Division	of Health Service Regu	lation			FORM APPROVED	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-424	B. WING		R 05/01/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE	03/01/2024	
				E, ZIP CODE		
CAIYALY	NN BURRELL CHILD CRI	SIS CENTER				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E	BE COMPLETE	
V 000	INITIAL COMMENTS		ASHEVILLE, NC 28801 NT OF DEFICIENCIES IS BE PRECEDED BY FULL TAG PREFIX TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) V 000 DIllow up survey was The complaint was 0214689). The following service 5000 Facility Based is of all Disability and currently has a complete consisted of and 1 deceased client. DEFICIENCY V 117 ICATION			
	completed on May 1, 2 substantiated (intake a Deficiencies were cited This facility is licensed category: 10A NCAC 2 Crisis Service for Individuals. The facility is licensed census of 15. The survivals	d. I for the following service 27G .5000 Facility Based riduals of all Disability for 16 and currently has a rey sample consisted of				
V 117	audits of 2 current client 27G .0209 (B) Medicat		V 117			
	visible; (2) Prescription medic or obtained as samples tamper-resistant packa risk of accidental inges packaging includes plac with tamper-resistant ca unit-of-use packaged d may be adequate; (3) The packaging labe drug dispensed must in (A) the client's name; (B) the prescriber's nai (C) the current dispens (D) clear directions for	ing and labeling: lrug containers not acist shall retain the acist shall be dispensed in ging that will minimize the acist or glass bottles/vials aps, or in the case of acist or glass bottles/vials		RECEIVED MAY 2 4 2024 DHSR-MH Licensure Sect		

TOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FBC Regional Operations

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R MHL011-424 B. WING 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 117 Continued From page 1 V 117 (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. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure prescription · Buncombe prescriber had all meds prescribed to 5/6/24 discharged clients sent to the pharmacy for medications had the required labeling information disposal on 5/5/24. for 10 of 67 Former Clients (FC#1, #3, #8, #9, Staff nurses educated not to tamper with #12, #14, #15, #20, #33 and #61). The findings prescription labels in any way and to dispose of meds as soon as possible after client discharge are: (and no later than 30 days). Observation on 4/29/24 at approximately 12:50 · Buncombe staff nurses are responsible for weekly pm of the facility's medication room and review of checks of the med room supply to ensure any and all meds from discharged clients are sent back to the facility's client census dated 6/30/23-4/29/24 the pharmacy for disposal. A copy of the medication revealed: return form will be kept on site. -Clients' medications stored inside a medication • Email sent out 4/30 to all FBC prescribers, nurses, 4/30/24 cart with 5 drawers. center directors re: rule of disposal upon d/c and -Drawer #5 of the medication cart contained 25 to not use any client meds as house supply. bottles of individual prescription medications Weekly bulletin to all FBC staff 5/3 included copy of procedure 3407—Disposal of Medications/ dispensed from 8 local pharmacies. Handling and Disposing of Needles -The clients' names on the pharmacy dispensing labels of all 25 prescription medication bottles Protocols to be reviewed by the FBC Clinical Nursing Supervisor in monthly mandatory nurse/med tech supervision meeting on 5/20/24 120/24 had been crossed out with black ink with a permanent marker. and minutes to be sent out for all medical staff and -The clients' names on 15 of the 25 prescription center directors to review. medication bottles were lightly crossed out and were identifiable when matched up with the names of 10 Former Clients on the census sheet -Polyethylene Glycol 3350 dispensed 7/7/23

-Olanzapine ODT dispensed 8/4/23 for FC#3. Division of Health Service Regulation

STATE FORM

for FC #1.

