

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL043-108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>04/15/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOPE INSIDE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 NORTH ORANGE AVENUE DUNN, NC 28334</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on April 15, 2024. The complaint was substantiated (Intake #NC00214969). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities for Children &amp; 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.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p>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</p>	V 118		

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

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V 118	<p>Continued From page 1</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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs affecting 3 of 3 clients (#1,#2 and #3). The findings are:</p> <p>Review on 04/11/24 of client #1's record revealed: -15 year old male. -Admission date of 03/09/23. -Diagnoses of Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder (ADHD).</p> <p>Review on 04/11/24 of client #1's Physician order dated 04/04/24 revealed: -Cetirizine 10mg (milligrams) (Allergies) Take 1 tablet by mouth once a day.</p> <p>Review on 04/11/24 of client #1's March and April 2024 MARs revealed: -04/01/24-04/09/24-Transcribed on the back of the MAR was "PO Pharmacy out of medication" and "PO" was initialed on the front of the MAR for those dates. -03/30/24-03/31/24-No initials on the MAR to indicate the medication had been administered.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>During interview on 04/09/24 client #1 revealed: -He took his medication daily. -He had not missed any medications since living at the facility.</p> <p>Review on 04/11/24 of client #2's record revealed: -15 year old male. -Admission date of 08/10/23. -Diagnoses of Oppositional Defiant Disorder, ADHD Combined Type, Unspecified Insomnia Disorder, Mild Intellectual Developmental Disability, Autism Spectrum Disorder.</p> <p>Review on 04/11/24 of client 2's Physician orders dated 11/08/23 revealed: -Adderall 20mg (ADHD) Take 1 capsule by mouth every morning. -Guanfacine 1mg (ADHD) Take 1 tablet by mouth once a day. -Clonidine 0.2mg (ADHD) Take 1 tablet by mouth daily at bedtime.</p> <p>Review on 04/11/24 of client #2's March and April 2024 MARs revealed the following dates with no staff initials to indicate the medication had been administered: -Adderall-03/31/24. -Guanfacine-03/31/24, 04/11/24. -Clonidine-03/30/24-03/31/24.</p> <p>During interview on 04/09/24 client #2 revealed: -He took medication daily. -He had not missed taking his medication since he had lived at the facility.</p> <p>Review on 04/11/24 of client #3's record revealed: -16 year old male. -Admission date of 01/30/24. -Diagnoses of Major Depressive Disorder</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Moderate, Conduct Disorder, ADHD Combined Presentation and Mild Intellectual Developmental Disability.</p> <p>Review on 04/11/24 of client #3's Physician order dated 01/09/24 revealed: -Concerta 36mg (ADHD) Take 1 tablet by mouth every morning.</p> <p>Review on 04/11/24 of client #3's February 2024 MAR revealed the following date with no staff initials to indicate the medication had been administered: -Concerta-02/26/24.</p> <p>During interview on 04/09/24 client #3 revealed: -He took his medication daily. -He had not missed taking his medication since he had lived at the facility.</p> <p>During interview on 04/15/24 the Qualified Professional revealed: -She would ensure the medication would be available to administer to each client. -She would ensure the staff completed the MAR after each administration.</p> <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>	V 118		