

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

(X6) DATE _____

8/10/23

Division of Health Service Regulation

STATE FORM		6899	TDAU11	If continuation sheet 1 of 3	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING		(X3) DATE SURVEY COMPLETED R 07/27/2023
NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II		STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555			
(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

Division of Health Service Regulation

<p>V 118</p>	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to keep the MARs current for 1 of 2 current clients (#2). The findings are:</p> <p>Review on 7/26/23 of client #2's record revealed: -22-year-old male admitted 6/6/17. -Diagnoses included autism spectrum disorder with accompanying intellectual impairment; schizoaffective disorder, unspecified; attention deficit hyperactivity disorder, combined presentation; and Persistent Motor Tic Disorder. -Physicians order dated 6/12/23 Vistaril Capsule (insomnia) 50mg, 1 at bedtime as needed. -Physicians order dated 7/13/23 Vistaril Capsule 50mg, 1 capsule at bedtime."</p> <p>Review on 7/26/23 and 7/27/23 of client #2's MARs for June 2023 - July 2023 revealed: -June 1 - June 30 transcription for Hydroxyzine Pam (Vistaril) 50mg 1 capsule by mouth at bedtime with staff initials to indicate the medication was administered daily. -July 1 - July 26 - Hydroxyzine Pam 50mg capsule by mouth at bedtime with staff initials to indicate the medication was administered daily. -July- a handwritten transcription "EFFECTIVE 7/13/23 (Daily)" with staff initials to indicate the</p>	<p>V 118</p>	<p>Each time a PRN is administered, QCBHS QP will document the medication name, date, time, explanation, and results on the back of the MAR. QP will review at least monthly and contact prescriber as needed for medication review.</p> <p>When a current order is discontinued or changed by a prescriber, QCBHS QP will draw a line through discontinued medication orders, initial and date. Any new order will be properly documented on a new line. QP will monitor monthly and as needed, to stay in medication compliance.</p>	<p>8-10-23</p>
--------------	--	--------------	--	----------------

Division of Health Service Regulation

STATE FORM

6899

TDAU11

If continuation sheet 2 of 3

<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL052-012</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R 07/27/2023</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>QUALITY-CARE BEHAVIORAL HEALTH II</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>301 FOURTH STREET MAYSVILLE, NC 28555</p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETE DATE</p>

Brenda Hicks, QP 8/10/23

Division of Health Service Regulation

V 118	<p>Continued From page 2 medication was administered daily.</p> <p>-The back page of the MARs for June 2023 - July 2023 did not have any transcriptions to indicate the date, time, medication, explanation, results of taking the medication or staff initials to correspond with the daily administration of the Hydroxyzine Pam 50mg.</p> <p>Observation on 7/26/23 at 10:40 am of client #2's medications on hand revealed a bubble pack of Hydroxyzine Pam 50mg fluticasone 50 mcg "1 at bedtime as needed" dispensed 6/30/23.</p> <p>Client #2 was unavailable for interview.</p> <p>During interview on 7/27/23 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none">-Client #2's Hydroxyzine Pam was "given to him every day because he needed it."-She was waiting on the physician for the new order to receive the medication daily.-She understood the facility was required to keep the MARs current. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATE FORM

6899

TDAU11

If continuation sheet 3 of 3

Brenda Hicks, QP

8/10/23