PRINTED: 05/04/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL011-424 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **277 BILTMORE AVENUE** CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 117 Continued From page 2 V 117 -Sertraline dispensed 5/10/23 for FC#8. -Aripiprazole dispensed 5/11/23 for FC#8. -Ondansetron ODT dispensed 5/30/23 for FC#9. -Hyoscyamine Sulfate dispensed 6/8/23 for FC#12. -Fluoxetine HCL dispensed 8/18/23 for FC#14. -Topamax dispensed 8/18/23 for FC#14. -Naltrexone dispensed 8/18/23 for FC#14. -Hydroxyzine HCL dispensed 10/27/23 for FC#15. -Hydroxyzine dispensed 11/29/23 for FC#15. -Buspirone dispensed 10/16/23 for FC#20. -Escitalopram Oxalate dispensed 5/23/23 for FC#33. -Clonidine ER dispensed 2/23/24 for FC#61. -The clients' names on the other 10 prescription medication bottles were crossed out with heavier. darker black ink and the clients' names could not be identified as follows: -Olanzapine dispensed 8/10/23. -Mirtazapine dispensed 9/2/23. -Olanzapine dispensed 7/5/23. -Hydroxyzine HCL dispensed 8/2/23. -Risperidone dispensed 7/5/23. -Trazodone dispensed 5/1/23. -Clonidine HCL dispensed 5/7/23. -Fluoxetine HCL dispensed 5/19/23. -Fluoxetine HCL dispensed 10/17/23. -Fluoxetine HCL dispensed 11/6/23. -Risperidone dispensed 2/29/24. Interview on 4/30/24 with Staff #1 revealed: -Former Clients' medications were sometimes

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kept in the medication room for "overflow." -Overflow medications would be used if there was

-"Sometimes ...we can cross the name off the med (medication) for the client that is discharged

a shortage of medication.

PRINTED: 05/04/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL011-424 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **277 BILTMORE AVENUE** CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 117 Continued From page 3 V 117 ...the RN (Registered Nurse) makes sure it matches. That's how it's been since I started working here. I guess it's the RN that marks the name off the meds, I don't do any of that, I just go by the MAR (medication administration record)." -He did not "recall ever having to give a medication from overflow." Interview on 4/30/24 with the Licensed Practical Nurse (LPN) revealed: -"If a client comes in with a prescription and they don't bring their medication bottles with them, or if they run out of their meds, we can use overstock ...If discharged clients have medication changes and the older prescription is left at the facility, we can add it to the overstock drawer." -"Either myself, or [RN] just cross out the names." -"I don't remember if I ever had to administer an overstock medication to any clients. They (clients) usually come in with their own prescription bottles. It would be really rare to run out of a medication." Interview on 4/30/24 with the RN revealed: -" When the pharmacy sends us discharge meds they are in a bottle for the client, and if the client doesn't go home, we hang on to the bottles. We can't return bottles, only unopened punch packs. so if it's something we regularly use we keep it because sometimes kids come in without meds even if they are asked to bring them for admission ...honestly it isn't all that frequent that

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they are used. It's usually just when the kid admits with no meds, and we usually have those punch packs from the pharmacy in less than a day ... If it's a controlled med it is sent back to the pharmacy, but any other prescription medication

Interview on 5/1/24 with the Regional Operations

in a bottle we keep for overflow."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
		IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED						
		MHL011-424	B. WING		R						
NAME OF F	DOMBER OF CHEST IS				05/01/2024						
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE							
CAIYALY	NN BURRELL CHILD CRI	SIS CENTER 277 BILTN	ORE AVENU	E							
ASHEVILLE, NC 28801											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE						
V 117	7 Continued From page 4		V 117								
V.440	Director revealed: -Had a meeting with s overflow medications "Effective immediately medications and medi with the clients, or retu clients are discharged	taff yesterday regarding of discharged clients. , we are not holding any cations will be discharged urned to the pharmacy when									
V 118	3 27G .0209 (C) Medication Requirements		V 118								
	only be administered to order of a person authoriugs. (2) Medications shall be clients only when authoriugh client's physician. (3) Medications, include administered only by lieunlicensed persons trapharmacist or other leg privileged to prepare at (4) A Medication Admirall drugs administered current. Medications acrecorded immediately a MAR is to include the form (A) client's name; (B) name, strength, and (C) instructions for admiration (D) date and time the direction (E) name or initials of productions.	tration: -prescription drugs shall of a client on the written orized by law to prescribe e self-administered by orized in writing by the sing injections, shall be censed persons, or by ined by a registered nurse, sally qualified person and and administer medications. sistration Record (MAR) of to each client must be kept diministered shall be after administration. The collowing: d quantity of the drug; inistering the drug; rug is administered; and erson administering the									

