

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/26/2024
NAME OF PROVIDER OR SUPPLIER CARE HAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 2533 AIRPORT ROAD MARION, NC 28752		
(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	INITIAL COMMENTS A follow up and complaint survey was completed on 11/26/24. The complaint was substantiated (#NC00222778). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 6 and currently has a census of 2. The survey sample consisted of audits of 2 former clients.	V000	<p>RECEIVED DEC 20 2024 DHSR-MH Licensure Sect</p> <p>V110 1. Team supervision occurred on 11/26/2024 to review with all staff ACA policies and regulations that included the following:</p> <ul style="list-style-type: none"> ACA tobacco policy with emphasis on the no smoking/vaping policy on company property and leaving any such items in their vehicle rather than bringing them into/storing them in the facility. Client Specific Competencies (CSC) processes with emphasis of established protocol that at the beginning of all shifts, staff should review all new clients' CSC's and sign off that they have reviewed those documents. <p>2. All ACA staff will continue to review and attest to ACA tobacco policy on an annual basis.</p> <p>3. House Manager (QP) will review all intake clients' CSC's to ensure that all staff have reviewed and signed off on client CSC's.</p> <p>4. The House Manager will continue to provide and document supervision of staff on a monthly basis, based on annual supervision plans.</p>	11/26/24 and ongoing
V 110	27G .0204 Training/Supervision Paraprofessionals 10ANCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	V 110		

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

TITLE

(X6) DATE

STATE FORM

6899

U2J411

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[Signature] MALMKT

Chief Compliance Officer

12/13/24

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V 110	<p>Continued From page 1</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Review on 11/22/24 of FS #1's record revealed: -Date of hire: 7/15/24 as a residential coach (paraprofessional) -Date of separation: 9/19/24</p> <p>Review on 11/22/24 for FC #1's record revealed: -Date of admission: 7/26/24 -Age: 17 years old -Date of Discharge: 10/1/24 -Diagnoses : Cannabis Use Disorder, Disruptive Mood Dysregulation Disorder.</p> <p>Review on 11/22/24 of email dated 9/17/24 from the Former House Manager (FHM) to human resources (HR) director regarding "recap of conversation 9/13/24" revealed: -"The attached email is a recap of a conversation [HM] and [FHM] had with [FS #1] on 9/12/24. -Today it was brought to our attention that [FS #1] let one of our clients take a hit off of her vape pen on the side porch (where there is no surveillance coverage). Also, she has been smoking/vaping in the staff bathroom at work and when another staff walked into the bathroom after her, she reported that it smelled strongly of THC (tetrahydrocannabinol). There are other less significant challenges that [FS #1] is having here</p>	V 110			

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V 110	<p>Continued From page 2</p> <p>at Care Haven and I would suggest an immediate dismissal ..."</p> <p>Interview on 11/25/24 with FC #1 revealed: -"[FS #1] shared her vape on 2 different occasions. I was there 2 months. I was the only kid there sometimes and she was the only staff. I'm sure there was only nicotine in the vape."</p> <p>Interview on 11/21/24 with Client #3 revealed: -Had been at facility since 10/9/24 and was leaving today for an independent living program. -FS #1 was not working at facility when she arrived but had heard about her letting a client smoke. -"We're not allowed to smoke... don't know if any staff smoke unless they go outside during room up time."</p> <p>Interview on 11/22/24 with Staff #2 revealed: -Had worked at the facility 7 years. -"[FC #1] was 17 years old and a ball of energy ...very loving ...fun to be around ..rolled with schedule changes. [FC #1] had substance use disorder, marijuana, I believe." -"[FC #1] said to me, 'I gotta tell you something ...you can't tell anybody ..one of the staff let me hit their vape... [FS #1] let me go out to the side porch and hit her vape'. [FC #1] said it was nicotine but said [FS #1] had another type vape too." -"I think her (FC #1) conscience was weighing on her" -"I immediately told [HM] and he reported it." -"[FS #1]'s decision making wasn't always so good ...had a lot of boundary issues..was new and let kids get away with too much...too lenient ...wanted the kids to really like her." -"Didn't work on same shift with FS #1; just transitioned with her at shift change. The kids</p>	V 110			

