

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE SVCS-SILVER LINING	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 15, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>The facility is licensed for 12 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p>	V 106		

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

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V 106	<p>Continued From page 1</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances.</p> <p>(b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement a policy for incident reporting. The findings are:</p> <p>Review on 3/7/24 of the facility's incident reporting policy revealed: "Level 1 Incidents: Any happening which is not consistent with the routine operation of a facility or service or routine care of a consumer and that is likely to lead to adverse effects upon a consumer and does not meet the definition of a Level II or Level III incident. This includes the following: Any medication error such as wrong dose, wrong medication, wrong time (over 1 hour from prescribed time), missed dose or medication refusal that does not threaten the consumer's health or safety (as determined by the physician notified of the error); (aggregate numbers will be reported to Local Management Entity (LME) for Level I medication errors quarterly)."</p> <p>Review on 3/12/24 of the March 2024 Medication Administration Record for client #1 revealed:</p> <p>There were refusals for the following dates:</p>	V 106		

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V 106	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Montelukast Sodium 5 milligrams (mg) (Seasonal Allergies) on 3/1, 3/2 and 3/3 -Fluticasone-Salmeterol (Advair) 45-21 micrograms (mcg) (Allergy Symptoms) on 3/2 and 3/3 -Allergy Relief eye drops (Eye Redness) on 3/5 and 3/7 <p>Review on 3/7/24 of facility records revealed:</p> <ul style="list-style-type: none"> -There was no documentation of Level 1 incident reports completed for the above medication refusals for client #1. <p>Interview on 3/8/24 with Registered Nurse #3 revealed:</p> <ul style="list-style-type: none"> -Client #1 refused to take her Montelukast Sodium, Advair and Eye drops a few times. -Client #1 said she didn't need those medications. -She had not done any incident reports for those medication refusals. -The nurse who trained her didn't inform her she was required to complete incident reports for medication refusals. <p>Interview on 3/12/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The nurses were supposed to let him know about any medication refusals. -They should be doing incident reports for those medication refusals. <p>Interview on 3/14/24 with the Vice President of Administration revealed:</p> <ul style="list-style-type: none"> -She didn't know client #1 was refusing her medication. -Th nurses should be doing incident reports for medication refusals. -The Executive Director was responsible for ensuring the nurses completed Level 1 incident reports for medication refusals. 	V 106		

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V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement strategies to meet the needs of one of three audited clients</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>(#1). The findings are:</p> <p>Reviews on 3/6/24 and 3/8/24 of client #1's record revealed: -Admission date of 1/30/24. -Diagnoses of Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder and Unspecified Asthma. -She was 13 years old. -Person Centered Plan dated 1/22/24 had no strategies to address medication refusals.</p> <p>Review on 3/12/24 of the March 2024 Medication Administration Record for client #1 revealed:</p> <p>There were refusals for the following dates: -Montelukast Sodium 5 milligrams (mg) (Seasonal Allergies) on 3/1, 3/2 and 3/3 -Fluticasone-Salmeterol (Advair) 45-21 micrograms (mcg) (Allergy Symptoms) on 3/2, 3/3 and 3/12 -Allergy Relief eye drops (Eye Redness) on 3/5, 3/7 and 3/12</p> <p>Interview on 3/12/24 with client #1 revealed: -She refused her medications a few times. -She refused the allergy pill, inhaler and eye drops. -"I don't feel like I need those medications daily." -She wanted to talk to the physician about those medications being taken as needed.</p> <p>Interview on 3/8/24 with Registered Nurse #3 revealed: -Client #1 refused to take her Montelukast Sodium, Advair and Eye drops a few times. -Client #1 said she didn't need those medications.</p> <p>Interview on 3/13/24 with the Care Manager revealed:</p>	V 112		

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V 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> -She just did client #1's Child and Family Team (CFT) meeting on 3/8/24. -She was told client #1 had to be prompted to take her medications. -She was not told client #1 refused any of her medications. -She confirmed client #1 had no strategies to address medication refusals. <p>Interview on 3/14/24 with the Vice President of Administration revealed:</p> <ul style="list-style-type: none"> - She didn't know client #1 was refusing her medication. -The Care Manager was responsible for adding strategies to a client's plan. -She confirmed client #1 had no strategies to address medication refusals. <p>This deficiency has been cited 2 times since the original cite on 2/16/23 and must be corrected within 30 days</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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>	V 118		

