PRINTED: 08/22/2024 FORM APPROVED

TATELENER OF DEFICIENCIES (*1) PROVIDERSUPPLIERCIA (*2) MULTIFIE CONSTRUCTION	Division	of Health Service R	egulation				
MHL065-269 B. WNO 08/14/2024 VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITV, STATE, JP CODE 5151 DOCTOR'S CIRCLE COMPLET 5151 DOCTOR'S CIRCLE COMPLET COMPLET <t< td=""><td></td><td></td><td></td><td>. ,</td><td></td><td></td><td></td></t<>				. ,			
Visual of PROVIDER OR SUPPLIE STREET ADDRESS, CITY, STATE, ZP CODE 1 Convert PROJECT TRANSITION-WILMINGTON 1514 DOCTOR'S CIRCLE WILMINGTON, NC 28401 CONVERTS CONVERTS CONVERTS CROVERTS PLAN OF CORRECTION (EACH OPRESENCE) CONVERTS CROVERTS PLAN OF CORRECTION (EACH OPRESENCE) CONVERTS CROVERTS							
PROJECT TRANSITION-WILMINGTON B121 DOCTOR'S CIRCLE UILMINGTON, NC 28401 (P41D) PEERA No. SUMMARY STATEMENT OF DEFICIENCES IEAO DEFICIENCY MUST BE PRECEDED BY FULL (P400) PEERA SUMMARY STATEMENT OF DEFICIENCES (P400) PEERA No. D PRECEDENCY MUST BE PRECEDED BY FULL (P400) PRECEDENCY MUST BE PRECEDENCY MUST BE PRECEDENCY MUST BE PRECEDENCY MUST BE PRECEDENCY (P400) PRECEDENCY MUST BE PRECEDENCY MU			MHL065-269	B. WING		08/1	4/2024
VIOL WILLINGTON, NC 28401 (#d) 0. PERCENTERS WILLINGTON, NC 28401 (#d) 0. PERCENTERS ENDMARY CENTENENT OF DEFICIENT BY TAG PROVIDENCE PLAN OF CORRECTION STOLLA BE CROSS-REFERENCED TO THE APPROPRIATE CONSTRUCTION STOLLA BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY CONFE V 000 INITIAL COMMENTS V 000 The IAA complaint and follow up survey was completed on August 14, 2024. The complaint was unsubstantiated (intake #NC00219733). A deficiency was cited. V 000 The IAA commentation of signed out. The staff that observed self-administration of the decision of the signed and register modulous self administration of the signed and category: 10 A NCAC 27 G . 100 Partial Hospitalization for Individuals Who Are Acutely Mentally III. This facility is licensed for the following service category: 10 A NCAC 27 G . 100 Partial Hospitalization for Individuals Who Are Acutely Mentally III. V 118 V 118 The catefold begins and ministration in the complexity set of propeny final was unsubstantistation for Individuals Who Are Acutely Mentally III. V 118 V 118 V 118 If the account set up to signed and modulous and the survey sample consisted of audits of 2 current clients and 1 former client. V 118 V 118 If the account set up to signed and ministration in the catefold with the survey sample consisted of provide the survey sample consisted of audits of 2 current clients only when authorized by law to prescribe drugs. V 118 V 118 V 118 V 118 If the account set up to signe	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
Prefer Trac (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX COMPRECTVE ACCON SHOULD BE CONTRATE Contract Distribution V 000 INITIAL COMMENTS V 000 The AAR was reverse the timefame between a thirds. #1424. It was discovered that there were multiple medications of and out. The staff that the over the timefame between a thirds. #1424. It was discovered that this are were multiple medications of and out. The staff that deficiency was cited. \$2374 This facility is licensed for the following service category: 10 A NCAC 27 G. 1100 Partial Hospitalization for Individuals Who Are Acutely Mentally III. This facility has a current census of 31. The survey sample consisted of audits of 2 current clients and 1 former client. V 118 276.0209 (C) Medication Requirements V 118 V 118 276.0209 (C) Medication Requirements V 118 V 118 V 118 (a) Medications, including injections, shall be self-administration: (1) Prescription or non-prescription drugs shall on drugs administered on by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other following: (2) instructions for administration Record (MAR) of all drugs administered to each client must be kept current. Medications administration: Recurrent. Medications administration Record (MAR) of all drugs administered on by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other lengally qualified person and privilege administered on the drug; (2) instructons for codministering the drug; (2) instructons for codministering the drug; (2) instructons for administration Record (MAR) o	PROJEC	T TRANSITION-WILM	AINGTON				
