

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 09/26/2023 |
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| NAME OF PROVIDER OR SUPPLIER AUBREY'S SAFE HAVEN | STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052 |
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| (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 |
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| {V 000} | <p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 09/26/2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 2 former clients.</p> <p>The Surveyor was unable to determine if the previously cited deficiencies (V114 and V296) were corrected during this survey due to insufficient time to review for compliance.</p> | {V 000} | | |
| {V 109} | <p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and | {V 109} | | |

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

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| {V 109} | <p>Continued From page 1</p> <p>(7) clinical skills.</p> <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, 1 of 1 Qualified Professional (QP) and 1 of 1 Associate Professional (AP) failed to demonstrate competency in the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 09/14/2023 of Client #1's record revealed. -16-years-old. -Admitted 03/10/2023. -Diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder.</p> <p>Review on 09/14/2023 of Client #2's record revealed: -11-years-old. -Admitted 09/04/2022.</p> | {V 109} | | |

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| {V 109} | <p>Continued From page 2</p> <p>Diagnosed with Unspecified Bipolar and Related Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder (ODD), Child Neglect (confirmed), and PTSD.</p> <p>Review on 09/14/2023 of Client #3's record revealed: -13-years-old. -Admitted 08/30/2023. Diagnosed with Attention Deficit Hyperactivity Disorder, PTSD, ODD, Bipolar, and Adjustment Disorder with mood and conduct.</p> <p>Review on 09/14/2023 of Former Client #5's record revealed: -13-years-old. -Admitted 02/25/2023. -Diagnosed with Autism Spectrum Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 09/19/2023 of the AP's personnel record revealed: -Hire date 03/27/2023. -Job title AP. -Job description undated and unsigned by the AP revealed: "... The Associate professional staff is responsible for the management of the day-to-day operations of the facility... Maintain accurate and timely documentation of need for services, services provided and service outcomes for all assigned clinical cases and services in accordance with North Carolina DD/MH/SAS standards..." -Medication Administration Training Initial: 02/20/2023 Refresher: 07/26/2023.</p> <p>Review on 09/19/2023 of the QP's personnel record revealed: -Hire date 01/25/2022.</p> | {V 109} | | |

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| {V 109} | <p>Continued From page 3</p> <p>-Job title QP. -Job description undated and unsigned by the QP revealed: "... The Qualified Professional also will provide clinical supervision to all AP and direct staff of Aubrey's Safe Haven LLC (Licensee)... Maintain accurate and timely documentation of need for services, services provided and service outcomes for all assigned clinical cases and services in accordance with North Carolina DD/MH/SAS standards..."</p> <p>-Medication Administration Training Initial: 02/04/2022 Refreshers: 02/20/2023 and 07/26/2023.</p> <p>Interview on 09/19/2023 with the QP revealed: -Executive Director (ED)/Licensee (L) was her daughter. -"I run and oversee the program. I make sure medications are fine and up to date, not expired, and the worksheet (Medication Administration Record) matches the medication." -Did not monitor and manage the medication administration processes and procedures for Clients #1, #2, #3 and FC #5 as required.</p> <p>Interview on 09/26/2023 with the ED/L revealed: -QP and AP were responsible for medication management. -QP was her mother. -Did not ensure the AP and QP monitored and managed the medication administration processes and procedures for Clients #1, #2, #3, and FC #5 as required.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | {V 109} | | |
| V 117 | 27G .0209 (B) Medication Requirements | V 117 | | |

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| V 117 | <p>Continued From page 4</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 1 of 3 current Clients (#2). The findings are:</p> | V 117 | | |