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V 118	<p>Continued From page 6</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: (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 (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>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to follow the written order of a physician. The findings are:</p> <p>Reviews on 3/6/24, 3/8/24 of client #2's record revealed: -Admission date of 1/16/24. -Diagnoses of Post Traumatic Stress Disorder, Disruptive Mood Dysregulation Disorder, Depressive Disorder and Anxiety Disorder. -She was 14 years old.</p> <p>Observation on 3/12/24 of the medication chart in the nursing station at approximately 12:04 pm revealed: -Two bottles of Caplyta 42 milligrams (mg) (Depression) were available for client #2.</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>-The dispense dates were 2/6/24 and 3/4/24.</p> <p>Review on 3/12/24 of a physician's order dated 2/6/24 revealed: -Caplyta 42 mg, one capsule daily.</p> <p>Review on 3/12/24 of the February 2024 MAR revealed: -There were circles in the grids on 2/11 thru 2/14 on the front portion of the MAR. -The back of MAR indicated doses were missed 2/11 thru 2/14.</p> <p>Interview on 3/11/24 with Registered Nurse (RN) #1 revealed: -There was a medication error with client #2. -Client #2 didn't get her Caplyta a few days. -Client #2 was not out of Caplyta. The medication was there, "staff just didn't give it for some reason." -She was off for a few days and noticed the medication had not been given when she returned. -The medication was new and she thought maybe "staff just overlooked it." -She confirmed the facility failed to follow the written order of a physician.</p> <p>Interview on 3/12/24 with RN #2 revealed: -Client #2 missed a few doses of Caplyta in February 2024. -The Caplyta was a newer medication, and it was in a small bottle hidden behind some of the other medications. -"Most of the clients medication is in packets, they don't see bottles that often." -"We overlooked that medication for client #2, it was not given by mistake." -She confirmed the facility failed to follow the written order of a physician.</p>	V 118		

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V 118	Continued From page 8 Interview on 3/12/24 with the Executive Director revealed: -He didn't know client #2 wasn't given her Caplyta for 4 days in February 2024. -He really didn't know why client #2 wouldn't have received that medication. -Clients normally get their medication. -He confirmed the facility failed to follow the written order of a physician. Interview on 3/14/24 with the Vice President of Administration revealed: -She didn't know client #2 missed doses of Caplyta in February 2024. -"The nurses should be following the MAR whenever they administer medications to clients." -She confirmed the facility failed to follow the written order of a physician.	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:	V 123		

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V 123	<p>Continued From page 9</p> <p>Based on record review and interviews, the facility failed to ensure medication refusals were reported immediately to a physician or pharmacist for one of three audited clients (#1). The findings are:</p> <p>Review on 3/12/24 of the March 2024 Medication Administration Record for client #1 revealed:</p> <p>There were medication refusals for the following dates:</p> <ul style="list-style-type: none"> -Montelukast Sodium 5 milligrams (mg) (Seasonal Allergies) on 3/1, 3/2 and 3/3 -Fluticasone-Salmeterol (Advair) 45-21 micrograms (mcg) (Allergy Symptoms) on 3/2, 3/3 and 3/12 -Allergy Relief eye drops (Eye Redness) on 3/5, 3/7 and 3/12 <p>Review of facility records on 3/12/24 revealed:</p> <ul style="list-style-type: none"> -There was no documentation facility staff notified the physician or pharmacist of medication refusals for client #1. <p>Interview on 3/12/24 with the Executive Director revealed:</p> <ul style="list-style-type: none"> -The nurses were supposed to be reporting medication refusals to the physician or pharmacist. -He wasn't sure why the nurses failed to report client #1's medication refusals to the physician or pharmacist. <p>Interview on 3/14/24 with the Vice President of Administration revealed:</p> <ul style="list-style-type: none"> - She didn't know client #1 was refusing her medication. -The nurses should be reporting medication refusals to the physician or pharmacist. -The Executive Director was responsible for 	V 123		

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V 123	Continued From page 10 ensuring the nurses contact the physician or pharmacist about medication refusals.	V 123		
V 315	<p>27G .1902 Psych. Res. Tx. Facility - Staff</p> <p>10A NCAC 27G .1902 STAFF</p> <p>(a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.</p> <p>(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.</p> <p>(c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.</p> <p>(d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.</p> <p>(e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide 24-hour on-site coverage by a Registered Nurse (RN). The findings are:</p> <p>Reviews on 3/6/24, 3/8/24 and 3/15/24 of the facility's personnel records for Nurses revealed:</p> <p>RN #1:</p>	V 315		

