Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PRÓVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL023-171 **BW.ING** 07/25/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET CLEVELAND CRISIS AND RECOVERY CENTER SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACHDEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCEDTO THEAPPROPRIATE DATE TAG DEFICIENCY) 9/23/2024 V 001 INITIAL COMMENTS V 000 This deficiency will be corrected by the An annual survey was completed on 7/25/24. A deficiency was cited. implementation of a new electronic MAR system; PCC This facility is licensed for the following service categories: continues to work with a new 10A NCAC 27G.1100 Partial Hospitalization for pharmacy on tailoring the Individuals who are acutely Mentally Ili, system to ensure compliance 10A NCAC 27G.3300 Outpatient Detoxification for Substance Abuse. for the organization: 10A NCAC 27G.5000 Facility Based Crisis implementation date is Service for Individuals of all Disability Groups. expected on 9/1/2024. This facility is licensed for 16 and has a current census of 9. The survey sample consisted of audits of 3 current clients. Until the system is in place, staff will receive a refresher v 111 27G .0209 (C) Medication Requirements V 118 training in Medication Administration as soon as 1QANCAC 27G.0209 MEDICATION REQUIREMENTS possible. Focus will be on (c) Medication administration: proper administration and (1) Prescription or non-prescription drugs shall only be administered to a client on the written documentation of medications. order of a person authorized by law to prescribe (2) Medications shall be self-administered by Continued internal audits by clients only when authorized in writing by the Clinical and Quality client's physician. Management Teams will (3) Medications, including injections, shall be administered only by licensed persons, or by provide oversight and ensure unlicensed persons trained by a registered nurse, compliance. pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of Update 9/9/24: PCC is in the all drugs administered to each client must be process of implementing an kept current. Medications administered shall be recorded immediately after administration. The electronic medication MAR is to include the following: dispensing system that only (A) client's name; allows RN-level staff to dispense. Therefore, the training noted in the initial POC is no longer applicable due to Med Techs no longer M Hicer having access to medication administration.

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

TITLE

(X6) DATE

STATE FORM

Officer 8

If continuation sheet 1 of 5

Division of Health Service Regulation			·				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL023•171	8.WING		07/25/2024		
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATI				
CLEVELA	ND CRISIS AND RECOV	ERY CENTER	RTH WASHINGTON Y, NC 28150	I STREET			
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V 1181	(C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record	and quantity of the drug;	V 118				
	interview, the facility kept current affecting and #3). The finding Review on 7/24/24 of admission date of 7/20/24 changloses of Ampha Disorder severe, Color and Other Stimular Methamphetamine -7/20/24 physician's HCL (Hydrochloride 2 times a day. Review on 7/25/24 of 7/19/24 through 7/2-Buspirone HCL 10 -no entry and times	on, record review, and failed to ensure MARs were a 3 of 3 clients (Clients #1, #2 legs are: of Client #1's record revealed: 19/24. etamine-type Substance Use ocaine Use Disorder severe at Use Disorder severe. s order- Buspirone (anxiety) 10 milligrams (mg) -1 tablet of Client #1's MAR from 25/24 revealed: mg• 1 tablet 2 times a day. entered to indicate the inistered on 7/21/24 evening					
	 Review on 7/24/24 c	of Client #2's record revealed:				!	

