

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-992</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW WATERS RECOVERY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3810 BLAND ROAD RALEIGH, NC 27609</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on November 7, 2024. Deficiencies were cited.</p> <p>The 10A NCAC 27G .3100 Nonhospital Medical Detoxification-Individuals who are Substance Abusers has a current census of 11 and the Residential Treatment-Individuals with Substance Abuse Disorders has a current census of 0. The survey sample consisted of audits of 3 current clients in the 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who are Substance Abusers.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></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. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114	<p style="text-align: center;"><b>RECEIVED</b> <b>NOV 21 2024</b> DHSR-MH Licensure Sect</p>	

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

TITLE

(X6) DATE

*Jennifer Hogshead 11/19/24*

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were completed quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/7/24 of the facility's fire and disaster drills revealed:</p> <ul style="list-style-type: none"> <li>- 2 fire drills completed this year (2024)</li> <li>- no disaster drills completed this year (2024)</li> </ul> <p>During interview on 11/7/24 the Chief Executive Officer (CEO) reported:</p> <ul style="list-style-type: none"> <li>- the staff's shifts were as follows:</li> <li>- the nurses worked 12 hour shifts: 8am - 8pm and 8pm - 8am</li> <li>- the residential shifts: 8am - 4pm, 4pm - 12am &amp; 12am - 8am</li> </ul> <p>During interview on 11/7/24 client #2 reported:</p> <ul style="list-style-type: none"> <li>- have not practiced a fire or tornado drill</li> <li>- would exit the building for a fire</li> <li>- would get down and away from windows for a tornado</li> </ul> <p>During interview on 11/7/24 the CEO reported:</p> <ul style="list-style-type: none"> <li>- he used to ensure fire and disaster drills were completed</li> <li>- he became CEO in April 2024 and no longer oversaw the fire and disaster drills</li> <li>- the Director of Nursing and the Director of Human Resources and Compliance will ensure drills were completed</li> </ul>	V 114	<p>Fire and disaster drills will be performed quarterly and documented, and will be repeated on each shift. Q4 2024 Fire and Disaster Drills have been scheduled for December.</p> <p>The Director of Nursing will schedule both the fire and disaster drills to occur during all shifts on a quarterly basis and will ensure the drills are documented.</p>	
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION	V 118		

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V 118	<p>Continued From page 2</p> <p><b>REQUIREMENTS</b></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.</p> <p>(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 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> </p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>physician for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 11/7/24 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 11/5/24</li> <li>- diagnosis: Severe Alcohol abuse</li> <li>- a physician's order dated 11/5/24: Lamictal 100 milligrams at bedtime (depression)</li> </ul> <p>Observation on 11/7/24 at 4:53pm revealed:</p> <ul style="list-style-type: none"> <li>- the Lamictal was not in client #3's medication bin</li> </ul> <p>Review on 11/7/24 of client #3's November 2024 MAR revealed:</p> <ul style="list-style-type: none"> <li>- staff initialed as administered on 11/5/24 only</li> </ul> <p>During interview on 11/7/24 the Director of Nursing (DON) reported:</p> <ul style="list-style-type: none"> <li>- client #3's Lamictal was for mood management</li> <li>- no issues with client #3's moods since admitted</li> <li>- client #3 "must been admitted with 1 pill"</li> <li>- the night shift nurse on 11/5/24 did not document the medication was unavailable after the dose was administered</li> <li>- on 11/6/24, the night shift nurse documented the Lamictal was unavailable</li> <li>- on 11/7/24, either her (DON) or another staff will pick up the Lamictal from the pharmacy today (11/7/24)</li> <li>- client #3 will have the Lamictal prior to bedtime</li> </ul>	V 118	<p>The Director of Nursing will ensure that all nursing staff are trained to follow Doctor's orders for all administered medications.</p> <p>The DON audits all medication administration records regularly to ensure compliance.</p> <p>This practice of auditing medications has been in effect since ity the facility opening.</p>	