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V 315	<p>Continued From page 11</p> <p>-Date of hire was 1/2/24.</p> <p>RN #2: -Date of hire was 1/2/24.</p> <p>RN #3: -Date of hire was 1/18/24.</p> <p>RN #4: -Date of hire was 5/14/23.</p> <p>Review on 3/13/24 of schedules for nursing staff revealed:</p> <p>March 2024: -No RN scheduled 7pm to 7am (2nd shift) on 3/1, 3/2, 3/3, 3/8, 3/9, 3/10, 3/15, 3/16, 3/17, 3/22, 3/23, 3/24, 3/29, 3/30 and 3/31. -Total before and during survey period was 7 days no 24-hour RN coverage</p> <p>February 2024: -No RN 1st shift (7am to 7pm) on 2/9, 2/11, 2/14 and 2/20 (4 days) -No RN 2nd shift (7pm to 7am) on 2/1, 2/2, 2/3, 2/4, 2/5, 2/6, 2/8, 2/9, 2/10, 2/11, 2/14, 2/16, 2/17, 2/18, 2/19, 2/23, 2/24 and 2/25 (18 days) -No RN both shifts (1st and 2nd) on 2/9, 2/11 and 2/14 (3 days) -Total for month was 22 days no 24-hour RN coverage</p> <p>There was no January 2024 schedule available for review.</p> <p>Interview on 3/12/24 with client #1 revealed: -There had been times when there was no registered nurse in the building. -There was no registered nurse about 2-3 days a week.</p>	V 315		

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V 315	<p>Continued From page 12</p> <p>- "It mainly happened in the evenings."</p> <p>Interview on 3/11/24 with staff #2 revealed: - There was no registered nurse at the facility sometimes during 2nd shift (7pm to 7am). - That occurred about 1-2 days per week.</p> <p>Interview on 3/8/24 with staff #3 revealed: - During 2nd shift (7pm to 7am) there may be no registered nurse at the facility about 2 days of week.</p> <p>Interview on 3/11/24 with RN #1 revealed: - She started working about 2 months ago. - She normally worked 1st shift (7am to 7pm) 3 days a week. - There had been times when she had no relief because the 2nd shift (7pm to 7am) registered nurse didn't report for duty. - That happened 2-3 days a week. - This had been happening since she was employed for the last 2 months.</p> <p>Interview on 3/8/24 with RN #3 revealed: - She had been employed for about a month. - She worked 3 days a week during 1st shift (7am to 7pm). - There had been times when there was no registered nurse during 2nd shift (7pm to 7am). - She wasn't sure how often that had occurred.</p> <p>Interviews on 3/6/24 and 3/7/24 with Executive Director revealed: - As far as he knew there were no issues with there being coverage at that facility for the registered nursing staff. - "I assume if there is only one person scheduled some days on the nursing schedule for February 2024 they had no coverage for 2nd shift." - He didn't take over that building until mid</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE SVCS-SILVER LINING	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
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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
V 315	<p>Continued From page 13</p> <p>February 2024 and that schedule was already in place when he took over. -He had no access to the January 2024 registered nursing schedule. -He confirmed the facility did not have 24-hour on-site coverage by a registered nurse.</p> <p>Interview on 3/14/24 with the Vice President of Operations Administration (VPA) revealed: -"I didn't know there was still an issue with the facility having RN coverage 24 hours daily." -That issue had not come to her attention. -She was not aware of there being days when there was no registered nurse working during 2nd shift. -They were using a staffing agency to get registered nurses. -They had seven registered nurses working for both buildings. -She confirmed the facility did not have 24-hour on-site coverage by a registered nurse.</p> <p>Review on 3/15/24 of a Plan of Protection written by the VPA dated 3/15/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will schedule RN's daily on each shift. Describe your plans to make sure the above happens. The [Director of Operations] will review the nursing schedule monthly. We will increase the budget for our recruitment ads to reach more candidates. We will contact our staffing company (name of company) about the possibility of assigning an on-call RN daily in the event a scheduled RN is unable to report to work. We will also schedule our own RN's as on-call."</p> <p>The facility served clients whose diagnoses included: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder,</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL047-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
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NAME OF PROVIDER OR SUPPLIER PREMIER HEALTHCARE SVCS-SILVER LINING	STREET ADDRESS, CITY, STATE, ZIP CODE 1892 TURNPIKE ROAD RAEFORD, NC 28376
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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
V 315	Continued From page 14 Attention Deficit Hyperactivity Disorder, Conduct Disorder, Oppositional Defiant Disorder, Major Depressive Disorder, Anxiety Disorder, Generalized Anxiety Disorder and Cannabis Abuse. The clients ages ranged between 13 to 17 years old. There was no registered nurse scheduled for 2nd shift (7pm to 7am) 29 times between January 1, 2024 and March 15, 2024. There was no registered nurse in the building during 2nd shift (7pm to 7am) between 1-3 days a week. This deficiency constitutes a Continuing Type A1 rule violation originally cited for serious neglect for failure to correct within 23 days.	V 315		