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| V 117 | <p>Continued From page 5</p> <p>Review on 09/14/2023 of Client #2's record revealed: -11-years-old. -Admitted 09/04/2022. -Diagnosed with Unspecified Bipolar and Related Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder, Child Neglect (confirmed), and Posttraumatic Stress Disorder. -Medication order dated 01/11/2023 revealed: "Triamcinolone Acetonide .1% topical ointment (skin condition)- apply a thin layer to the affected areas by topical route 2 times per day."</p> <p>Observation on 09/15/2023 at 12:59 pm of Client #2's medication container revealed: -A tube of Triamcinolone Acetonide .1% topical ointment with no label to include: 1) The client's name; 2) The prescriber's name; 3) The current dispensing date; 4) Clear directions for self-administration; 5) The name, strength, quantity, and expiration date of the prescribed drug; and 6) The name, address, and phone number of the pharmacy or dispensing location, and the name of the dispensing practitioner.</p> <p>Interview on 09/15/2023 with the Executive Director/Licensee revealed: -Could not locate the medication label for Client #2's Triamcinolone Acetonide .1% topical ointment. -"I will call the pharmacy to have it reprinted."</p> | V 117 | | |
| {V 118} | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 6</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</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> </p> <p>This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and the MAR kept current</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 7</p> <p>affecting 3 of 3 current Clients (#1, #2, and #3) and 1 of 2 audited Former Clients (FC #5); and the facility failed to ensure 1 of 3 current Clients (#1) self-administered medications on the written order of a physician. The findings are:</p> <p>Finding #1:</p> <p>Review on 09/14/2023 of Client #1's record revealed.</p> <ul style="list-style-type: none"> -16-years-old. -Admitted 03/10/2023. -Diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder. -Medication order dated 07/14/2023 revealed: Nicotine TD (Transdermal Route) 14 mg (milligram)-/24 patch- Place 1 patch on skin once daily. -Medication order dated 08/07/2023 revealed: Montelukast (Asthma) 10 mg- Take 1 tablet (tab) every morning. -Medication order dated 09/12/2023 revealed: Cetirizine (Allergies) 10 mg- Take 1 tab every morning. -No medication orders for: <ul style="list-style-type: none"> -Aripiprazole (Mood Stabilizer) 5 mg- Take 1 tab by mouth at bedtime. -Flovent HFA (Hydrofluoroalkane)(Asthma)- 2 Puffs daily every morning. -Self-administration for NuvaRing (Contraceptive)- Insert 1 ring vaginally for 3 weeks, remove for 1 week, and repeat again. -No discontinue medication orders for: <ul style="list-style-type: none"> -Flovent HFA- 2 Puffs daily every morning. -Nicotine TD 14 mg/24 patch. <p>Reviews on 09/14/2023 and 09/15/2023 of Client #1's MARs from 08/13/2023 - 09/15/2023 revealed:</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 8</p> <ul style="list-style-type: none"> -MAR instruction key revealed: "X= Not Given." -NuvaRing was documented as administered approximately 42 times instead of once every 4 weeks. -Transcription instructions for Aripiprazole 5 mg read "By mouth daily" instead of "take 1 tab by mouth at bedtime". -Nicotine TD was documented with an "X" from 08/21/2023 - 08/31/2023 and there was no transcription for the medication and/or comment that the medication had been discontinued by the physician from 09/01/2023 - 09/15/2023. -There was no transcription for Flovent HFA and/or comment that the medication had been discontinued by the physician from 08/13/2023 - 09/15/2023. -There was a total of 54 undocumented administrations and/or missed doses of medications. <p>Observation on 09/14/2023 at approximately 2:26 pm of Client #1's medication container revealed: The following medications were missing:</p> <ul style="list-style-type: none"> -Cetirizine 10 mg tab-Take 1 tab by mouth every morning. -Montelukast 10 mg tab-Take 1 tab by mouth every morning. -Flovent HFA Inhaler-2 Puffs daily every morning. -Nicotine TD 14 mg/24 patch. <p>Observation on 09/15/2023 at approximately 12:28 pm of Client #1's medication container revealed:</p> <ul style="list-style-type: none"> -Cetirizine 10 mg tab-Take 1 tab by mouth every morning dispensed 09/12/2023. <p>The following medications were still missing:</p> <ul style="list-style-type: none"> -Montelukast 10 mg tab-Take 1 tab by mouth every morning. -Flovent HFA Inhaler-2 Puffs daily every | {V 118} | | |

