

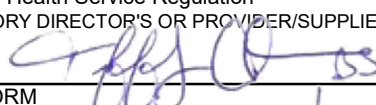
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROJECT TRANSITION-WILMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on August 14, 2024. The complaint was unsubstantiated (intake #NC00219733). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10 A NCAC 27 G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally Ill.</p> <p>This facility has a current census of 31. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000	<p>The MAR was reviewed for the timeframe between 6/1/24 - 8/14/24. It was discovered that there were multiple medications not signed out. The staff that observed self-administration of medication did not properly sign out medications on these dates. The staff in question is no longer employed by Project Transition. Upon further investigation it was discovered that this staff never had her account set up to sign out medications, therefore it was not completed. Effective immediately, the Program Director will ensure staff will not be assigned to observe self-administration of medication until they have had their account set up to properly initial that they observed the Member self-administer their medication. The Quality Department will review medications on a monthly basis going forward to ensure all medications are signed out properly as an oversight. The eMAR has the capability to show which Members have not had their medications signed out in real-time. This will be monitored by the Lead RA (or designee) during every medication pass.</p>	8/23/24
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>VP of Outcomes and Systems Development</b>	(X6) DATE <b>9/13/24</b>
---	--	-----------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROJECT TRANSITION-WILMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401</b>
--	---

(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>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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 record review and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 2 current clients (clients #1, #2) and 1 of 1 former clients (FC) (FC #3) audited. The findings are:</p> <p>Finding #1: Review on 8/14/24 of client #1's record revealed: - Admission date of 5/13/24. - Diagnoses included cannabis use disorder, amphetamine use disorder, cluster b personality disorder, generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), substance induced mood disorder, substance induced psychosis, schizoaffective disorder, cholecystectomy, asthma, and hypothyroidism.</p> <p>Review on 8/14/24 of client #1's physician orders dated 8/6/24 revealed: - Clozapine (antipsychotic) 150 milligrams (mg) - Take at bedtime. - Omeprazole (treats gastroesophageal reflux disease) 20 mg - Take daily. - Oxcarbazepine (treats seizures) 600 mg - Take</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROJECT TRANSITION-WILMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401</b>
--	---

(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 2</p> <p>twice daily. - Rexulti (antipsychotic) 3 mg - Take daily.</p> <p>Review on 8/14/24 of client #1's June 2024 - August 2024 MARs revealed the following blanks: - Clozapine 150 mg - 6/01/24 - 6/03/24, 6/08/24, 6/09/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/29/24, 6/30/24, 7/15/24, 7/22/24, 8/12/24, and 8/13/24 at 8pm. - Omeprazole 20 mg - 6/01/24, 6/02/24, 6/08/24, 6/09/24, 6/11/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, and 6/30/24 at 9am. - Oxcarbazepine 600 mg - 6/01/24, 6/02/24, 6/08/24, 6/09/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/30/24, 7/28/24, 8/07/24, 8/08/24, 8/09/24 and 8/13/24 at 9am. - Rexulti 3 mg - 6/01/24, 6/02/24, 6/08/24, 6/09/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/30/24, 7/28/24, 8/07/24, 8/08/24, 8/09/24, and 8/13/24 at 9am.</p> <p>Interview on 8/14/24 client #1 stated: - She had resided at the facility for 2 -3 months. - She received her medications daily from staff. - She had not missed any medications.</p> <p>Finding #2: Review on 8/14/24 of client #2's record revealed: - Admission date 12/28/23. - Diagnoses included mood disorder, cocaine use disorder, amphetamine use disorder, alcohol use disorder, opioid use disorder, and tobacco use disorder.</p> <p>Review on 8/14/24 of client #2's physician orders dated 8/6/24 revealed: - Sertraline (treats depression) 50 mg - Take daily. - Straterra (treats attention-deficit/hyperactivity disorder) 40 mg - Take daily.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROJECT TRANSITION-WILMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401</b>
--	---

(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> <ul style="list-style-type: none"> <li>- Melatonin (treats sleep disturbance) 3 mg - Take in the evening.</li> </ul> <p>Review on 8/14/24 of client #2's June 2024 - August 2024 MARs revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Sertraline 50 mg - 6/01/24, 6/02/24, 6/08/24, 6/09/24, 6/10/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/29/24, 6/30/24, 7/28/24, 7/31/24, 8/01/24, 8/02/24, 8/06/24, 8/07/24, 8/08/24, 8/09/24, and 8/13/24 at 9am.</li> <li>- Straterra 40 mg - 7/23/23, 7/24/24, 7/28/24, 7/30/24, 7/31/24, 8/01/24, 8/02/24, 8/06/24, 8/07/24, 8/08/24, 8/09/24, and 8/13/24 at 9am.</li> <li>- Melatonin 3 mg - 6/01/24, 6/02/24, 6/03/24, 6/08/24, 6/09/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/29/24, 6/30/24, 7/04/24, 7/11/24 - 7/31/24, 8/01/24 - 8/11/24 at 8pm.</li> </ul> <p>Interview on 8/14/24 client #1 stated:</p> <ul style="list-style-type: none"> <li>- He had resided at the facility for about 8 months.</li> <li>- He received his medications daily from staff.</li> <li>- He had not missed any medications.</li> </ul> <p>Finding #3: Review on 8/14/24 of FC #3's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 12/20/22 and discharge date of 8/02/24.</li> <li>- Diagnoses included PTSD, attention-deficit disorder, autism spectrum disorder, and bipolar disorder.</li> </ul> <p>Review on 8/14/24 of FC #3's physician orders dated 7/16/24 revealed:</p> <ul style="list-style-type: none"> <li>- Abilify (antipsychotic) 5 mg - Take every evening.</li> <li>- Trazadone (for sleep disturbance) 50 mg - Take every evening for sleep.</li> <li>- Lamictal (treats seizures) 50 mg - Take every evening.</li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL065-269</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/14/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>PROJECT TRANSITION-WILMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401</b>
--	---

(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 4</p> <p>Review on 8/14/24 of FC #3's June 2024 - August 2024 MARs revealed the following blanks:                      - Abilify 5 mg - 6/01/24, 6/02/24, 6/03/24, 6/08/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/29/24, 6/30/24, 7/04/24, 7/15/24, and 7/22/24 at 8pm.                      - Trazadone 50 mg - 6/01/24, 6/02/24, 6/03/24, 6/08/24, 6/15/24, 6/16/24, 6/22/24, 6/23/24, 6/29/24, 6/30/24, 7/04/24, 7/15/24, and 7/22/24 at 8pm.                      - Lamictal 50 mg - 6/01/24, 6/02/24, 6/03/24, 6/08/24, and 6/09/24 at 8pm.</p> <p>Interview on 8/14/24 the Program Director stated:                      - No clients had missed any medications.                      - They had one staff who had not filled out their initials on the MAR after assisting with medications.                      - The staff that did not fill out the MAR properly was no longer employed with the facility.                      - Moving forward, she would ensure staff documented medications on the MAR properly.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency has been cited 4 times since the original cite on 10/24/22 and must be corrected within 30 days.</p>	V 118		