

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2024
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NAME OF PROVIDER OR SUPPLIER ELIADA TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 882 ELIADA HOME ROAD ASHEVILLE, NC 28806
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 9/10/24. The complaint was unsubstantiated (NC#00221599). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 8 and currently has a census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED SEP 27 2024 DHSR-MH Licensure Sect</p>	
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Record review on 9/9/24 for Client #3 revealed:</p>	V 123		<p>Correct - Medication Administration trained staff will complete medication error reports in the Electronic Health Record. These will include consultation with the MD and notification to the Legally Responsible Person.</p> <p>Prevent - All Medication Administration trained staff will complete retraining on medication error procedures. A guide for medication errors will be given to staff for reference as well.</p> <p>Monitor - The Chief Compliance Officer will review daily summary emails from medication administration staff. Any denoted refusals will prompt the CCO to view the EHR for the Med Error report. If a Med Error Report is not in place, the CCO will work with the staff member to have it completed.</p> <p>Monitor - The PQI Department will review MARs monthly in comparison to Medication Error Reports to ensure all</p>

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 123	<p>Continued From page 1</p> <ul style="list-style-type: none"> -Date of admission: 6/11/24. -Age: 14 years -Diagnoses: Disruptive Mood Dysregulation Disorder, Post Traumatic Stress Disorder, Anxiety Disorder. -Physician ordered medications dated 6/11/24 included: <ul style="list-style-type: none"> -Clonidine 0.1mg (milligram) (sleep) 1 tablet daily at bedtime. -Metformin ER (extended release) (diabetes prevention) 750mg 1 tablet daily at 6pm. -Omeprazole 20mg (heartburn) 1 capsule twice daily. -Sucralfate 1 gram (stomach acid) 1 tablet before meals and at bedtime. -Ziprasidone 60mg (mood) 1 capsule twice daily. Review on 9/9/24 of MARs (medication administration record) from 7/1/24-9/8/24 revealed: <ul style="list-style-type: none"> -Clonidine was documented as refused on 8/17/24 and 8/24/24. -Metformin was documented as refused on 7/16/24. -Omeprazole was documented as refused on 8/17/24 (pm dose) and 8/24/24 (pm dose). -Sucralfate was documented as refused on 7/16/24 (5:30pm dose), 8/17/24 (12pm dose and 8pm dose), 8/24/24 (8pm dose), 8/26/24 (12pm dose) and 9/1/24 (8am dose). -Ziprasidone was documented as refused on 8/17/24 (pm dose) and 8/24/24 (pm dose). Review on 9/9/24 of medication error reports from 7/1/24-9/8/24 revealed: <ul style="list-style-type: none"> -There were no reports for the above dates of refusals nor documentation that a physician or pharmacist was immediately contacted regarding the refused medications. 	V 123	Med Error Reports are completed.	

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V 123	<p>Continued From page 2</p> <p>Interview on 9/10/24 with the Chief Compliance Officer revealed:</p> <ul style="list-style-type: none"> -Staff involved with passing medications were required to complete the medication error reports when a student refused medications. -Several medical/medically trained staff resigned after administration increased compliance standards. -A nurse, who was also a former employee, had recently returned to manage the nursing department and was in process of bringing the medication requirements back into compliance. 	V 123		