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| {V 118} | <p>Continued From page 9</p> <p>morning. -Nicotine TD 14 mg/24 patch.</p> <p>Finding #2:</p> <p>Review on 09/14/2023 of Client #2's record revealed: -11-years-old. -Admitted 09/04/2022. -Diagnosed with Unspecified Bipolar and Related Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder (ODD), Child Neglect (confirmed), and PTSD. -Medication order dated 01/11/2023 revealed: "Triamcinolone Acetonide .1% topical ointment (skin condition)- apply a thin layer to the affected areas by topical route 2 times per day." -Medication order dated 02/21/2023 revealed: "Aripiprazole (Abilify) 5 mg tab (Mood Stabilizer)- Give Client #2 ½ tab by mouth twice daily."</p> <p>Review on 09/15/2023 of Client #2's MARs from 08/13/2023 - 09/15/2023 revealed: -MAR instruction key revealed: "X= Not Given." -Triamcinolone Acetonide .1% topical ointment was documented with an "X" for 12 days from 09/01/2023 - 09/12/2023 and left blank for 3 days from 09/12/2023 - 09/15/2023. -Aripiprazole 5 mg was not documented as administered on 9/14/2023 at 7 pm. -There was a total of 31 undocumented administrations and/or missed doses of medications.</p> <p>Finding #3:</p> <p>Review on 09/14/2023 of Client #3's record revealed: -13-years-old. -Admitted 08/30/2023.</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 10</p> <p>-Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), PTSD, ODD, Bipolar, and Adjustment Disorder with mood and conduct.</p> <p>-Medication orders dated 09/11/2023 revealed: "Trazodone 100 mg (ODD)- Take 1 tab at bedtime, Lamotrigine 25 mg (ODD)- Take 1 tab by oral route daily, and Risperidone .5 mg (Mood Stabilizer)- Take 1 tab by oral route 2 times per day."</p> <p>Review on 09/14/2023 of Client #3's MARs from 08/30/2023 - 09/15/2023 revealed: No August 2023 MAR and therefore no administration documented for: -Trazodone 100 mg on 08/30/2023 and 08/31/2023 at 7 pm. -Lamotrigine 25 mg on 08/31/2023 at 7 am. -Risperidone .5 mg on 08/30/2023 at 7 pm, 08/31/2023 at 7 am and 7 pm. -Risperidone .5 mg was not documented as administered on 09/13/2023 at 7 pm. -There was a total of 7 undocumented administrations and/or missed doses of medications.</p> <p>Finding #4:</p> <p>Review on 09/14/2023 of FC #5's record revealed: -13-years-old. -Admitted 02/25/2023. -Discharged 08/15/2023. -Diagnosed with Autism Spectrum Disorder, Conduct Disorder and ADHD. -Medication order dated 04/21/2023 revealed: "Vitamin D3 1000 Units (Vitamin D Deficiency)- Take 1 tab every morning and every night."</p> <p>Review on 09/14/2023 of FC #5's MARs from 08/13/2023 - 08/15/2023 revealed:</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 11</p> <p>-Vitamin D3 1000 Units was not documented as administered on 08/14/2023 at 7 pm. -1 undocumented administration and/or missed dose of medication.</p> <p>Interview on 09/26/2023 with Client #2 revealed: -"I insert it (NuvaRing) myself." -Had been self-administering the NuvaRing for 2 months.</p> <p>Interview on 09/19/2023 with the Qualified Professional (QP) revealed: -"I make sure medications are fine and up to date, not expired, worksheet (MAR) matches the medication ..."</p> <p>Interview on 09/19/2023 with the Nurse Practitioner revealed: -"I was appointed to fix the MARs and they were adjusted." -"I am only responsible for the medications that I prescribed." -Prescribed psychotropic medications to "2 clients" at the facility. -"In my training we go over what the law is and go over what is supposed to be on the label. We go over med (medication) errors and how to properly document them. Staff know that they can give meds an hour before or an hour later than the time indicated ... Sometimes they (staff) do a verbal test." -"I did the MAR with her (ED/L) because it was in shambles. Once I do the (new) training, they should be correct." -Would complete another medication administration training course for the facility in October 2023.</p> <p>Interviews on 09/14/2023 and 09/26/2023 with the ED/L revealed:</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 12</p> <ul style="list-style-type: none"> -Client #3 was admitted to the facility on 08/30/2023 between approximately 5 pm - 6 pm. -Did not have a physician's order for Client #1 to self-administer the NuvaRing. -QP and AP were responsible for medication management. -Would obtain all missing physician orders for medications. -"I don't know why staff are not signing off on the meds. I am just going to have to fire everybody, because I am tired of paying \$1000 for medication training." -Medication issues were the fault of facility staff and not the QP or QP. -"Staff who signed off when meds were not given got a verbal warning and will get a written warning if it happens again." -"We did a 7 am re-training on meds and staff who did not make it to the training were suspended for 2 weeks." -Would ensure correction moving forward. <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>Review on 09/21/2023 of the Plan of Protection (POP) dated 09/21/2023 written by the ED/L revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? -The Executive Director (ED/L) has contacted the pharmacy to get a physician order for aripiprazole and to get a printed label for Triamcinolone Acetonide that did not have a label. Qualified Professional reached out to [local health clinic] to get a note stating that the client can administrate her birth control on her own also advise that montelukast medication was not sent over to the</p> | {V 118} | | |
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| {V 118} | <p>Continued From page 13</p> <p>pharmacy to receive for an client Describe your plans to make sure the above happens. -Nurse practitioner and Qualified Professional held a mandatory medication management training on 9/20/2023 to go over the mistake that was made on the MARS. Executive Director update the risk, cause, and analyst on 9/15/2023. Executive Director picked up all physician orders and labels from the pharmacy on 9/15/2023. The Mars was update on 9/15/2023."</p> <p>Review on 09/22/2023 POP Addendum dated 09/22/2023 written by the ED/L revealed the following updated information: "What immediate action will the facility take to ensure the safety of the consumers in your care? -Aubrey's Safe Haven (Licensee) has committed to make all the necessary changes and accommodations to continue to keep all the clients at Aubrey's Safe Haven safe. On 9/15 the Executive Director has contacted the pharmacy to get a physician order for the missing aripiprazole for [Client #1] and to get a printed label for Triamcinolone Acetonide that did not have a label for [Client #2]. Qualified Professional reached out to [local health clinic] to get a note stating that the client (Client #1) can administrate her birth control on her and advise that any medication that doctor recommended to be administrate on their own need a note. The Qualified Professional also advise that montelukast medication for [Client #1] was not sent over to the pharmacy to receive for the client. Executive Director received the missing medication and physician order. Qualified Professional and Nurse Practitioner retrained staff on how to correctly mange medication due to missing signing off on medication that only given once a month, missing label on medication, physician orders, PRN medication. Qualified</p> | {V 118} | | |

