

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/17/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CYNTHIA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>45 EYE VIEW ROAD</b> <b>CANDLER, NC 28715</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 5/17/24. 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 4. 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><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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		

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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>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 reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 2 of 3 audited clients (#1, #2).</p> <p>Record review on 5/17/24 for Client #1 revealed: -Date of admission: 9/5/23 -Age: 17 years old -Diagnoses: Attention deficit hyperactivity disorder (ADHD), Autism spectrum disorder, Generalized anxiety disorder. -Physician ordered medications included: -Cetirizine 10 mg (milligram)(allergies) 1 tablet twice daily ordered 2/7/24. -Cetirizine 10mg 1 tablet once daily ordered 4/16/24. -Hydroxyzine 10mg (anxiety) 1 tablet 3 times daily PRN (as needed) for anxiety ordered 2/7/24.</p> <p>Review on 5/17/24 of Client #1's MARs for March 1 to May 16, 2024 revealed: -Cetirizine was documented as administered twice daily from 3/1/24-3/16/24. -Hydroxyzine was documented as administered once on 3/13/24, 3/18/24, 3/23/24, 4/7/24.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-There was no descriptive information on the back of the MAR to document the time Hydroxyzine was administered, reason for administration or effectiveness of the PRN.</p> <p>Record review on 5/17/24 for Client #2 revealed: -Date of admission: 6/12/23 -Age: 14 years old -Diagnoses: Unspecified mood disorder, Oppositional defiant disorder, ADHD, Borderline Intellectual functioning. -Physician ordered medications included: -Mirtazapine 45mg (depression) 1 tablet once daily ordered 2/7/24. -Mirtazapine 15mg - 1 tablet daily ordered 3/15/24.</p> <p>Review on 5/17/24 of Client #2's MARs for March 1 to May 16, 2024 revealed: -Mirtazapine 45mg was documented as administered 3/1/24-5/16/24.</p> <p>Interview on 5/17/24 with Client #1 revealed: -His medications make him really hungry. -"Takes a good bit of meds (medications) but don't know what they are."</p> <p>Interview on 5/17/24 with Client #2 revealed: -Received his medications every day. -Didn't know what medications he took.</p> <p>Interview on 5/17/24 with the Associate Professional revealed: -He was responsible for managing the medications for the facility. -Was not aware of Client #1's order for Cetirizine for once a day administration. "He's always taken it twice a day." -"[Client #1]'s mom is very involved and has been adamant that his medications not change at all."</p>	V 118		

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V 118	Continued From page 3  -"I always sit in on the virtual visits with the psychiatrist." -All Client #1 meds were electronically sent to pharmacy on 4/16/24. "I don't understand why the additional script was sent." -"I sort of remember that being a requirement (to record PRN data on the back of the MAR). I guess it just fell off." -"Meds are delivered to the lock box. I separate meds along with overflow meds. Someone walked in and asked me a question. I may have been writing that change (for Client #2) and got distracted." -"I remember talking about a med change and talking with [Client #2]." -The March MAR didn't get changed and just continued to copy that one. -"I'm typically on my game; just an oversight." -Will send email to the group when there are med changes.	V 118		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic	V 367		

