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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/20/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIRST AT BLUE RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>32 KNOX ROAD RIDGECREST, NC 28770</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on June 20, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community.</p> <p>This facility is licensed for 85 and has a current census of 64. The survey sample consisted of audits of 6 current clients.</p>	V 000	<p><b>Corrective Action Response for Tag V118.</b></p> <p>The Medical Case Manager will work in conjunction with the Admission's Coordinator to ensure the self-administration orders, standing orders, and physician's orders are obtained and updated as necessary for clients progressing through the program. This will be accomplished by referrals to community medical professionals as needed. The Administrative Director will ensure medication is administered by trained staff.</p> <p>Client 4 met with his physician and medical team on 7/9/2024. The Medical Case Manager received Client 4's updated physician's order and will make sure medication is administered in accordance with this order.</p> <p>FIRST's staff will attend a medication administration refresher training on 7/11/2024. The training will be conducted by a registered nurse.</p> <p>The Medical Case Manager will ensure the administration of prescription and over-the-counter medications will be documented appropriately.</p>	
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 drug.</p>	V 118		

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JUL 15 2024  
DHSR-MH Licensure Sect

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

*Mary G. Murr* *Executive Director* TITLE

STATE FORM 6899 SEZ911 (X6) DATE **7/9/24**

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V 118	<p>Continued From page 1</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 review and interview, the facility failed to ensure medications were administered on the written order of a physician affecting 1 of 6 audited clients (#4) and that MARs were kept current affecting 1 of 6 audited clients (#6). The findings are:</p> <p>Review on 6/11/24 of Client #4's record revealed: -Date of admission: 5/30/24 at 11:30pm. -Diagnoses: Chronic Post Traumatic Stress Disorder, Depression, Cocaine Use Disorder, and Cannabis Use Disorder. -No Diabetes Mellitus diagnosis was listed. -Hospitalized 6/6/24 through 6/10/24 due to scheduled cardiac procedure. -Physician orders: -4/8/24 - Medication Self Administration Authorization. -5/31/24 - "Insulin (diabetes), ASPART (EQU-NOVLG) (equivalent Novolog) 100 UN (units)/ML (Milliliter) FixPen (Flex), inject 5 units subcutaneously with meals take insulin 5-10 mins (minutes) prior to meal. If you skip a meal do not take this insulin." -"Insulin, Glargine-YFNG 100Unit/ML Pen 3ML inject 15 units subcutaneously at bedtime discard pen 28 days after first use (Generic Lantus)." -"Freestyle Lite (Glucose) test strip use 1 strip for</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>testing four times daily as directed." -There were no blood sugar recordings in the record.</p> <p>Review on 6/18/24 of Client #4's glucometer revealed: -Blood sugar readings of: -224 on 6/2/24 at 3:37pm. -229 on 6/13/24 at 3:34pm. -253 on 6/14/24 at 1:19pm.</p> <p>Review on 6/18/24 of Client #4's Blood Sugar Chart revealed: -No blood sugar readings recorded prior to 6/11/24. -From 6/11/24-6/18/24 at approximately 12pm there were 9 recorded blood sugar results with 21 missed results per the physician's order to check blood sugars four times daily.</p> <p>Observation on 6/11/24 at 11:15am of Client #4's medications revealed: -Insulin, ASPART 100 UN/ML, inject 5 units subcutaneously with meals, dispensed 5/30/24. -Insulin, Glargine-YFNG 100Unit/ML, inject 15 units subcutaneously at bedtime, dispensed 5/30/24.</p> <p>Review on 6/11/24 of Client #4's May 2024 and June 2024 MARs revealed: -Printed instructions for administration of "INSULIN-NOVALOG inject 5 nits subcutaneously with meals, 5-10 mins (minutes) before meals If you skip a meal do not take this" and "INSULIN-GLARGINE inject 15 unit subcutaneously at bedtime" with administration times of "Early AM, Late AM, Early PM, Late PM."</p> <p>Interviews on 6/11/24, 6/12/24, 6/13/24, and 6/18/24 with Client #4 revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-He self-administered his own medications (meds).</li> <li>-Was "supposed to be (checking his blood sugar) once each meal...to be honest with you, hadn't been checking it."</li> <li>-Did not typically eat breakfast and lunch but ate dinner.</li> <li>-Staff sometimes brought him lunch and "I pick through it," which he called a "snack."</li> <li>-He used a "sliding scale (when administering his Novolog)...it may be more than 5 units" depending on his blood sugar reading.</li> <li>-He did not know what his blood sugar ranges were supposed to be.</li> <li>-"Use to take 8 units (of Novolog) plus sliding scale...never been just 5 units...first time hearing about that."</li> <li>-In the evenings he took 20 units - "5 (units) of Novolog and 15 (units) of Lantus. Lantus is the long-acting (insulin) and carries me through the night."</li> <li>-Staff were present and watching while he administered his insulin in the evening.</li> <li>-He signed a sheet of paper when he came to the medication room after he self-administered his medications.</li> </ul> <p>Interviews on 6/13/24 and 6/18/24 with the Registered Nurse (RN) at local medical center revealed:</p> <ul style="list-style-type: none"> <li>-Confirmed the current order for Client #4's medication (Insulin, ASPART (EQV-NovoLog) 100 units (UN)/milliliters (ML) FlexPen), inject 5 units subcutaneously with meals, take insulin 5-10 minutes prior to meal and Glargine-YFNG 100Unit/ML, inject 15 units subcutaneously at bedtime.</li> <li>-"...not sure where the sliding scale (which Client #4 discussed) came from."</li> <li>-Refused to answer any additional questions</li> </ul>	V 118		