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| {V 118} | <p>Continued From page 14</p> <p>Professional and Associate Professional give each staff member who signed off on medication and missing signature will received a verbal warning. Describe your plans to make sure the above happens. Nurse practitioner and Qualified Professional will hold a mandatory medication management training due to missing signatures, missing labels for medication, the importance of a physician order. Nurse practitioners advise the importance on the client not being around when pulling medication which can be the cause of not reading and not signing off on client medication. Training took place on 9/20/2023 to go over the mistake that was made on the MARS. Verbal Warning was issue and signed off for each staff member who signed off on giving medication. Executive Director picked up all physician orders and labels from the pharmacy on 9/15/2023. The Mars was update on 9/15/2023 and looked over by Nurse Practitioner on 9/20/2023 to make sure it was updated correctly."</p> <p>Clients #1, #2, #3, and FC #5 were between 11-16 years old. Their diagnoses included but were not limited to PTSD, ADHD, DMDD, Autism Spectrum Disorder, Conduct Disorder, and Major Depressive Disorder. Staff administered medications to Client #1 without physician orders, stopped administration of medications without discontinuation orders from the physician, and did not have medications available for administration. Client #1 was permitted to self-administer a medication without a physician's order. During a 6 week period, staff signed off on administrating Client #1's medication 42 times when it should have been administered twice. Client #1 had a total of 54 undocumented medication administration entries. Client #2 had 31 doses of</p> | {V 118} | | |

