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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-149	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2024
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NAME OF PROVIDER OR SUPPLIER THE WILLOWS AT RED OAK RECOVERY	STREET ADDRESS, CITY, STATE, ZIP CODE 67 RACKING HORSE LANE FLETCHER, NC 28732
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V 000	INITIAL COMMENTS An annual survey was completed on June 7, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders. This facility is licensed for 16 and has a current census of 16. The survey sample consisted of audits of 5 current clients and 3 former clients.	V 000	All plans of correction will be completed no later than 8/6/24.	
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	V 117	10A NCAC 27G .0209 V117 This deficiency was corrected by immediately removing the medications with incorrect labels. An audit was performed by the Director of Nursing on 6/7/24 to ensure all Medications had labels that matched the physician's orders and the medication administration record(MAR). Director of Nursing spoke to the pharmacy and confirmed that moving forward the pharmacy will print new labels for any medication changes ordered by the physician. Director of Nursing will ensure that medical department staff review each client's medications weekly and that all labels match the MAR and physician's orders.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Natie J. Lallant*

TITLE *Quality Assurance Officer* (X6) DATE *6/28/2024*

RECEIVED

JUL 05 2024

DHSR-MH Licensure Sect

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V 117	Continued From page 2 -Trazadone 50 mg tab, 1 tab at bedtime (Pharmacy label did not indicate PRN). -Medication prescription labels did not match the current physician orders. Interview on 6/5/24 and 6/7/24 with the Director of Nursing revealed: -Pharmacy "would not update the medication label" when changes with the medication administration instructions were made. -"...did not want to waste the medicine." -Would start asking the pharmacy to update the medication labels due to it being "a licensing issue."	V 117		
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: Based on record review and interview, the facility failed to ensure all medication administration errors were reported immediately to a physician or pharmacist affecting 3 of 3 audited former clients (FC #7, #8, and #9). The findings are:	V 123	10A NCAC 27G .0209 V123 This deficiency has been corrected by training all staff involved with medication handling or administration to notify the physician or pharmacist immediately following a medication error and to document this on the incident report. Moving forward, staff will notify the physician or pharmacist of all medication errors. this will be documented on the incident report. Incident reports will be reviewed weekly by the Executive Director to ensure that the physician or pharmacist has been notified for all medication errors. Attestation of medication error documentation procedure will be collected and maintained in staff files.	

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V 123	<p>Continued From page 4</p> <p>-5/2/24 -FC #8, "...given PRN dosage of quetiapine (50 mg) for her (FC #8's) scheduled. Scheduled dose of 150 mg was not given..."</p> <p>-5/8/24 -FC #9, "...did not receive dosage of their lurasidone (60 mg) medication yesterday."</p> <p>-No documentation the above medication administration errors were reported immediately to a physician or pharmacist.</p> <p>Interview on 6/5/24 with the Director of Nursing revealed:</p> <p>-She was "told" that she had to contact a physician or pharmacist for medication refusals only.</p>	V 123		
V 227	<p>27G .3401 Res. Sub. Abuse - Scope</p> <p>10A NCAC 27G .3401 SCOPE</p> <p>(a) A residential treatment or rehabilitation facility for alcohol or other drug abuse disorders is a 24-hour residential service which provides active treatment and a structured living environment for individuals with substance abuse disorders in a group setting.</p> <p>(b) Individuals must have been detoxified prior to entering the facility.</p> <p>(c) Services include individual, group and family counseling and education.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide services within the scope of their license affecting 3 of 5 audited clients (#1, #4, and #5). The findings are:</p> <p>Review on 6/5/24 of Client #1's record revealed:</p>	V 227	<p>10A NCAC 27G .3401 V227</p> <p>Clients without a substance abuse disorder diagnosis will not be admitted to The Willows Lodge.</p> <p>Training was completed for staff involved in the admission process on 6/19/24. Attestation of admission criteria for The Willows Lodge will be signed and added to employee files. Admissions Manager will ensure all new staff receive training on admission criteria for The Willows Lodge.</p>	

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V 227	<p>Continued From page 6</p> <p>- "Does the client smoke and/or use other nicotine products? No."</p> <p>- "Are there any other addictive disorders that will need to be addressed in treatment? No."</p> <p>- Drug craving: "0."</p> <p>- "How is the client supporting his/her alcohol/drug usage? N/A (not applicable)."</p> <p>- "Is there a recommendation to admit the client? Yes."</p> <p>- No Substance Use Disorder diagnosis listed.</p> <p>Review on 6/6/24 of Client #5's record revealed:</p> <p>- Date of admission: 4/24/24.</p> <p>- Diagnoses: Moderate Major Depressive Disorder, Recurrent episode; Generalized Anxiety Disorder; Adjustment Disorders, With Mixed Anxiety and Depressed Mood; and Parent-Child Relational Problem.</p> <p>- Intake Assessment dated 4/23/24:</p> <p>- Substance use history: None listed.</p> <p>- "Are there other addictive behaviors that the client has a problem with? No."</p> <p>- "Does the client smoke and/or use other nicotine products? No."</p> <p>- "Are there any other addictive disorders that will need to be addressed in treatment? No."</p> <p>- Drug craving: "0."</p> <p>- "How is the client supporting his/her alcohol/drug usage? N/A."</p> <p>- "Is there a recommendation to admit the client? Yes."</p> <p>- No Substance Use Disorder diagnosis listed.</p> <p>Interview on 6/7/24 with the Quality Assurance Officer revealed:</p> <p>- "Thought" Clients #1, #4 and #5 had substance use history.</p> <p>Interview on 6/6/24 with the Executive Director revealed:</p>	V 227		

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V 228	<p>Continued From page 8</p> <p>present in the facility when clients are present in the facility.</p> <p>(c) In facilities that serve minors, a minimum of one staff member for each five or fewer minor clients shall be on duty during waking hours when minor clients are present.</p> <p>(d) Any qualified alcoholism, drug abuse or substance abuse professional who is not certified shall become certified by the North Carolina Substance Abuse Professional Certification Board within 26 months from the date of employment, or from the date an unqualified person meets the requirements to be qualified, whichever is later.</p> <p>(e) Each direct care staff member shall receive annual continuing education to include understanding of the nature of addiction, the withdrawal syndrome, group therapy, and family therapy through in-service training, academic course work, or training approved by the North Carolina Substance Abuse Professional Certification Board.</p> <p>(f) Each direct care staff member in a facility that serves minors shall receive training in youth development and therapeutic techniques in working with youth.</p> <p>(g) Each facility shall have at least one staff member on duty trained in the following areas:</p> <p>(1) alcohol and other drug withdrawal symptoms; and</p> <p>(2) symptoms of secondary complications to alcoholism and drug addiction.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure direct care staff received the required annual continuing education affecting 1</p>	V 228		