

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/20/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28315		
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 11/20/24. The complaint was unsubstantiated (intake #NC00224098). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3200 Social Setting Detoxification for Substance Abuse and 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 18. The .3200 Social Setting Detoxification for Substance Abuse has a current census of 11 and the .5600 E Supervised Living for Adults with Substance Abuse Dependency has a current census of 11. The survey sample consisted of audits of 3 current clients for the .3200 Social Setting Detoxification for Substance Abuse and the .5600 E Supervised Living for Adults with Substance Abuse Dependency.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.</p>	V 114		

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

TITLE

(X6) DATE

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V 114	<p>Continued From page 1</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 11/19/24 of the facility's fire and disaster drill log (February 2024 to November 2024) revealed: -There were no fire or disaster drills conducted for the time period above.</p> <p>Interview on 11/19/24 with client #1 revealed: -He had been at the facility for about 2 months. -He had not done any fire or disaster drills since being at the facility.</p> <p>Interview on 11/19/24 with client #2 revealed: -He lived at the facility for about 2 months. -They never did any fire or disaster drills with staff at the facility.</p> <p>Interview on 11/19/24 with client #3 revealed: -He lived at the facility for almost a year. -Staff never did fire or disaster drills with them. -He thought staff talked about the fire exit, however they never did any drills.</p> <p>Interviews on 11/18/24 and 11/20/24 with the Co-Manager revealed:</p>	V 114		

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V 114	Continued From page 2 -He had been with the facility for several years and never did any fire or disaster drills with the clients. -He confirmed the facility failed to conduct fire and disaster drills quarterly on each shift. Interviews on 11/19/24 and 11/20/24 with the Administrative Assistant revealed: -He did not do any fire or disaster drills when he was a Co-Manager. -The Executive Director talked to him about the procedure for fire and disaster drills, however a drill was never done with clients. -He confirmed the facility failed to conduct fire and disaster drills quarterly on each shift. Attempted interview on 11/19/24 with the Executive Director revealed: -He was called and did not answer the telephone. -A text message was sent and a request was made to return the phone call. -The phone called was never returned prior to the exit on 11/21/24.	V 114		
V 118	27G .0209 (C) Medication Requirements 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,	V 118		

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V 118	<p>Continued From page 3</p> <p>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; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the 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 observation, record reviews and interviews, the facility failed to have physician's orders affecting one of three audited clients (#2); failed to keep the MARs current affecting one of three audited clients (#1 and #2) and failed to ensure medication was available for administration affecting two of three audited clients (#1 and #2). The findings are:</p> <p>1. Reviews on 11/19/24 and 11/20/24 of client #2's record revealed: -Admission date of 9/4/24. -Diagnoses of Cocaine Use Disorder, Human Immunodeficiency Virus (HIV), Congestive Heart Failure (CHF), Insomnia, Depression and</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Hypertension. -There were no physician's orders for the medications below.</p> <p>Observation on 11/19/24 at approximately 12:40 pm client #2's medication bin revealed: The following medications were available for administration-</p> <ul style="list-style-type: none"> -Davato 50/300 milligrams (mg) (HIV) -Doxepin 20 mg (Depression) -Sertraline 5 mg (Depression) -Metoprolol 25 mg (High Blood Pressure) -Spironolactone 25 mg (High Blood Pressure) -Entresto 49/51 mg (CHF) <p>Interview on 11/19/24 with the Co-Manager revealed: -Client #2's Care Coordinator took him to his medical appointments. -When clients return from their appointments they are supposed to give the medication and orders to the Administrative Assistant. -He confirmed there were no physician's orders for client #2.</p> <p>Interview on 11/19/24 with the Administrative Assistant revealed: -Client #2's Care Coordinator took him to his medical appointments. -Client #2 never gave him any physician orders after returning from his medical appointments. -He confirmed there were no physician's orders for client #2.</p> <p>2. Review on 11/19/24 of client #1's record revealed: -Admission date of 9/9/24. -Diagnosis of Alcohol Use Disorder. -Physician's order dated 2/24/24 for Lisinopril 20 mg (High Blood Pressure), one tablet in the</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>morning; Hydrochlorothiazide 25 mg (High Blood Pressure), one tablet in the morning; Fluoxetine 40 mg (Depression), one tablet in the morning and Trazodone 100 mg (Depression), one tablet twice daily.</p> <p>Review on 11/19/24 of MARs for client #1 revealed:</p> <p>November 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for the following: Lisinopril 20 mg on 11/1 thru 11/16 Fluoxetine 40 mg on 11/1 thru 11/12 -The Co-Manager put his initials to indicate medication was administered on 11/20 and 11/21 for Lisinopril 20 mg and Fluoxetine 40 mg. -Hydrochlorothiazide 25 mg and Trazodone 100 mg were not listed on the MAR. There were no discontinuation orders for those medications. <p>October 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for the following: Lisinopril 20 mg on 10/16 thru 10/31 Hydrochlorothiazide 25 mg on 10/16 thru 10/31 Trazodone 100 mg on 10/18 thru 10/31 am and 10/1 thru 10/31 pm <p>Review on 11/19/24 of MARs for client #2 revealed:</p> <p>November 2024-</p> <ul style="list-style-type: none"> -There were no staff initials as administered for the following: Davato 50/300 mg on 11/8 and 11/9 Doxepin 20 mg on 11/8 and 11/9 Sertraline 5 mg on 11/8 and 11/9 Sacubitril 50 mg (CHF) on 11/8 and 11/9 am/pm Mexapril 15 mg (High Blood Pressure) on 11/8 	V 118		