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| {V 118} | Continued From page 15 undocumented medication administration entries. Client #3 did not have a MAR for August 2023 and had a total of 11 doses of undocumented medication administration entries. FC #5 had 1 undocumented medication administration entry. This deficiency constitutes a Continued Failure to Correct Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day continues to be imposed for failure to correct within 23 days. | {V 118} | | |
| V 123 | 27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medication administration errors were reported immediately to a physician or pharmacist for 3 of 3 current Clients (#1, #2 and #3) and 1 of 2 audited Former Clients (FC #5). The findings are: Review on 09/14/2023 of Client #1's record revealed. | V 123 | | |

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| V 123 | <p>Continued From page 16</p> <p>-16-years-old. -Admitted 03/10/2023. -Diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder. -Medication order dated 07/19/2023 revealed: "NuvaRing (Contraceptive)- Insert 1 ring vaginally for 3 weeks, remove for 1 week, and repeat again." -No evidence of consultation with a pharmacist, or physician for medication errors.</p> <p>Reviews on 09/14/2023 and 09/15/2023 of Client #1's MARs from 08/13/2023 - 09/15/2023 revealed: -NuvaRing was documented as administered approximately 42 times instead of once every 4 weeks.</p> <p>Review on 09/14/2023 of Client #2's record revealed: -11-years-old. -Admitted 09/04/2022. -Diagnosed with Unspecified Bipolar and Related Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder (ODD), Child Neglect (confirmed), and PTSD. -Medication order dated 02/21/2023 revealed: "Aripiprazole (Abilify) 5 milligram (mg) tab (tablet) (Mood Stabilizer)- Give "[Client #2]" ½ tab by mouth twice daily." -No evidence of consultation with a pharmacist or physician for medication errors.</p> <p>Review on 09/15/2023 of Client #2's MARs from 08/13/2023 - 09/15/2023 revealed: -Aripiprazole 5 mg was not documented as administered or refused on 09/14/2023 at 7 pm.</p> <p>Review on 09/14/2023 of Client #3's record revealed:</p> | V 123 | | |

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| V 123 | <p>Continued From page 17</p> <p>-13-years-old. -Admitted 08/30/2023. Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), PTSD, ODD, Bipolar, and Adjustment Disorder with mood and conduct. -Medication orders dated 09/11/2023 revealed: "Trazodone 100 mg (ODD)- Take 1 tab at bedtime, Lamotrigine 25 mg (ODD)- Take 1 tab by oral route daily, and Risperidone .5 mg (Mood Stabilizer)- Take 1 tab by oral route 2 times per day." -No evidence of consultation with a pharmacist or physician for medication errors.</p> <p>Review on 09/14/2023 of Client #3's MARs from 08/30/2023 - 09/15/2023 revealed: -Trazodone 100 mg was not documented as administered or refused on 08/30/2023 and 08/31/2023 at 7 pm. -Lamotrigine 25 mg was not documented as administered or refused on 08/31/2023 at 7 am. -Risperidone .5 mg was not documented as administered or refused on 08/30/2023 at 7 pm, 08/31/2023 at 7 am and 7 pm, and 09/13/2023 at 7 pm.</p> <p>Review on 09/15/2023 of FC #5's record revealed: -13-years-old. -Admitted 02/25/2023. -Discharged 08/15/2023. -Diagnosed with Autism Spectrum Disorder, Conduct Disorder and ADHD. -Medication order dated 04/21/2023 revealed: "Vitamin D3 1000 Units (Vitamin D Deficiency)- Take 1 tab every morning and every night." -No evidence of consultation with a pharmacist or physician for medication errors.</p> <p>Review on 09/14/2023 of FC #5's MARs from</p> | V 123 | | |

