

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>03/22/2024</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 3/22/24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>The facility is licensed for 20 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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> <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</p>	V 118	<p><b>RECEIVED</b></p> <p><b>APR 12 2024</b></p> <p><b>DHSR-MH Licensure Sect</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Lawrence D. Carter*

TITLE  
*Executive Director*

(X6) DATE  
*04/10/2024*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 118	<p>Continued From page 1</p> <p>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 record reviews, observation and interviews, the facility failed to ensure medications were administered to clients on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 3/21/24 of client #3's record revealed: -Admission date of 1/26/24. -Diagnosis of Alcohol Use Disorder, Severe. -Physician order 2/5/24 Amoxicillin-Clavulanate (antibiotic) 875-125 mg (milligrams) Take one tablet by mouth every 12 hours for 7 days.</p> <p>Review on 3/21/24 of client #3's January 2024 through March 21, 2024 MARs revealed: -Amoxicillin-Clavulanate was not documented as administered at 6pm on 2/8/24 and 2/10/24.</p> <p>Interview on 3/21/24 with client #3 revealed: -"Missed it (Amoxicillin-Clavulanate) the first time (2/8/24) because I was at church." -"I missed it (Amoxicillin-Clavulanate) that day (2/10/24) too because it was too late. We went over time with doing our chores."</p> <p>Interview on 3/22/24 with staff #2 revealed:</p>	V 118	<p>The LCAS/CCS has met with the Resident Assistants to discuss the problem as cited. RA in house training took place On 03/26/2024 and RA staff were given the information from the survey and procedures and policy were reviewed. RAs [redacted] and [redacted] will now review the MAR Daily, and report any problems To the supervising LCAS/CCS. ACPP Director will have a Mandatory training to follow up In late April or early May. RA [redacted] and LCAS/CCS will be re-sponsible for assuring future performance of duty and logging of information. This corrective action was begun on March 22, 2024, and will be continuous.</p>	<p>3/26/24</p>
-------	---	-------	--	----------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 118	<p>Continued From page 2</p> <p>-The 6pm dose of Amoxicillin-Clavulanate was not administered on 2/8/24 and 2/10/24. -"I think it (Amoxicillin-Clavulanate) was supposed to be given at 6:30pm. That is a hard time of day because of meetings."</p> <p>Interview on 3/22/24 with the Assistant Executive Director/Clinician revealed: -The 6pm dose of Amoxicillin-Clavulanate was not administered on 2/8/24 and 2/10/24. -"We are going to have to do some retraining."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medication administration errors were reported immediately to a physician or pharmacist affecting 1 of 3 audited clients (#3). The findings are:</p>	V 123		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 123	<p>Continued From page 3</p> <p>Review on 3/21/24 of client #3's record revealed: -Admission date of 1/26/24. -Diagnosis of Alcohol Use Disorder, Severe. -2/5/24 Amoxicillin-Clavulanate (antibiotic) 875-125 mg (milligrams) Take one tablet by mouth every 12 hours for 7 days.</p> <p>Review on 3/21/24 of client #3's January 2024 through March 21, 2024 MARs revealed: -Amoxicillin-Clavulanate was not administered at 6pm on 2/8/24 and 2/10/24.</p> <p>Review on 3/22/24 of the facility's incident reports for client #3 revealed: -2/8/24 "Missed dose was cleaning and having a meeting and time got away from us." -There was no indication on the 2/8/24 incident report that the physician or pharmacist had been contacted. -There was no incident report for the missed dose on 2/10/24, and no documentation that the physician or pharmacist had been contacted.</p> <p>Interview on 3/21/24 with client #3 revealed: -"Missed it (Amoxicillin-Clavulanate) the first time (2/8/24) because I was at church." -"I missed it (Amoxicillin-Clavulanate) that day (2/10/24) too because it was too late. We went over time with doing our chores." -Did not know if the physician or pharmacist was contacted.</p> <p>Interview on 3/22/24 with staff #2 revealed: -Completed the incident report for client #3's missed Amoxicillin-Clavulanate on 2/8/24. -Contacted the pharmacist and was told to "continue with the next dose." -"I always call the pharmacy. I don't know why I didn't write it down."</p>	V 123	<p><b>The LCAS/CCS has met with the Resident Assistants to discuss the problem with the medications as cited. RA's were instructed as to where the errors occurred and given the proper corrective actions. The Program Director cited each incident, and reviewed with the RA's What should have occurred, Contacting of doctor and Pharmacist, and recording the incident correctly in the MAR. All RAs are trained and certified or recertified annually by a Licensed RN/NP trainer. LCAS/CCS will be responsible for assuring future performance and doctors and Pharmacists will be contacted to report each incident upon occurrence. This action was taken on March 26, 2024.</b></p>	3/26/24