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V 118	<p>Continued From page 6</p> <p>and 11/9 Metoprolol 25 mg on 11/8 thru 11/19 Spironolactone 25 mg on 11/8 thru 11/19 Entresto 49/51 mg on 11/8 thru 11/19 am and 11/8 thru 11/18 pm -The Co-Manager put his initials to indicate medication was administered on 11/20 and 11/21 for Davato 50/300 mg, Doxepin 20 mg, Sertraline 5 mg, Sacubitril 50 mg, Mexapril 15 mg and Ibuprofen 400 mg (Pain Relief).</p> <p>October 2024- -There were no staff initials as administered for the following: Doxepin 20 mg on 10/1 thru 10/10, 10/18, 10/19 and 10/26 thru 10/31 Sertraline 5 mg on 10/1 thru 10/10, 10/18, 10/19 and 10/26 thru 10/31 Sacubitril 50 mg on 10/1 thru 10/10 am/pm, 10/15 thru 10/31 am, 10/15 thru 10/20 pm and 10/26 thru 10/31 pm Mexapril 15 mg on 10/1 thru 10/10, 10/15 thru 10/20 and 10/26 thru 10/31</p> <p>September 2024- -There were no staff initials as administered for the following: Davato 50/300 mg on 9/1 thru 9/4 and 9/27 thru 9/30 Doxepin 20 mg on 9/1 thru 9/4, 9/9 9/17 thru 9/20 and 9/27 thru 9/30 Sertraline 5 mg on 9/1 thru 9/4, 9/17 thru 9/20 and 9/27 thru 9/30 Sacubitril 50 mg on 9/1 thru 9/4 and 9/27 thru 9/30 Mexapril 15 mg on 9/1 thru 9/4, 9/9, 9/17 thru 9/20 and 9/27 thru 9/30</p> <p>Interview on 11/19/24 with the Co-Manager</p>	V 118			

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V 118	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> -The clients were getting their medication. -"[The Former Co-Manager] messed up the MARs when he worked at this facility." -The Former Co-Manager was not consistently signing off on the November MARs for clients. -He (Co-Manager) and the Administrative Assistant possibly forget to sign off MARs for September and October 2024. -He confirmed the MARs for clients #1 and #2 were not current. <p>Interview on 11/19/24 with the Administrative Assistant revealed:</p> <ul style="list-style-type: none"> -Clients were getting their medication as prescribed. -The Former Co-Manager was not consistently filling out the MAR after administering medication to clients. -"[The Former Co-Manager] changed some of the clients MARs for some reason." -The Co-Manager administers the medication most of the time since the Former Co-Manager left. -He was not sure why the Co-Manager documented medications were given on 11/20 and 11/21 to clients #1 and #2 -He confirmed the MARs for clients #1 and #2 were not current. <p>3. Observation on 11/19/24 at approximately 11:50 am client #1's medication bin revealed:</p> <ul style="list-style-type: none"> -There was no Hydrochlorothiazide 25 mg available for administration. <p>Review on 11/19/24 of the November MAR for client #1 revealed:</p> <ul style="list-style-type: none"> -Hydrochlorothiazide 25 mg was listed. <p>Observation on 11/19/24 at approximately 12:40</p>	V 118		

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V 118	<p>Continued From page 8</p> <p>pm client #2's medication bin revealed: -There was no Ibuprofen 400 mg and Mexpril 15 mg medication available for administration.</p> <p>Review on 11/19/24 of the November MAR for client #2 revealed: -Ibuprofen 400 mg and Mexpril 15 mg were listed and signed off as administered by staff.</p> <p>Interview on 11/19/24 with the Co-Manager revealed: -He didn't know why the Hydrochlorothiazide 25 mg for client #1 was not available. -He didn't know why the Ibuprofen 400 mg and Mexpril 15 mg for client #2 was not available. -He confirmed the facility failed to ensure medication was available for administration for clients #1 and #2.</p> <p>Interview on 11/19/24 with the Administrative Assistant revealed: -He was not sure why the Hydrochlorothiazide 25 mg was not available for client #1. -He thought the Mexapril 15 mg was possibly replaced with another medication for client #2. -The Ibuprofen was not available for client #2 and he didn't know why it was not available. -He confirmed the facility failed to ensure medication was available for administration for clients #1 and #2.</p> <p>Attempted interview on 11/19/24 with the Executive Director revealed: -He was called and did not answer the telephone. -A text message was sent and a request was made to return the phone call. -The phone called was never returned prior to the exit on 11/21/24.</p>	V 118		

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V 536	Continued From page 9	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	Continued From page 10 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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V 536	Continued From page 11 by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name.	V 536		

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V 536	<p>Continued From page 12</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of three audited staff (the Executive Director) had training on the use of alternatives to restrictive interventions. The findings are:</p> <p>Review on 11/19/24 of the personnel record for the Executive Director revealed: -Date of hire was 7/1/89. -MindSet training expired on 11/20/22. -No documentation of current training on the use of alternatives to restrictive interventions.</p> <p>Interview on 11/5/24 with the Administrative Assistant revealed: -The Executive Director was responsible for the personnel records. -He confirmed there was no documentation of</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/20/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 204 NORTH PINE STREET BUILDING A ABERDEEN, NC 28315		
(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 536	Continued From page 13 training on the use of alternatives to restrictive interventions for the Executive Director. Attempted interview on 11/19/24 with the Executive Director revealed: -He was called and did not answer the telephone. -A text message was sent and a request was made to return the phone call. -The phone called was never returned prior to the exit on 11/21/24.	V 536		