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| V 123 | Continued From page 18 08/13/2023 - 08/15/2023 revealed: -Vitamin D3 1000 Units was not documented as administered or refused on 08/14/2023 at 7 pm. Reviews on 09/12/2023 and 09/14/2023 of the facility's internal incident reports revealed: -No incident reports for medication administration errors and/or client refusals of medications. Interview on 09/19/2023 with the Qualified Professional revealed: -"[Executive Director (ED)/Licensee (L)] notified the pharmacy." -Did not report medication errors and/or refusals to a physician or pharmacist. Interview on 09/19/2023 with the Nurse Practitioner revealed: -Trained facility staff on how to document medication errors. -Would complete another medication administration training course with facility staff in October 2023. Interviews on 09/14/2023 and 09/26/2023 with the ED/L revealed: -"There are no medication errors." -Did not have an explanation for facility staff not documenting medication administration as required. -Was aware the facility was required to report medication errors and refusals to a physician or pharmacist. -Did not report medication errors and/or refusals to a physician or pharmacist. | V 123 | | |
| V 294 | 27G .1702 Residential Tx. Child/Adol -Req. for Q P | V 294 | | |

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| V 294 | <p>Continued From page 19</p> <p>10A NCAC 27G .1702 REQUIREMENTS OF QUALIFIED PROFESSIONALS</p> <p>(a) Each facility shall utilize at least one direct care staff who meets the requirements of a qualified professional as set forth in 10A NCAC 27G .0104(18). In addition, this qualified professional shall have two years of direct client care experience.</p> <p>(b) For each facility of five or less beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 10 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(c) For each facility of six or more beds:</p> <p>(1) the qualified professional specified in Paragraph (a) of this Rule shall perform clinical and administrative responsibilities a minimum of 32 hours each week; and</p> <p>(2) 70% of the time shall occur when children or adolescents are awake and present in the facility.</p> <p>(d) The governing body responsible for each facility shall develop and implement written policies that specify the clinical and administrative responsibilities of its qualified professional(s). At a minimum these policies shall include:</p> <p>(1) supervision of its associate professional(s) as set forth in Rule .1703 of this Section;</p> <p>(2) oversight of emergencies;</p> <p>(3) provision of direct psychoeducational services to children or adolescents;</p> <p>(4) participation in treatment planning meetings;</p> <p>(5) coordination of each child or adolescent's treatment plan; and</p> | V 294 | | |

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| V 294 | <p>Continued From page 20</p> <p>(6) provision of basic case management functions.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the Qualified Professional (QP) performed clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time occurred when children or adolescents were awake and present in the facility. The findings are:</p> <p>Review on 09/19/2023 of the QP's personnel record revealed: -Hire date 01/25/2022. -Job title QP. -Job description undated and unsigned by the QP revealed: "... Staff also monitor, treat, and assess the emotional, psychiatric, and behavioral needs of this special population, and assist with coordinating service needs for children or adolescents. The Qualified Professional also will provide clinical supervision to all AP and direct staff of Aubrey's Safe Haven LLC (Licensee)."</p> <p>Review on 09/14/2023 of Client #1's record revealed. -16-years-old. -Admitted 03/10/2023. -Diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder.</p> <p>Review on 09/14/2023 of Client #2's record revealed:</p> | V 294 | | |

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| V 294 | <p>Continued From page 21</p> <p>-11-years-old. -Admitted 09/04/2022. Diagnosed with Unspecified Bipolar and Related Disorder, Reactive Attachment Disorder, Oppositional Defiant Disorder (ODD), Child Neglect (confirmed), and PTSD.</p> <p>Review on 09/14/2023 of Client #3's record revealed: -13-years-old. -Admitted 08/30/2023. Diagnosed with Attention Deficit Hyperactivity Disorder, PTSD, ODD, Bipolar, and Adjustment Disorder with mood and conduct.</p> <p>Interview on 09/19/2023 with the QP revealed: -Executive Director (ED)/Licensee (L) was her daughter. -Held a full time job elsewhere and was not able to work the hours required of the QP for the facility. -"I would come in once every other week. The hours would vary; sometimes early in the morning and the kids would be in school." -"Probably none (time clients were at the facility when she came in to work)." -"My shift changed at work (full time job elsewhere), and I am now off Sunday, Monday, and Tuesday. So, those are the days, I am going to focus on the group home. I will be there every other Monday, all day Tuesday, and Sunday as needed." -Planned to work 20 hours per week at the facility moving forward.</p> <p>Interview on 09/15/2023 with the ED/L revealed: -QP was her mother. -QP worked 10 hours per week and was not able to be physically present in the facility due to being employed full time elsewhere.</p> | V 294 | | |

