

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-461	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/02/2024
NAME OF PROVIDER OR SUPPLIER RESIDENTIAL PROGRAM FOR WOMEN A		STREET ADDRESS, CITY, STATE, ZIP CODE 1952 SPRING DRIVE SLHC GARNER, NC 27529		
(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 and follow up survey was completed on October 2, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children.</p> <p>This facility is licensed for 16 and has a current census of 15. The survey sample consisted of audits of 2 current clients and 1 former client.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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

TITLE

(X6) DATE

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STATE FORM

6899

JGB311

If continuation sheet 1 of 10

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<p>V 118</p>	<p>Continued From page 1 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 observations, record review and interview, the facility failed to administer medications on a written order of a physician and ensure medications were available in the facility affecting 1 of 3 audited clients (#12). The findings are:</p> <p>Review on 10/2/24 of client #12's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/21/24 - Diagnoses of Other Stimulant Dependence uncomplicated, Diabetes, Posttraumatic Stress Disorder, Anxiety & Depression - Physician's orders for the following medications: <ul style="list-style-type: none"> - 7/21/24: Glycerin Suppository 2.1 gram (gm) insert 1 suppository rectally every day PRN (as needed) (Constipation) - 8/14/24: Vitamin B-6 50mg give 1/2 tab PO three times a day PRN (Nausea) - 9/10/24: Mirtazapine 7.5 milligram (mg) give 1 tablet (tab) PO (by mouth) every night PRN (Insomnia) - No physician's order to self-administer insulin injections <p>Observation at 12:42pm on 10/2/24 of client #12's</p>	<p>V 118</p>	<p>Program processes will be adapted to ensure that all medications administered to clients have signed orders from a licensed physician. This will include orders for new prescriptions, any modification to existing medications and discontinuations of medications.</p> <p>Each physician's order will include clear instruction on how the medication is to be administered, ensuring proper dosage and timing.</p> <p>If the medication is intended to be kept with the client the order will be explicitly noted along with any relevant instruction for self-administration when applicable.</p>	<p>11/7/24</p>
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V 118	<p>Continued From page 2 medication bin revealed:</p> <ul style="list-style-type: none"> - Glycerin Suppository, Mirtazapine & Vitamin B-6 were not in the facility <p>Interview on 10/2/24 client #12 reported:</p> <ul style="list-style-type: none"> - Was not missing any medications - She self-administered her insulin injections - Didn't know she needed a physician's order to self-administer insulin injections <p>Interview on 10/2/24 staff #1 reported: -</p> <ul style="list-style-type: none"> - Client #12 was a diabetic and she administered her own insulin injections - Staff monitored client #12 as she injected her insulin <p>Interview on 10/2/24 staff #2 reported:</p> <ul style="list-style-type: none"> - Staff monitored clients while administering medications - Client #12 administered her own insulin injection in her arm <p>Interview on 10/2/24 the clinical therapist reported:</p> <ul style="list-style-type: none"> - Wasn't sure where client #12's Glycerin Suppository, Mirtazapine or Vitamin B-6 were - Residential staff was responsible for checking clients' medications - Residential staff were supposed to identify when medications were low or not in the facility - Believed there was a physician's order for client #12 to self-administer insulin injection in her client record <p>Interview on 10/2/24 the Program Director reported:</p> <ul style="list-style-type: none"> - The residential staff was responsible for checking clients' medications and ensuring medications were in the facility - Believed the Mirtazapine and Vitamin B-6 	V 118		
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<p>V 118</p>	<p>Continued From page 3 were discontinued, but she didn't have the physician's order - Couldn't recall if client #12 had the Glycerin Suppository in her apartment - Believed there was a physician's order for client #12 to self-administer insulin injection in her client record, but she couldn't locate it</p>	<p>V 118</p>		
<p>V 120</p>	<p>27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all</p>	<p>V 120</p>		

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<p>V 120</p>	<p>Continued From page 4</p> <p>medications were stored securely affecting 1 of 3 audited clients (#12). The findings are:</p> <p>Review on 10/2/24 of client #12's record revealed:</p> <ul style="list-style-type: none"> - Admitted 2/21/24 - Diagnoses of Other Stimulant Dependence uncomplicated, Diabetes, Posttraumatic Stress Disorder, Anxiety & Depression - Physician's orders for the following medications: <ul style="list-style-type: none"> - 7/9/24: Nicotine Gum 2 milligram chew 1 piece by mouth (PO) and park under lip every 1 hour (Smoking Cessation) - 7/12/24: Humalog 100 milliliter inject 10 units subcutaneously twice a day as needed with snacks (Diabetes) - 8/14/24: Polyethylene Glycol Powder dissolve 1 capful of powder in 8 ounces of fluid and give daily (Constipation) - No physician's order for client #12 to store medications separately in her apartment <p>Observation at 12:42pm on 10/2/24 of client #12's medication bin revealed:</p> <ul style="list-style-type: none"> - The following medications were not in the medication bin: <ul style="list-style-type: none"> - Humalog - Nicotine Gum - Polyethylene Glycol <p>Review on 10/2/24 of client #12's July, August & September (2024) MARs revealed:</p> <ul style="list-style-type: none"> - The following medications had "w (with)/ client" handwritten on the MARs: <ul style="list-style-type: none"> - Humalog - Nicotine Gum - Polyethylene Glycol <p>Interview on 10/2/24 client #12 reported:</p>	<p>V 120</p>	<p>Program processes will be adapted to obtain signed, written physician's orders indicating when medications may be kept in participant's homes and that the medication may be self-administered. Additionally, explicit instructions regarding how to self-administer medications will be included.</p>	<p>11/7/24</p>
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<p>V 120</p>	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Was granted permission to keep some medications in her apartment - Kept her insulin, Nicotine & Polyethylene Glycol Powder in her apartment <p>Interview on 10/2/24 the clinical therapist reported:</p> <ul style="list-style-type: none"> - Clients could keep medications in their apartment with approval from the physician - - The physician' gave a verbal order for client #12 to keep medications in her apartment - Couldn't recall if the physician gave a written physician's order for storing the medications separately <p>Interview on 10/2/24 the Program Director reported:</p> <ul style="list-style-type: none"> - Knew client #12 kept medications in her apartment - The physician gave a verbal order for client #12 to keep medications in her apartment - Didn't have a written physician's order for client #12 to keep medications in her apartment 	<p>V 120</p>		
<p>V 263</p>	<p>27G .4103 (a-b) Res. Recovery Clients/Children - Operations</p> <p>10A NCAC 27G .4103 OPERATIONS (a) Admissions:</p> <p>(1) Admission to the facility shall be a joint decision of the designated qualified professional, the provider of residential care, and the individual.</p> <p>(2) The individual shall have the opportunity for at least one pre-admission visit to the facility except for an emergency admission.</p> <p>(b) Coordination Of Treatment And Education To Children In The Facility: Each facility or multi-unit facility shall provide or make arrangements for the following:</p>	<p>V 263</p>		