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V 367	<p>Continued From page 4</p> <p>means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Record review on 5/17/24 of internal incident</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>reports revealed: -On 4/20/24 at 11:30am, Client #1 exhibited "self injurious behavior", "property damage" and "was out of area and refusal to follow prompts by staff" due to "anxiety from job interview and loss of preferred coping skills." Also checked on the incident report was "escort" and "physical restraint."</p> <p>Review on 5/17/24 of facility group email from Staff #2 dated 4/20/24 regarding Client #1 revealed: -"This morning started out a little rough. [Client #1] was chomping at the bit about his job interview ...I informed him that he needed to calm himself about it as he was already getting himself worked up ...As soon as chores were done we took [Client #1] to [local grocery]. The manage informed us she couldn't do an interview as she already short staffed by 7 people ...[Staff #3] said {Client #1}'s station was left a mess ...I let [Client#1] know that he wouldn't have any media today ...I told him I needed him to calm down and take responsibility for not having his station left in an acceptable condition ...He responded with different excuses about his grades not being his fault while try to get him calmed down he would shutdown and completely overwhelm himself with stress. I informed him that if he couldn't maintain composure to talk I was going to send him to his room till he calmed down ...instead of going in a controlled manner he started slamming stuff around and stomping up the stairs ...I followed him upstairs to find him locked in the back bathroom in told him he needed time out where I could monitor him for safety purposes he came out but quickly became unresponsive and aggressive punching a hole in his bedroom wall and trying to punch himself me and [staff #3] tried restraining him I his room while offering to try and</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>get a PRN (as needed medication) he was completely unresponsive only trying to punch and kick and head but the wall. After only a few minutes we escorted him to the living room where we could restrain him sitting on the clinch it took a few minutes and he was able to calm down he took full responsibility for his behavior apologized and accepted his consequences ..."</p> <p>Review on 5/16/24 of IRIS (incident response improvement system) reports for the facility revealed: -No report for Client #1 was found under the facility or the Licensee's name.</p> <p>Interview on 5/17/24 with the Associate Professional revealed: -Did not know all the details of the incident but should have collected more information. -He or the Qualified Professional should have completed the IRIS report.</p>	V 367		
V 521	<p>27E .0104(e9) Client Rights - Sec. Rest. &amp; ITO</p> <p>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</p> <p>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions: (9) Whenever a restrictive intervention is utilized, documentation shall be made in the client record to include, at a minimum: (A) notation of the client's physical and psychological well-being; (B) notation of the frequency, intensity and duration of the behavior which led to the intervention, and any precipitating circumstance</p>	V 521		



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V 521	<p>Continued From page 8</p> <p>contributing to the onset of the behavior; (C) the rationale for the use of the intervention, the positive or less restrictive interventions considered and used and the inadequacy of less restrictive intervention techniques that were used; (D) a description of the intervention and the date, time and duration of its use; (E) a description of accompanying positive methods of intervention; (F) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the emergency use of seclusion, physical restraint or isolation time-out to eliminate or reduce the probability of the future use of restrictive interventions; (G) a description of the debriefing and planning with the client and the legally responsible person, if applicable, for the planned use of seclusion, physical restraint or isolation time-out, if determined to be clinically necessary; and (H) signature and title of the facility employee who initiated, and of the employee who further authorized, the use of the intervention.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the necessary documentation was in the client record when a restrictive intervention was utilized affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Refer to tag V367 for incident details</p> <p>Review on 5/17/24 of facility records revealed: -There was no documentation of the description of the intervention and the date, time and duration of its use. -No notation of Client #1's physical and</p>	V 521		

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V 521	Continued From page 9  psychological well-being. -No documentation of the signature and title of the facility employee who initiated the use of the intervention.  Interview on 5/16/24 with Client #1 revealed: -"Had a minor restraint in my room ...lot of things went wrong that days, so much anxiety sort of blacked out, punched a hole in the wall."  Interview on 5/17/24 with the Associate Professional revealed: -They had not used a restrictive intervention in some time at the facility. -Was aware of the processes, it had just been a while since he needed to remember them.	V 521		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 5/16/24 at approximately 4pm revealed: -Pedestal sink in back bathroom not attached to the wall. -Medicine cabinet in back bathroom rusted around lower edges inside cabinet. -Light brownish colored stains in toilets in back bathroom as well as hall bathroom.	V 736		

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V 736	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Small 4"x 6" oval hole between beds in bedroom on the right.</li> <li>-Light brownish colored strains around bathtub in hall bathroom.</li> <li>-Light fixture in hall bathroom middle light bulb socket was hanging loose.</li> <li>-Small 2"x 12" tile threshold at hall bathroom cracked and missing pieces.</li> </ul> <p>Interview on 5/17/24 with the Associate Professional revealed:</p> <ul style="list-style-type: none"> <li>-Water at the facility had a lot of iron in it leaving rust stains. Have an elaborate water filtration system but the iron stains reappeared. "Just takes a little more elbow grease to remove."</li> <li>-The water was tested annually with no concerns.</li> </ul> <p>This deficiency constitutes a recite deficiency and must be corrected within 30 days.</p>	V 736		