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL011-424 B. WING 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 118 Continued From page 5 V 118 The with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the These regulations have been reviewed with all nursing staff who write out the MARs at FBC facility failed to keep MARs current for 2 of 2 Buncombe. Each nurse who records in the MAR audited current Clients (Client#8 and Client#9) is responsible for verifying dates and medications are listed correctly prior to entering any meds and 1 of 1 audited Deceased Client (DC#1). The given. findings are: Review on 4/30/24 of Client#8's record revealed: -Date of Admission: 3/31/24. -Diagnoses: Major Depressive Disorder. -Age: 17. Review on 4/30/24 of Client#8's undated MARs revealed: -Scheduled medications documented as administered on day 31 of MAR#1 included: -Mirtazapine (insomnia) 45 milligrams (mg) by mouth (PO) every bedtime (HS). -Melatonin (insomnia) 3 mg PO every HS. -Scheduled medications documented as administered on days 1-29 of MAR#2 included: -Mirtazapine 15 mg PO every HS for 3 days (days 1-3), then 7.5 mg every HS for 3 days (days 4-6), then discontinued. -Aripiprazole (mood) 2 mg PO every morning for 5 days (day 12-16), then 5 mg PO every morning (days 17-29). -Duloxetine (mood) 20 mg PO every morning -The month and year was not documented on either of the MARs.

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medication as follows: -"tyl" -"ibu"

of the medication name, strength, quantity, frequency, or instructions for administering the

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

MHL011-424

(X2) MULTIPLE CONSTRUCTION A. BUILDING: _

(X3) DATE SURVEY COMPLETED

B. WING _

05/01/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

	IN BURRELL CHILD CRISIS CENTER ASHEVI	LLE, NC 28801		
(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 COMPI DAT
V 118	Continued From page 7	V 118		
	-"mir"			
	-"pep"			
	-"myl"			
	Review on 4/30/24 of DC#1's record revealed:			
	-Date of Admission: 6/26/23.			
	-Diagnoses: ADHD; Bipolar Disorder; Opioid			
	Abuse; Amphetamine Type Substance Use			
	Disorder, Moderate; Cannabis Abuse.			
	-Age: 16.			
	-Date of Discharge: 11/6/23.			
	-Date of Death: 2/3/24.			
	-Physician's orders included:			
	-Lithium Carbonate ER 450 mg PO BID dated			
	7/24/23.			
	-Prazosin 2 mg PO three times daily (TID)			
	dated 8/25/23.			
	-Hydroxyzine Pamoate 100 mg PO every HS dated 8/21/23.			
	-Clonidine 0.2 mg PO every HS dated 9/4/23.			
	-Omeprazole 20 mg every morning for 14			
	days dated 10/23/23.			
	-Divalproex Sodium ER 1000 mg PO every			
	HS dated 10/31/23.			
	Review on 4/30/24 of DC#1's MARs for June			
	2023-November 2023 revealed:			
	-No MAR for November 2023.			
	Interview on 4/30/24 with Staff#1 revealed:			
	"I don't write out the MARs, I think only RN's			
	(Registered Nurses) are allowed to do that. I just			
	nitial the medications. I don't do any other stuff			
	with the MARs."			
	Marking Wilds.			
1	nterview on 4/30/24 with the Licensed Practical			
	Nurse (LPN) revealed:			
1 -	Nightshift staff reviewed client MARs each night			
t	o ensure they were accurate.			
	MARs were also reviewed at the end of each	1		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING MHL011-424 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 | Continued From page 8 V 118 month by the RN. -The RN was responsible for preparing new MARs each month. Interview on 4/30/24 with the RN revealed: -It was nursing staff's responsibility to accurately prepare each client's MAR. -The facility has recently been using agency nurses and there has been inconsistency with the formatting of the MARs. -If she found any discrepancies on a MAR, she would report it to the Nursing Supervisor. -The Nursing Supervisor "isn't incredibly easy to get a hold of ... We used to have a nursing supervisor in each building (facility) and now that has been cut back to have one supervisor for several facilities, so they are busier." Interview on 4/30/24 with the facility's Support Supervisor revealed: -She could not locate DC#1's November 2023 MAR. -" When clients are discharged the hard copy MARs are pulled and sent to the medical records office and [Medical Records Assistant] is supposed to scan them directly into a priority one folder and they go to HR (Human Resources) and they are uploaded from a scanning que to the medical record number associated with the child (client). [Medical Records Assistant] is not here today, but she might be available later today. If the November MAR is located for [DC#1] we will have [Medical Records Assistant] tell [Regional Operations Director]. I can't find it in her office." Interview on 4/30/24 with the Regional Operations Director revealed: -" Only the nurses are allowed to fill out the MARs. If it's a central virtual nurse reviewing it, she will fill it out and send it to the center

