

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
---	--

(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>INITIAL COMMENTS</p> <p>An annual survey was completed on 7/25/24. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G.1100 Partial Hospitalization for Individuals who are acutely Mentally Ill, 10A NCAC 27G.3300 Outpatient Detoxification for Substance Abuse, 10A NCAC 27G.5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 9. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>This deficiency will be corrected by the implementation of a new electronica MAR system; PCC continues to work with a new pharmacy on tailoring the system to ensure compliance for the organization; implementation date is expected on 9/1/2024.</p> <p>Until the system is in place, staff will receive a refresher training in Medication Administration as soon as possible. Focus will be on proper administration and documentation of medications.</p> <p>Continued internal audits by Clinical and Quality Management Teams will provide oversight and ensure compliance.</p>	9/23/2024
V 118	<p>27G .0209 (C) Medication Requirements</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;</p>	V 118		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

[Handwritten Signature] Quality Management Officer 8/2/2024

VQ5N11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/25/2024
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
---	--

(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 118	<p>Continued From page 1</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (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 observation, record review, and interview, the facility failed to ensure MARs were kept current affecting 3 of 3 clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 7/24/24 of Client #1's record revealed: -admission date of 7/19/24. -diagnoses of Amphetamine-type Substance Use Disorder severe, Cocaine Use Disorder severe and Other Stimulant Use Disorder Methamphetamine severe. -7/20/24 physician's order - Buspirone (anxiety) HCL (Hydrochloride) 10 milligrams (mg) - 1 tablet 2 times a day.</p> <p>Review on 7/25/24 of Client #1's MAR from 7/19/24 through 7/25/24 revealed: -Buspirone HCL 10 mg - 1 tablet 2 times a day. -no entry and time entered to indicate the medication was administered on 7/21/24 evening dose and 7/22/24 morning dose.</p> <p>Review on 7/24/24 of Client #2's record revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
---	--

(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)	(X6) COMPLETE DATE
V 118	<p>Continued From page 2</p> <p>-admission date of 7/18/24. -diagnoses of Stimulant Use Disorder Methamphetamine type, Schizoaffective Disorder Bipolar Type, Post-Traumatic Stress Disorder (PTSD), and Insomnia. -7/18/24 physician's orders - Aripiprazole (Schizophrenia) 10 mg - 1 tablet in the morning and Mirtazapine (Depression) 15 mg - 1 tablet at bedtime.</p> <p>Review on 7/25/24 of Client #2's MAR from 7/18/24 through 7/25/24 revealed: -Aripiprazole 10 mg - 1 tablet in the morning - no entry and time entered to indicate the medication was administered on the morning of 7/22/24. -Mirtazapine 15 mg - 1 tablet at bedtime - no entry and time entered to indicate the medication was administered at bedtime on 7/21/24.</p> <p>Review on 7/24/24 of Client #3's record revealed: -admission date of 7/18/24. -diagnoses of Cocaine Dependence Uncomplicated, Alcohol Dependence Uncomplicated, PTSD and Major Depressive Disorder (MDD). -7/19/24 physician's orders - Sertraline (MDD) HCL 50 mg - 1 tablet in the morning and Trazodone (MDD) 50 mg - 1 tablet at bedtime.</p> <p>Review on 7/25/24 of Client #3's MAR from 7/18/24 through 7/25/24 revealed: -Sertraline HCL 50 mg - 1 tablet in the morning - no entry and time entered to indicate the medication was administered on the morning of 7/22/24. -Trazodone 50 mg - 1 tablet at bedtime - no entry and time entered to indicate the medication was administered at bedtime on 7/21/24.</p> <p>Interviews on 7/24/24 with Clients #1, #2 and #3</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
---	--

(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 118	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> -administered medications daily and had not missed any day or evening medications. <p>Interview on 7/25/24 with the facility Registered Nurse (RN) revealed:</p> <ul style="list-style-type: none"> -worked Monday through Friday, 9:00 a.m. to 5:00 p.m. and administered medications to clients. -worked on 7/22/24 and administered Client #1, #2 and #3's medications as ordered. -had an electronic system for medication administration which was the same system used for client records. -"Anybody can get into the MAR and anyone can change (entries) it" in the MAR. -"...meds (medications) get entered (for administration) and for some reason or another it's (entry) gone...even if re-do it (the entry) it (electronic system) still throws it out...try to re-enter it (again) and it still is not taking..." -reported this to the Chief Operations Officer (CEO) (date unknown). -did not document when unable to enter dates and times of medication administration. -"...like I said, I reported it to [CEO]." <p>Interview on 7/25/24 with the Clinical Director of Crisis Services revealed:</p> <ul style="list-style-type: none"> -was aware the electronic MAR system was not adequate do document medication administration. -3/18/24 was when "first started conversations" with a local pharmacy about changing systems, however this pharmacy could not provide what was needed. -not aware of any actual medication errors or of clients not receiving their medications. -5/16/24 able to locate a pharmacy that could implement the electronic MAR system that was 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-171	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/25/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150
---	--

(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 118	Continued From page 4 wanted. -last met with the selected pharmacy in June 2024 and the new system was expected to be implemented in "about 90 days."	V 118		