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V 110	Continued From page 3 reported '[FS #1] let me stay up later or gave me an extra snack'. Interview on 11/21/24 with the HM revealed: -Had only worked at the facility 2.5 weeks when this smoking incident occurred with FS #1. -HR Director handled the termination for concern of retaliation.	V 110		
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, 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: (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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	<p>Continued From page 4</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to ensure that MARs were kept current affecting 1 of 2 audited former clients (FC #2). The findings are:</p> <p>Review on 11/22/24 of FC #2's record revealed: -Date of admission: 9/12/24 -Date of discharge: 9/20/24 -Age: 15 years old -Diagnoses: Generalized Anxiety Disorder, Major Depressive Disorder, Personality Disorder, unspecified. -Physician ordered medications dated 9/11/24 included: -Escitalopram 15mg (depression) 1 tablet daily 9/12/24-9/17/24 . -Escitalopram 20mg 1 tablet daily start 9/18/24.</p> <p>Review on 11/26/24 of FC #2's MAR from 9/13-9/20/24 revealed: -Escitalopram 15mg was documented as administered 1.5 tablets on 9/13/24 and documented as administered ¾ tablets 9/14-9/17/24. -Escitalopram 20mg was documented as administered 9/18-9/20/24.</p>	V 118	<p>V118</p> <p>1. Team supervision occurred on 11/26/2024 to review with all staff ACA Medication Administration policies that included the following:</p> <ul style="list-style-type: none">• Staff must precisely follow medication orders and all instructions from physicians.• Medications should only be administered in accordance with the prescription and physician's orders.• Accurate documentation of medication administration on a MAR. <p>2. ACA has contracted with a new medication administration trainer who is a PMHNP-BC and is able to train staff in person at new hire and on an annual basis to address the following concerns with staff:</p> <ul style="list-style-type: none">• Accuracy of documenting medication orders on a MAR.• Accuracy of administering medications as described on the written order.• Processes for ensuring MARS are accurate and kept up to date. <p>Care Haven staff will all retrain with this trainer by the end of Q1 2025.</p>	11/26/24	12/1/24, end of Q1 2025, and ongoing

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V 123	<p>Continued From page 6</p> <p>facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 2 audited former clients (FC #2). The findings are:</p> <p>Review on 11/22/24 of FC #2's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 9/12/24 -Date of Discharge: 9/20/24 -Age: 15 years old -Diagnoses: Generalized Anxiety Disorder, Major Depressive Disorder, Personality Disorder, unspecified. -Physician ordered medications dated 9/11/24 included: <ul style="list-style-type: none"> -Escitalopram 15mg (depression) 1 tablet daily 9/12/24-9/17/24. -Escitalopram 20mg 1 tablet daily start 9/18/24. <p>Review on 11/21/24 of internal incident reports from 9/3/24-11/21/24 revealed:</p> <p>"On 9/13(24), client was administered 1.5 tablets of 20mg (milligram) escitalopram. The correct dose was ¾ tablets, to total 15mg (instead of 30mg total). This was discovered the next day on 9/14/24. A pharmacist was not contacted, as the error had occurred the day prior. No side effects were experienced by the consumer." Signed by the former house manager (FHM) 9/16/24.</p> <p>-There was no documentation that a physician or pharmacist was immediately contacted regarding the error.</p> <p>Interview on 11/21/24 with Client #3 revealed:</p> <ul style="list-style-type: none"> -Had been at facility since 10/9/24 and was leaving today for independent living program. -No issues with medications ...staff always remembered on time. <p>Interview on 11/21/24 with the current HM</p>	V 123	<p>V123</p> <p>1. Team supervision occurred on 11/26/2024 to review with all staff ACA Medication Administration policies that included the following:</p> <ul style="list-style-type: none"> • Medication error protocol. • Contacting Physician or Pharmacist when a medication error occurs. • Contacting House Manager when unsure how to handle a medication error. • The need to chart client refusal as a medication error. • New protocol was established for medication errors that occur after business hours: <ul style="list-style-type: none"> ○ Staff will no longer contact Poison Control. ○ Staff will call Mission Hospital and speak to the on-call physician to discuss the medication error. ○ Staff will document on the IRIS report what physician was spoken to when reporting the medication error. ○ House Manager will review all IRIS reports and complete supervisor portion to ensure compliance to this new 	11/26/24