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This Rule is not met as evidenced by:

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL011-424 B. WING 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 119 Continued From page 10 V 119 Based on observation, record review and interview the facility failed to ensure each client's medication supply was disposed of promptly upon discharge affecting 10 of 67 Former Clients (FC#1, #3, #8, #9, #12, #14, #15, #20, #33 and #61). The findings are: Observation on 4/29/24 at approximately 12:50 pm of the facility's medication room revealed: See page 2 -15 bottles of prescription medication which had been dispensed for clients no longer residing at the facility: -FC#1: Polyethylene Glycol 3350 dispensed -FC#3: Olanzapine ODT dispensed 8/4/23. -FC#8: Sertraline dispensed 5/10/23 and Aripiprazole dispensed 5/11/23. -FC#9: Ondansetron ODT dispensed 5/30/23. -FC#12: Hyoscyamine Sulfate dispensed 6/8/23 -FC#14: Fluoxetine HCL dispensed 8/18/23, Topamax dispensed 8/18/23, and Naltrexone dispensed 8/18/23. -FC#15: Hydroxyzine HCL dispensed 10/27/23 and Hydroxyzine dispensed 11/29/23. -FC#20: Buspirone dispensed 10/16/23. -FC#33: Escitalopram Oxalate dispensed 5/23/23. -FC#61: Clonidine ER dispensed 2/23/24. Review on 4/29/24 of the facility's client census dated 6/30/23-4/29/24 revealed: -FC#1 discharged from the facility on 7/11/23. -FC#3 discharged from the facility on 8/17/23. -FC#8 and FC#9 discharged from the facility on 8/15/23. -FC#12 discharged from the facility on 9/22/23. -FC#14 discharged from the facility on

PRINTED: 05/04/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: R B. WING MHL011-424 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 119 Continued From page 11 V 119 -FC#15 discharged from the facility on 3/7/24. -FC#20 discharged from the facility on 10/17/23 -FC#33 discharged from the facility on 10/29/23 -FC#61 discharged from the facility on 4/19/24. Interview on 4/30/24 with Staff #1 revealed: -Former Clients' medications were sometimes kept in the medication room for "overflow." -Overflow medications would be used if there was a shortage of medication. -"Sometimes ...we can cross the name off the med (medication) for the client that is discharged ...the RN (Registered Nurse) makes sure it matches. That's how it's been since I started working here. I guess it's the RN that marks the name off the meds, I don't do any of that, I just go by the MAR (medication administration record)." -He did not "recall ever having to give a medication from overflow." Interview on 4/30/24 with the Licensed Practical Nurse (LPN) revealed: -"If a client comes in with a prescription and they don't bring their medication bottles with them, or if they run out of their meds, we can use overstock ...If discharged clients have medication changes and the older prescription is left at the facility, we can add it to the overstock drawer." -"Either myself, or [RN] just cross out the names." -"I don't remember if I ever had to administer an overstock medication to any clients. They (clients) usually come in with their own prescription

Division of Health Service Regulation

medication."

Interview on 4/30/24 with the RN revealed:
-" When the pharmacy sends us discharge meds

bottles. It would be really rare to run out of a

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL011-424 05/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **277 BILTMORE AVENUE CAIYALYNN BURRELL CHILD CRISIS CENTER** ASHEVILLE, NC 28801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 119 Continued From page 12 V 119 they are in a bottle for the client, and if the client doesn't go home, we hang on to the bottles. We can't return bottles, only unopened punch packs, so if it's something we regularly use we keep it because sometimes kids come in without meds even if they are asked to bring them for admission ...honestly it isn't all that frequent that they are used. It's usually just when the kid admits with no meds, and we usually have those punch packs from the pharmacy in less than a day ... If it's a controlled med it is sent back to the pharmacy, but any other prescription medication in a bottle we keep for overflow." Interview on 5/1/24 with the Regional Operations Director revealed: -Had a meeting with staff yesterday regarding overflow medications of discharged clients. "Effective immediately, we are not holding any medications and medications will be discharged with the clients, or returned to the pharmacy when clients are discharged."

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