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V 263	<p>Continued From page 6</p> <p>(1) The appropriate education program for a child shall be coordinated with his/her service plan.</p> <p>(2) Each child shall receive preventive and primary health care services.</p> <p>(3) Each child shall have required immunizations as specified by G.S. 130A-152. (4) Each child, birth through four years of age, shall receive a behavioral health and developmental screening, and if appropriate, receive a multi-disciplinary evaluation by qualified professionals for early childhood intervention services. Parents shall be provided information on services that the child is eligible for or entitled to receive at screening and evaluation.</p> <p>(5) Each child five years of age and over, shall receive a behavioral health and developmental screening, and if appropriate, be evaluated for child mental health and substance abuse disorder(s) by a qualified professional(s).</p> <p>(6) Each child three years of age and over, shall receive substance abuse prevention services to address at- risk factors associated with being a child in a high-risk family.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure each child five years of age and over received a behavioral health and developmental screening by a Qualified Professional (QP) for 2 of 2 audited children (clients #2A & #2B) and failed to ensure each child 3 years of age and over received substance abuse prevention services to address at- risk factors associated with being a child in a high-risk</p>	V 263		
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<p>V 263</p>	<p>Continued From page 7 family 2 of 2 audited children (clients #2A & #2B). The findings are:</p> <p>Review on 10/2/24 of client #2A's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/8/24 - no documentation of a behavioral health and developmental screening - no documentation of substance abuse prevention services to address at- risk factors <p>Review on 10/2/24 of client #2B's record revealed:</p> <ul style="list-style-type: none"> - admitted 1/8/24 - no documentation of a behavioral health and developmental screening - no documentation of substance abuse prevention services to address at- risk factors <p>During interview on 10/2/24 the clinical therapist reported:</p> <ul style="list-style-type: none"> - their agency was contracted with another agency to complete the behavioral and developmental screening - she reached out a couple of months ago to the case manager at the contracted agency about the evaluations but had not heard back - was not aware substance abuse prevention services had to be provided for children 3 years old or older - she would look further into these prevention services <p>During interview on 10/2/24 the Program Director reported:</p> <ul style="list-style-type: none"> - all staff were responsible for ensuring the behavioral and developmental screening were completed - planned to assign one staff to ensure the screenings were completed 	<p>V 263</p>	<p>Assessments are completed by community Partners. Child #1 Comprehensive Trauma Assessment was completed on 1/31/24 by Hope Services and the Early Prescreen II by Project Catch was conducted on 9/4/24. For Child #2 the Comprehensive Trauma Assessment was conducted on 12/6/23 by Hope Services, and the results have been located and added to the applicable charts. To prevent future issues the program is developing a structured process for tracking child client data. The clinician assigned to the mother of the child will ensure the children's data is in the medical record to include educational and behavioral assessment. Quarterly review of children's files will be on staff schedules to ensure no future oversights.</p>	<p>11/7/24</p>
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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 10/2/24 at 10:12am of the facility's apartments (apt) revealed the following:</p> <ul style="list-style-type: none"> - apt #1958: - a bug crawled up the wall - apt #1848: - a roach in the sink along with ants - apt 1846 downstairs area: - had 2 boxes of paper towels - 2 large boxes up against the wall - the kitchen sink water had a strong smell - upstairs storage closet had a hole size of a basketball - apt #118D: - a single high-pitched chirp every 60 seconds originating from a smoke detector in the kitchen - bi-fold bedroom closet door off it's track - apt 122C: - 2 linoleum floor planks taped down using clear packing tape <p>During interview on 10/2/24 the Operational Manager reported:</p> <ul style="list-style-type: none"> - the apartments were exterminated monthly - had reached out to someone to exterminate apt #1958 & apt #1848 - apt #1846 was used as a storage for the last 	V 736	<p>apt 1958, and 1848 units were treated for pest control on 10/4/24. Apt 1846 all excess items removed from unit. Unit is set up to support new family. Also, in 1846 it was determined the odor came from the dishwasher as water was not draining properly a work order was submitted on 10/14/24 for a new dish washer. The property manager informed SouthLight that the washer will be installed once it arrives. apt# 118D battery was change on date of audit 10/2/24 and closet door placed back on the track. #apt 122C a work order to the property management was submitted on 10/2/24 to address flooring.</p>	11/7/24
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V 736	Continued From page 9 4 months - will put the storage items in the staff's office - the water in apt 1846 smelled "like sulfur" - they had the water tested and no concerns were reported This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
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