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| V 294 | Continued From page 22 -Would discuss the requirement with the QP and hire another QP if necessary. | V 294 | | |
| V 299 | <p>27G .1707 Res.Tx. Child/Adol - Pers Permit in Facility</p> <p>10A NCAC 27G .1707 PERSONS PERMITTED IN THE FACILITY</p> <p>(a) Only admitted children or adolescents, legally responsible persons, staff, other family and friends identified in the treatment plan, and others permitted by the facility director shall be permitted on the premises.</p> <p>(b) Individuals other than those specified in Paragraph (a) of this Rule are prohibited from entering the facility except in instances of emergency or as permitted by law.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure only adolescents admitted, legal guardians, staff and other family and friends identified in the treatment plan were permitted in the facility affecting 1 of 3 Clients (Client #3). The Findings are:</p> <p>Observation on 09/14/2023 between 12:15 pm - 12:45 pm revealed: -An adolescent female identified as the daughter of Staff #2 seated on the sofa in the living room of the facility. -Client #3 was in her bedroom.</p> <p>Interview on 09/14/2023 with Staff #2 revealed: -"This is my daughter. I have to take her to an appointment and after I picked my daughter up, I</p> | V 299 | | |

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| NAME OF PROVIDER OR SUPPLIER AUBREY'S SAFE HAVEN | STREET ADDRESS, CITY, STATE, ZIP CODE 837 LYNHAVEN DRIVE GASTONIA, NC 28052 |
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| (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 |
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| V 299 | <p>Continued From page 23</p> <p>got a call from my supervisor (Executive Director (ED)/Licensee (L)) saying that I needed to pick up a client (Client #3) from school. I was not supposed to be here."</p> <p>Interview on 09/19/2023 with the Qualified Professional revealed: -"She (Staff #2) had to pick her daughter up at the same time. She was doing us (facility management) a favor, and somebody had to pick up the child (Client #3)." -"We (facility management) should have had a second plan. We should have made other arrangements to pick up the girl (Client #3) ourselves."</p> <p>Interview on 09/14/2023 with the ED/L revealed: -Was aware that Staff #2's daughter was present at the facility. -"She (Staff #2) had to go pick up a kid (Client #3) that got suspended from school." -Would instruct Staff #2 and her daughter to leave the facility. -Would ensure that only authorized persons were permitted in the facility moving forward.</p> | V 299 | | |
| {V 366} | <p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective</p> | {V 366} | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-371 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 09/26/2023 |
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| {V 366} | Continued From page 24 measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or | {V 366} | | |

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| {V 366} | Continued From page 25 with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; | {V 366} | | |

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| {V 366} | <p>Continued From page 26</p> <p>(D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level III incidents. The findings are:</p> <p>Reviews on 09/12/2023 and 09/14/2023 of the facility records revealed: -No Risk/Cause/Analysis or submission of the written preliminary findings of fact to the Local Management Entity/Managed Care Organization (LME/MCO) within five working days for level III alleged abuse incident against Staff #1 for popping FC #4 in the mouth with an open fist.</p> <p>Interview on 09/19/2023 with the Qualified Professional revealed: -"I thought [Executive Director (ED)/Licensee (L)] did that (Risk/Cause/Analysis and written preliminary findings of fact report)." -Did not complete the Risk/Cause/Analysis or submit the written preliminary findings of fact to the LME/MCO within five working days for the alleged abuse incident against Staff #1 for popping FC #4 in the mouth with an open fist.</p> <p>Interview on 09/15/2023 with the ED/L revealed: -"I missed that one." -Did not complete the Risk/Cause/Analysis or</p> | {V 366} | | |

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| {V 366} | <p>Continued From page 27</p> <p>submit the written preliminary findings of fact to the LME/MCO within five working days for alleged abuse incident against Staff #1 for popping FC #4 in the mouth with an open fist. -Would complete the Risk/Cause/Analysis and submit the written preliminary findings of fact to the LME/MCO within five working days for alleged abuse incident for FC #4.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | {V 366} | | |