V 000 INITIAL COMMENTS V 000 60722-24-24/42.41/24.12/static source at the evene multiple medications not signed out. The staff that observed self-administrations on the signed out. The staff that observed self-administrations on the signed out. The staff that observed self-administrations on the second that the same order of a person subtorized by 100 entrial Hospitalization for Individuals Who Are Acutely Mentaly III. This facility is licensed for the following service category: 10 A NCAC 27 G. 1100 Partial Hospitalization for Individuals Who Are Acutely Mentaly III. This facility has a current census of 31. The survey sample consisted of audits of 2 current clients and 1 former client. V 118 V 118 27G .0209 (C) Medication Requirements V 118 V 118 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. V 118 (2) Medications, including injections, shall be administered to a client on the written current. Medications administered by client's physician. V 118 (3) Medications, including injections, shall be administered on by 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 administering the drug; (2) instructions for administering the drug; (2) instructions for administering the drug; (3) Medications, include the following: (4) Adecistors administered shall be recorded immediately after administering the drug; (2) instructions for administering the drug; (2) instructions for administering the drug; (3) Addic	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
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 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; TITLE We of Outcomes and Systems Development 9/13/24	V 000	A complaint and follow up survey was completed on August 14, 2024. The complaint was unsubstantiated (intake #NC00219733). A deficiency was cited. This facility is licensed for the following service category: 10 A NCAC 27 G .1100 Partial Hospitalization for Individuals Who Are Acutely Mentally III. This facility has a current census of 31. The survey sample consisted of audits of 2 current		V 000	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 staf question is no longer employed by Project Transition. Upon further investigation it was discovered that this si never had her account set up to sign out medications, therefore it was not completed. Effective immediately, Program Director will ensure staff will not be assigned observe self-administration of medication until they hav 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 ha the capability to show which Members have not had th medications signed out in real-time. This will be monitored by the Lead RA (or designee) during every		8/23/24
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; (C) instructions for administering the drug; Wision of Health Service Regulation BORATORY DIRECTOR'S OR PROVDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X8) DATE VP of Outcomes and Systems Development 9/13/24	V 118	27G .0209 (C) Med	dication Requirements	V 118			
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE VP of Outcomes and Systems Development 9/13/24		REQUIREMENTS (c) Medication adm (1) Prescription or only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, ind administered only b unlicensed persons pharmacist or othe privileged to prepare (4) A Medication Ac all drugs administered current. Medication recorded immediat MAR is to include t (A) client's name; (B) name, strength	ninistration: non-prescription drugs shall ed to a client on the written authorized by law to prescribe all be self-administered by nuthorized in writing by the cluding injections, shall be by licensed persons, or by s trained by a registered nurse, r legally qualified person and re and administer medications. dministration Record (MAR) of ored to each client must be kept and administered shall be tely after administration. The the following:				
VP of Outcomes and Systems Development 9/13/24	ivision of H	ealth Service Regulation		NATURE	TITLE		(X6) DATE
	6	These	1-15S		VP of Outcomes and Systems Deve	elopment	9/13/24
	TATE FOR	M 660 0					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL065-269	B. WING			R 14/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PROJEC	T TRANSITION-WILM	INGTON	CTOR'S CIRCI GTON, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From pa	age 1	V 118			
	 (E) name or initials drug. (5) Client requests checks shall be recommended 	he drug is administered; and of person administering the for medication changes or corded and kept with the MAR appointment or consultation				
	Based on record re facility failed to adn ordered by the physic accurate MAR affe	et as evidenced by: eview and interviews, the ninister medications as sician and maintain an cting 2 of 2 current clients I 1 of 1 former clients (FC) (FC indings are:	2			
	 Admission date or Diagnoses include amphetamine use or disorder, generalized post-traumatic street induced mood disor psychosis, schizoar 	ed cannabis use disorder, disorder, cluster b personality ed anxiety disorder (GAD), ss disorder (PTSD), substance rder, substance induced	e			
	dated 8/6/24 revea - Clozapine (antips Take at bedtime. - Omeprazole (trea disease) 20 mg - Ta	ychotic) 150 milligrams (mg) - ts gastroesophageal reflex ake daily. reats seizures) 600 mg - Take				

