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
	MHL0601518	A. BUILDING: ______ B. WING ______	08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIGHT CHOICES	3705 BULLARD STREET CHARLOTTE, NC 28208

(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 A complaint survey was completed on 8-17-23. The complaint was unsubstantiated (#NC00204068). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for four and currently has a census of three. The survey sample consisted of audits of one former Client (Former Client #1).	V 000		
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	RECEIVED SEP 01 2023 DHSR-MH Licensure Sect	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE President (X6) DATE 08/26/23

Division of Health Service Regulation

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V 118	Continued From page 1	V 118		

(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 record review and interview the facility failed to ensure that MAR's were kept accurate and up to date effecting one of one former client (Former Client #1). The findings are:

Review on 8-17-23 of Former Client #1 (FC#1)'s Physician' prescriptions revealed:
-Aripiprazole 10 milligrams 2-4-23 for behavior.
-Aripiprazole 15 milligrams 6-16-23.

Review on 8-17-23 of FC#1's MAR's from May 2023-July 2023 revealed:
-May 2023 had Aripiprazole 10 milligrams daily as prescribed.
-June 2023 had Aripiprazole daily with no dosage on the MAR.
-July 2023 had Aripiprazole 10 milligrams daily.

Due to FC#1 being discharged, there was no medicine to observe.

Interview on 8-17-23 with the President/Director revealed:
-He was sure that FC#1 had been given the

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RIGHT CHOICES	**3705 BULLARD STREET CHARLOTTE, NC 28208**

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V 118	Continued From page 2 correct medication. -He knew that staff should have changed the MAR to reflect the new prescription. -He would make sure that staff knew to double check all medications and MAR's to ensure that they match.	V 118		

Division of Health Service Regulation

Right Choices-MHL0601518

Complaint survey completed on 8/17/2023

Response to Statement of Deficiencies: 3705 Bullard Street, Charlotte, NC 28208

V118 27G .0209 (C) Medication Requirements

President met with staff to review and discuss the agency's Medication Requirements policy and procedure.

President discussed the importance of ensuring MAR is kept accurate and up to date.

Qualified Professional (QP) to conduct a daily review of each member's MAR to ensure that each member's MAR is accurate and up to date.

Quality Management Team to perform a monthly audit of each member's MAR to ensure compliance.

Completion Date: 8/18/2023. Ongoing.

August 21, 2023

Mr. Rashaad Woods, President
RE Health Group, LLC
10008 Casa Nuestra Drive
Charlotte, NC 28214

Re: Complaint Survey completed 8-17-23
Right Choices, 3705 Bullard Street, Charlotte, NC 28208
MHL # 060-1518
E-mail Address: rehealthgroup100@gmail.com
#NC00204068

Dear Mr. Woods:

Thank you for the cooperation and courtesy extended during the complaint survey completed 8-17-23. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within <u>ten days of receipt of this letter.</u> Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- A standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is 10-17-23.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.

- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,

Patricia Work

Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
dhhs@vayahealth.com
Director, Kimberly Henderson, Mecklenburg County DSS
Pam Pridgen, Administrative Supervisor