Division of Health Service Regulation STATE FORM

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MARE OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER STREET ADDRESS, CITY, STATE, ZP CODE GON NORTH-WASHINGTON STREET SHELBY, NC 28150 CHAPTO GEACH PEPCISION Was 19 PREPCEDED BY STUL REQUIATORY OR LIS DESTREYING INFORMATION) V118 Continued From page 2 -admission date of 7/18/24diagnoses of Slimulant Use Disorder Methamphetamine type, Schizoaffoctive Disorder Bipolar Type, Post-Traumatic Stress Disorder (PTSD), and Insomma7/18/24 physiciant's orders - Antipirazzole (Schizophrenia) 10 mg - 1 tablet in the morning and Mitrazaphre (Depression) 15 mg - 1 tablet at beddime. Review on 7/25/24 of Client#2's MAR from 7/18/24 firsupply 7/25/24 revealed: -4/chiprazzole 10 mg - 1 tablet at beddime - no entry and time entered to indicate the medication was administered at beddime on 7/21/244/diagnoses of Coalan Dependence Uncomplicated, 7/18/24 -4/diagnoses of Coalan Dependence Uncomplicated, Alcohol Dependence Uncomplicated, Alcohol Dependence Uncomplicated, Alcohol Dependence Uncomplicated, Alcohol Dependence Uncomplicated, 7/25/24 revealed: -5ertraline MLD, 50 mg - 1 tablet in the morning on reverse of the properties of the pro			(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED	
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PREPRIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 2 -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. Review on 7/25/24 of Client #2's MAR from 7/18/24 through 7/25/24 revealed: -Aripiprazole 10 mg - 1 tablet at bedtime - no entry and time entered to indicate the medication was administered at bedtime on 7/21/24. Review on 7/24/24 of Client #3's record revealed: -admission date of 7/18/24, doubnd Dependence Uncomplicated, Alcohol Dependence Uncomplicated, Alcohol Dependence Uncomplicated, PTSD and Major Depressive Disorder (MDD)7/19/24 physician's orders - Sertraline (MDD) HOL 50 mg - 1 tablet in the morning and Trazodone (MDD) 50 mg - 1 tablet at bedtime. Review on 7/25/24 of Client #3's MAR from 7/18/24 through 7/25/24 revealed: -Sertraline HOL 50 mg - 1 tablet in the morning - no entry and time entered to indicate the medication was administered on the morning of 7/22/24Trazodone 50 mg - 1 tablet in the morning of 7/22/24Trazodone 50 mg - 1 tablet in the morning of 7/22/24Trazodone 50 mg - 1 tablet in the morning of 7/22/24Trazodone 50 mg - 1 tablet in the morning of 7/22/24Trazodone 50 mg - 1 tablet the medication was			609 NOF	RTH WASHINGTON			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH WASHINGTON STREET SHELBY, NC 28150 (X4)10 SUMMARY STATEMENT OF DEFICIENCIES SHELBY, NC 28150 (X4)10 REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 3 revealed: -administered medications daily and had not missed any day or evening medications. Interview on 7/25/24 with the facility Registered Nurse (RN) revealed: - Interview on 7/25/24 with the facility Registered Nurse (RN) revealed:				
NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER SHELBY, NC 28150 (X4)10 SUMMARY STATEMENT OF DEFICIENCIES FREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 3 revealed: -administered medications daily and had not missed any day or evening medications. Interview on 7/25/24 with the facility Registered				
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missed any day or evening medications. Interview on 7/25/24 with the facility Registered				
Nurse (RN) revealed:				
-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,	Ī			
#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) goneeven if re-do it (the entry) it				
(electronic system) still throws it outtry 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]."				
Interview on 7/25/24 with the Clinical Director of				
Crisis Services revealed:				
-was aware the electronic MAR system was not				
adequate do document medication				
administration3/18/24 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 Division of Health Service Regulation				

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NAME OF PROVIDER OR SUPPLIER CLEVELAND CRISIS AND RECOVERY CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 600 MORTH I WASHINGTON STREET SHELDY, NC. 28160 PRIOR RECOVERY STATEMENT OF DEPOCHANCES SHELDY, NC. 28160 PRIOR RECOVERY CRISIS IDENTIFYING INFORMATION) TAG V118 CONSTRUCTOR PROVIDERS CITY, STATE, ZIP CODE 600 MORTH I WASHINGTON STREET SHELDY, NC. 28160 TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V118 V118 V118 V118 V118 TAG V118 V118 TAG TAG TAG TAG TAG TAG TAG TA	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		(X3)DATES	(X3)DATESURVEY COMPLETED	
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wantedlast met with the selected pharmacy in June 2024 and the new system was expected to be implemented in "about 90 days."	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI	ON SHOULD BE HEAPPROPRIATE	(XS) COMPLETE DATE	
	V 118	wantedlast met with the sele 2024 and the new sys	ected pharmacy in June stem was expected to be					

Division of Health Service Regulation