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V 118	<p>Continued From page 4 regarding Client #4.</p> <p>Interviews on 6/12/24, 6/17/24 and 6/18/24 with the House Manager revealed:</p> <ul style="list-style-type: none"> <li>-Worked from 2pm to 10pm, Monday-Friday.</li> <li>-Was responsible to observe and supervise clients self-administer their medications.</li> <li>-Clients come to the medication office during "med (medication) call."</li> <li>-Retrieved the medications from the locked medication closet for the clients to self-administer.</li> <li>-Reviewed the MAR instructions to make sure clients were administering their medications correctly.</li> <li>-Looked at the "flow sheet" to see who had administered their medications.</li> <li>-After clients had administered their medications, both staff and client sign the "flow sheet."</li> <li>-Checked the dial on Client #4's insulin pen to make sure it listed the correct unit to administer prior to Client #4 administering the medication.</li> <li>-Was responsible to watch Client #4 "click it (insulin pen) to make sure it was the right dose."</li> <li>-Dinner was at 5pm and "med call" was at 6pm.</li> <li>-Did not recall Client #4 coming to the medication office prior to dinner to self-administer insulin.</li> <li>-"Only time seeing him (Client #4) was at bedtime to get that nightly dose..."</li> <li>-"[Client #4] eats at 5pm...he's showing up after dinner (for medication administration)...(and was taking...5 units and 15 units at 6pm med call...after he (Client #4) eats."</li> </ul> <p>Interviews on 6/11/24, 6/12/24, 6/13/24, 6/17/24 and 6/18/24 with the Medical Case Manager revealed:</p> <ul style="list-style-type: none"> <li>-"Policy is staff observe clients taking (administering) meds for self-administration."</li> <li>-Staff supervision of self-administering</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <p>medications included following the "...5Rs...(but) we typically follow the 4Rs...right dose, right time, right medication, right person."</p> <p>-Was not aware Client #4 was not administering his insulin prior to meals.</p> <p>-Was not tracking if clients came for meals.</p> <p>-"...Wasn't a standard protocol" to check if Client #4 should have been taking his insulin before meals...basically if you eat you show up to take the insulin."</p> <p>-Created a document upon Client #4's admission (expected to be in use 5/31/24) for staff to write down Client #4's blood sugar but staff did not document the blood sugar readings.</p> <p>-Not sure if Client #4 was keeping a record of his blood sugar readings.</p> <p>-Upon visit to the local medical center on 6/13/24, the RN stated Client #4 should take his insulin as directed by the physician.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if the client received their medications as ordered by the physician.</p> <p>Review on 6/20/24 of the Plan of Protection written by the Executive Director and signed on 6/19/24 revealed:</p> <p>-"What immediate action will the facility take to ensure the safety of the consumers in your care? On June 13, the Medical Case Manager accompanied the client to the [local medical center] and spoke with client's primary care nurse for more detailed information on his orders. The Medical Case Manager began discussing client's blood sugar and initiated a blood sugar log to be documented at mealtimes when the client is on campus. The Medical Case Manager discussed with client a diabetic diet as a suggestion for meals. The Medical Case Manager will continue</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>meeting with FIRST's (facility) kitchen to talk about specific client needs. On June 18, 2024 the Medical Case Manager led a meeting with all staff associated with medication administration and reviewed FIRST's policies on insulin storage and observation of self-administration. All insulin was moved to appropriate refrigerated storage. The Medical Case Manager will ensure that the client is taking medication as prescribed by his physician's orders and will update the MAR as necessary.</p> <p>Describe your plans to make sure the above happens. The Medical Case Manager and/or appropriate staff will discuss with the client and ask the client about whether he has eaten or taken his insulin prior to meals. This will be completed daily when the client is on campus. The Medical Case Manager will continue correspondence with the client's physician and nurse for updated medication orders. The client is scheduled to meet with his primary care provider on 6/27/2024. The Medical Case Manager will ensure all staff are aware of any updates to the client's physician's orders and/or how he should take his medications. The Executive Director will reach out to FIRST's consulting Registered Nurse and coordinate a medication administration refresher training for all FIRST staff. The training will take place by July 20, 2024."</p> <p>The facility served clients with diagnoses including Post Traumatic Stress Disorder, Depression, and Substance Use Disorders. Client #4 was prescribed insulin before meals and at bedtime and was to check his blood sugar readings four times daily. Facility staff were to observe and supervise Client #4 to ensure compliance with medication and monitoring blood sugars. Client #4 ate at irregular times during the day, and it could not be determined if he</p>	V 118		
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V 118	Continued From page 7  self-administered his insulin as required prior to eating. Facility staff did not follow up with Client #4 regarding medication administration or blood sugar monitoring. Client #4 self-administered his dose of insulin after dinner as opposed to before dinner as ordered. He also combined his dinner-time dose of insulin with his bedtime dose. Facility staff did not provide the oversight and supervision as required by the facility.  This deficiency constitutes a Type B rule violation which is detrimental to the health, safety, and welfare of the clients and must be corrected within 45 days.	V 118	<b>Corrective Action Response for Tag V120.</b>  The Medical Case Manager will ensure medication will be stored at the appropriate temperature. All insulin was moved to refrigerated storage at the time of this inspection. The Medical Case Manager will monitor medication storage daily to ensure medication is stored correctly.	
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120	The Medical Case Manager will maintain a temperature log for insulin storage (between 36 F-46 F) and update it daily.	