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 123	Continued From page 4  -" I don't know why there isn't an incident report for the other (2/10/24) missed dose. It should have been done."  Interview on 3/22/24 with the Assistant Executive Director/Clinician revealed: -"Staff are supposed to do an incident report" for missed medications. -"I believe we are supposed to be contacting the pharmacy." -"We are going to have to do some retraining."  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 123		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain water temperatures of 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:  Observation on 3/21/24 at 11:10am of the facility's bathroom used by the clients revealed: -Water temperature of 125 degrees in four bathroom sinks and three showers.	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 752	<p>Continued From page 5</p> <p>Review on 3/22/24 of the facility's water temperature logs completed January 2024 through March 21, 2024 revealed: -Bathroom water temperature was checked 61 times. -All recorded checks were above 116 degrees. -Temperatures ranged from 120.6 degrees to 135.5 degrees.</p> <p>Interview on 3/21/24 with client #1 revealed: -"I haven't noticed any problems with the water." -Was able to adjust the water temperature. -Denied being burned or knowledge of anyone being burned.</p> <p>Interview on 3/21/24 with client #2 revealed: -"It's (water temperature) ok. Not too hot for me." -Was able to adjust the water temperature. -Denied being burned or knowledge of anyone being burned.</p> <p>Interview on 3/21/24 with client #3 revealed: -"It's (water temperature) fine." -Was able to adjust the water temperature. -Denied being burned or knowledge of anyone being burned.</p> <p>Interview on 3/21/24 with staff #1 revealed: -"I don't do checks (water temperature checks). Third shift keeps a log." -"I don't know the range (of acceptable temperature)." -"Everyone is capable of adjusting water." -"I haven't heard any complaints."</p> <p>Interview on 3/22/24 with staff #2 revealed: -Was not aware until 3/21/24 that the water in the bathroom was too hot. -"They (clients) shower on my shift; they have</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/22/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>CORNERSTONE CHRISTIAN CENTER/ACPP, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST FIFTH AVENUE GASTONIA, NC 28053</b>
---	--

(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 752	<p>Continued From page 6</p> <p>never complained about it being too hot." -"They (clients) fuss about it not being hot a lot of times."</p> <p>Interview on 3/22/24 with the Assistant Executive Director/Clinician revealed: -Was not aware that water temperatures had been over 116 since January 2024. -"Third shift staff did not bring it to our attention." -"We have had some staff changes and duties were shifted ...We are going to have a meeting and address some things." -There were no injuries due to water temperature. -The clients were able to adjust water temperature. -"We made adjustments to the water heater last night (3/21/24) and will continue to adjust as needed."</p>	V 752	<p><b>The Director and RA [REDACTED] [REDACTED] began has met with the Resident Assistants to discuss the problem with water temperatures as cited, on March 22, 2024. The water heater was completely drained and then the thermostat and wiring were checked for any mechanical problems. The temperature settings were lowered until the temperature was at the lower end of the range. The temperature has maintained within the range since then. The full time RAs, specifically, RA's [REDACTED] and [REDACTED] are now responsible for checking and recording the temperatures daily and reporting any problem. The LCAS/CCC went over the acceptable water temperature range in RA in house training on March 26, 2024. This action was taken on March 26, 2024 but will be an ongoing priority.</b></p>	3/28/24
-------	--	-------	---	---------