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V 123	Continued From page 7 revealed: -Had been HM for 2.5 months. The FHM was no longer employed at the facility. -Had implemented process for staff to contact him when there is a medication error and he would further direct staff to follow up with pharmacist or physician or he would complete the task himself. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 123			
V 318	130 .0102 HCPR - 24 Hour Reporting 10ANCAC 130 .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to report allegations of abuse to the North Carolina Health Care Professional Registry (HCPR) within 24 hours of becoming aware of an	V 318			

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V 318	<p>Continued From page 8</p> <p>allegation of abuse against 1 of 1 audited former staff (FS #1). The findings are:</p> <p>Review on 11/22/24 of FS #1's record revealed: -Date of hire: 7/15/24 as a residential coach (paraprofessional) -Date of separation: 9/19/24</p> <p>Review on 11/22/24 of email dated 9/17/24 from former house manager (FHM) to human resources (HR) Director regarding "recap of conversation 9/13/24" revealed: -"The attached email is a recap of a conversation [HM] and [FHM] had with [FS #1] on 9/12/24. -Today it was brought to our attention that [FS #1] let one of our clients take a hit off of her vape pen on the side porch (where there is no surveillance coverage). Also, she has been smoking/vaping in the staff bathroom at work and when another staff walked into the bathroom after her, she reported that it smelled strongly of THC (tetrahydrocannabinol). There are other less significant challenges that [FS #1] is having here at Care Haven and I would suggest an immediate dismissal.... We will complete an incident report tomorrow. Please let us know what else needs to be done and how to proceed."</p> <p>Review on 11/21/24 of IRIS (Incident Response Improvement System) report of incident dated 9/17/24 revealed: -On 9/18/24 "[FC #3] came to me and said that a night staff gave [FC #3] a vape product to use. [FC #3] said that she and the staff went to the side porch and used the product...Moral turpitude-allegation of client being provided a vape product by staff; consumer reported." -On 9/24/24; notation from LME/MCO (local managing entity/managed care organization) reviewer....allegations against a staff are Level 3</p>	V 318			

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V 318	<p>Continued From page 9</p> <p>incidents ...add abuse/neglect as a category for this incident ...complete the HCPR section ..." -"[Chief Compliance Officer] took over this investigation on 9/26/24 due to planned internal transitions and request for updates via IRIS." -HCPR - facility allegation section completed 10/2/24. -There was no documentation that HCPR had been notified within the 24 hour requirement.</p> <p>Interview on 11/21/24 with the HM revealed: -FS #1 worked night shift and had issues getting to work as well as swapping shifts. "She was not very reliable." -FC #1 reported to Staff #2 on 9/18/24 and FS #1 was terminated on 9/19/24. -Had only worked at the facility 2.5 weeks when this smoking incident occurred with FS #1.</p> <p>Interview on 11/25/24 with the Chief Compliance Officer (CCO) revealed: -Was brand new to the CCO position. Supervisors typically complete the supervisor portion of IRIS but due to staff turnover with the HMs and multiple transitions into new positions, she completed that portion of the IRIS. The CCO was responsible for the HCPR section. -This was her first HCPR report and she was not aware that the HCPR report was required within 24 hours of learning of an allegation.</p>	V 318	<p>V318</p> <p>Current CCO officially started this role on 09/30/2024. The previous CCO's last day was on 09/25/2024. As a note, Hurricane Helene occurred on 09/26/2024 and power was out until 10/2/2024 when current CCO was able to discover this incident was not completed and HCPR was also not completed. State reviewer informed current CCO on 11/21/2024 of 24-hour policy for HCPR reporting, which current CCO updated flow protocol and will abide by moving forward.</p>	11/21/24	