Division of Health S STATE FORM

SO2Q11

If continuation sheet 2 of 5

()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL065-269	B. WING			R 14/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ROJEC	T TRANSITION-WILM	AINGTON	CTOR'S CIRC STON, NC 284				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLE DATE	
V 118	Continued From pa	age 2	V 118				
	twice daily. - Rexulti (antipsychotic) 3 mg - Take daily.						
	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, 6/08/24, 6/30/24, 7/28/24, 8/07/24, 8/08/24, 8/09/24, and 8/13/24 at 9am.						
	- She received her	4 client #1 stated: at the facility for 2 -3 months. medications daily from staff. ed any medications.					
	 Admission date 12 Diagnoses include disorder, amphetar 	of client #2's record revealed: 2/28/23. ed mood disorder, cocaine use nine use disorder, alcohol use e disorder, and tobacco use					
	dated 8/6/24 reveal - Sertraline (treats of daily.	depression) 50 mg - Take attention-deficit/hyperactivity					

STATE FORM

SO2Q11

If continuation sheet 3 of 5

	of Health Service Re					
		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL065-269	B. WING			R 14/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	T TRANSITION-WILM	1514 DOC	TOR'S CIRC	LE		
PROJEC		WILMING	TON, NC 284	101		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
	- Melatonin (treats s in the evening.	sleep disturbance) 3 mg - Take				
	August 2024 MARs - Sertraline 50 mg - 6/09/24, 6/10/24, 6/ 6/23/24, 6/29/24, 6/ 8/01/24, 8/02/24, 8/ 8/09/24, and 8/13/2 - Straterra 40 mg - 7/30/24, 7/31/24, 8/ 8/07/24, 8/08/24, 8/ - Melatonin 3 mg - 6/08/24, 6/09/24, 6/	7/23/23, 7/24/24, 7/28/24, /01/24, 8/02/24, 8/06/24, /09/24, and 8/13/24 at 9am. 6/01/24, 6/02/24, 6/03/24, /15/24, 6/16/24, 6/22/24, /30/24, 7/04/24, 7/11/24 -				
	months.	the facility for about 8 redications daily from staff.				
	 Admission date of of 8/02/24. Diagnoses include 	of FC #3's record revealed: f 12/20/22 and discharge date ed PTSD, attention-deficit ectrum disorder, and bipolar				
	dated 7/16/24 revea - Abilify (antipsycho evening. - Trazadone (for sle every evening for s	tic) 5 mg - Take every eep disturbance) 50 mg - Take				

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If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION				
		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED		
		MHL065-269	B. WING			R)8/14/2024	
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
	T TRANSITION-WILM	INGTON	CTOR'S CIRCI				
		WILMING	GTON, NC 284				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pa	age 4	V 118				
	2024 MARs reveale - Abilify 5 mg - 6/01 6/15/24, 6/16/24, 6/ 6/30/24, 7/04/24, 7/ - Trazadone 50 mg 6/08/24, 6/15/24, 6/ 6/29/24, 6/30/24, 7/ 8pm. - Lamictal 50 mg - 0 6/08/24, and 6/09/2 Interview on 8/14/2 - No clients had mis - They had one stati initials on the MAR medications. - The staff that did was no longer emp - Moving forward, s documented medication Due to the failure to medication administication administication Due to the failure to medication administication administication Due to the failure to medication administication administication Due to the failure to Moving forward, s determined if client as ordered by the p	4 the Program Director stated: ssed any medications. ff who had not filled out their after assisting with not fill out the MAR properly loyed with the facility. she would ensure staff cations on the MAR properly. o accurately document stration it could not be is received their medications	, t				

SO2Q11