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V 120	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to store medications as required affecting 1 of 6 audited clients (#4). The findings are:</p> <p>Review on 6/11/24 of Client #4's record revealed: -Date of admission: 5/30/24. -Diagnoses: Chronic Post Traumatic Stress Disorder, Depression, Cocaine Use Disorder, and Cannabis Use Disorder. -Physician orders: -5/31/24 - "Insulin, ASPART (EQU-NOVLG) (equivalent Novolog) 100 UN (units)/ML (Milliliters) FlxPen (Flex), inject 5 units subcutaneously with meals take insulin 5-10 mins (minutes) prior to meal. If you skip a meal do not take this insulin." -5/31/24 - "Insulin, Glargine-YFNG 100Unit/ML Pen 3ML inject 15 units subcutaneously at bedtime discard pen 28 days after first use (Generic Lantus)."</p> <p>Observation on 6/11/24 at 11:15am of Client #4's medications revealed: -Insulin (ASPART 100 UN/ML Flex Pen and Glargine-UFNG 100 UN/ML Pen) unopened and not currently in use stored in the medication closet at room temperature.</p> <p>Review on 6/11/24 of the manufacturer's labels for Client #4's insulin revealed: -ASPART: "...store refrigerated at 2 degrees Celsius to 8 degrees Celsius (35 degrees Fahrenheit to 46 degrees Fahrenheit) until first use..."</p>	V 120		

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V 120	<p>Continued From page 9</p> <p>-Glargine: "...store in refrigerator protect from freezing..."</p> <p>Interview on 6/13/24 with the local Pharmacist revealed: -Storage of the insulin pens outside of the refrigerator prior to opening and use would not be detrimental as "it didn't matter that the insulins were unopened and weren't refrigerated."</p> <p>Interview on 6/11/24 with the Medical Case Manager revealed: -Was "told" that he only had to store the medication in the refrigerator once it was opened. -Kept a spread sheet of when he received the insulin and discarded any insulin regardless of if it was opened or not after 28 days.</p>	V 120		