 4/13-4/14, 4/28. <p>May 2023:</p> <ul style="list-style-type: none"> -Atomoxetine 10 mg- 5/20, 5/27-5/28. -Divalproex Solution 500 mg- 5/8, 5/20, 5/24 am, 5/27 pm, 5/28 am. -Mirtazapine 30 mg- 5/20, 5/27. -Prazosin 5 mg- 5/20, 5/27. -Bupropion 150 mg- Line reporting that she was out from 5/1-5/22, 5/27-5/28. <p>June 2023:</p> <ul style="list-style-type: none"> -Divalproex Solution 500 mg- 6/1- 6/3 am+pm, 6/4 am, 6/5-6/6 pm, 6/8-6/16 am, 6/-6/16 pm. MAR stated ran out on 6/9. -Mirtazapine 30 mg- 6/1-6/3, 6/6, 6/10. -Prazosin 5 mg- 6/1-6/3, 6/5-6/6, 6/10. -Bupropion 150 mg- 6/1-6/4, 6/8-6/10. -Atomoxetine 18 mg- 6/1-6/4, 6/8-6/11. <p>Reviews on 6/16/23 of Client #2's record</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 9/9/22. -Diagnoses: Alcohol Related Disorders; Bipolar I Disorder; Post Traumatic Stress Disorder. <p>Review on 6/16/23 of Client 3's physician's orders dated 5/22/23 revealed;</p> <ul style="list-style-type: none"> -Buprenorphine 12 mg/3mg- Place one film under the tongue once a day. -Cholecalciferol 50 mcg-Take one tablet once a day. -Sertraline 25 mg- Take one tablet once a day. -Trazodone 50 mg- Take one tablet at bedtime. <p>Observation on 6/16/23 at 2:00 pm of Client #3's medications revealed:</p> <ul style="list-style-type: none"> -All medications mentioned were available. <p>Review on 6/16/23 of Client #3's May 2023 through June 16, 2023 MARs revealed blanks for the following medications with no staff initials circled or charting codes and no notes that explained the blanks:</p> <p>May 2023:</p> <ul style="list-style-type: none"> -Cholecalciferol 50 mcg- 5/27, 5/28. -Sertraline 25 mg- 5/25, 5/27. <p>June 2023:</p> <ul style="list-style-type: none"> -Buprenorphine 12 mg/3mg- 6/10, 6/11. -Cholecalciferol 50 mcg- 6/10, 6/11. -Sertraline 25 mg - 6/10, 6/11. -Trazodone 50 mg- 6/10, 6/11. <p>Interviews on 6/16/23 with Clients #2 and #3 revealed:</p> <ul style="list-style-type: none"> -Staff gave them their medications. -They went to the office to get their medications -Staff would then give them their medications. -They had no issues in getting their medications from staff. 	V 118	<p>One of our staff was not intialing after observing the client's take their meds. When asked she really did not have an explanation except that she got busy and sometimes forgot. We have Medication Administration Training scheduled for all Durham staff for the first week of August 2023. We will then have our newly hired nurse, audit periodically and she will drop in and observe medication staff. With this plan we will be able to catch any of these mistakes.</p>	
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V 118	<p>Continued From page 8</p> <p>Interview on 6/16/23 with Staff #6 revealed:</p> <ul style="list-style-type: none"> -Clients were responsible for ordering their medications when they were about to run out. -Facility informed them to contact their doctors for refills. -Communication paper were given to them informing them about their medications about to run out. -There may had been times when clients do not contact their doctors about their medications running out. They kept reminding them about their medication having ran out. -When clients got their medications renewed by their doctors, pharmacy would send the medications directly to them and they would then log them in to the client's MAR. -Whenever the clients brought in their medication with the new order, medication was restarted on the MAR. -She understood that the current MAR was hard to follow. -Blanks on the MAR may had been because the client refused the medication or they may had ran out. <p>Interview on 6/16/ 23 with the Program Director revealed:</p> <ul style="list-style-type: none"> -She started working at the agency in March. She felt that she was still learning the ropes of the position. -She was not aware that there were blanks on the client's MAR. -She would have the nurse review the MARs with the staff. 	V 118		