

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R 01/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANUVIA PREVENTION AND RECOVERY CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>429 BILLINGSLEY ROAD CHARLOTTE, NC 28211</b>		
(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 complaint and follow up survey was completed on 1-7-25. The complaint was unsubstantiated (#NC00224279). Deficiencies were cited.  This facility is licensed for 76 and has a current census of 38. The 27G .3200 Social Setting Detoxification for Substance Abuse has a current census of 12. The 27G .3400 Residential Treatment-Individuals with Substance Abuse Disorders has a current census of 8. The 27G .5600 E Supervised Living for Adults with Substance Abuse Dependency has a current census of 18.  The survey sample consisted of audits of 1 current client and 1 former client.	V 000	10A NCAC 27G .0209. C.1 / C.2: Anuvia will utilize the Prescriber Order document, which will be completed by a licensed nurse and include all home medications of each client presented on arrival. The documentation will include medication name, dose/schedule, and route of administration. Contents of each prescription and/or non-prescription medication will be verified by the receiving nurse utilizing an approved medication identification source. The provider will review those listed medications and indicate if the medication should be started, continued, discontinued, or held during treatment. This fully executed document will be signed and submitted electronically to the client's EHR and eMAR. Ongoing monitoring of this process will be completed daily by quality to ensure compliance with plan of correction. When the targeted goal of 80% compliance is reached for 2 consecutive months, monitoring will return to a monthly review, by clinical staff, of randomly selected records. These reviews will have Quality oversight. Education for nursing and providers will be given regarding this updated process, as noted by update to the Medical Services: Client Medication Procedure. This education will be provided to current staff prior to the "Complete Date" listed in Plan of Correction as well as upon onboarding of new nursing staff and /or providers. This education will also be completed on an as needed basis ongoing but no less than annually.	2/15/2025
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:	V 118		

Division of Health Service Regulation

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

*Angel Black, QA Director* 1-22-25

STATE FORM

6899

JE4N11

TITLE

**RECEIVED**

(X6) DATE

**JAN 27 2025**

If continuation sheet 1 of 3

DHSR-MH Licensure Sect

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/07/2025</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ANUVIA PREVENTION AND RECOVERY CENTER**

**429 BILLINGSLEY ROAD  
CHARLOTTE, NC 28211**

(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 118	<p>Continued From page 1</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. (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 interview and record review, observation and interviews the facility failed to ensure that medications were only administered by a written order signed by a physician, effecting 1 of 1 current client (Client #1). The findings are:</p> <p>Review on 1-7-25 of Client #2's record revealed: -Admitted 11-3-24. -Diagnoses include: Cocaine Dependence with Withdrawal. Cannabis Use Disorder Moderate, Schizoaffective Disorder, Common Bipolar type, Anxiety Disorder Unspecified.</p> <p>Review on 1-7-25 of Client #2's MAR for January 2025 revealed: -Aripiprazole 20 mg (milligrams) 1 tab daily, Sertraline hcl 100 mg 1 tab daily, Trazadone 50mg 1 tablet PRN (as needed), and Benzotropine Mesylate .5 mg 1 tab 2 times daily.</p> <p>Observation on 1-7-25 at approximate 11:00am</p>	V 118	<p>10A NCAC 27G .0209. C.3: All medications will be provided by licensed persons or unlicensed persons appropriately trained to prepare and administer medications. Monitoring will be completed monthly by nursing to ensure compliance.</p> <p>10A NCAC 27G .0209. C.4: Anuvia will update the MAR with administered medications and the update will include: (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. Monitoring will continue to be performed monthly by nursing to ensure compliance.</p> <p>10A NCAC 27G .0209. C.5: Anuvia will include the procedure, as indicated in 10A NCAC 27G.0209.C.5, that a client request for medication changes or checks is recorded and followed up by appointment or consultation with a physician or physician extender. Monitoring will be conducted monthly by nursing to ensure compliance.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANUVIA PREVENTION AND RECOVERY CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>429 BILLINGSLEY ROAD</b> <b>CHARLOTTE, NC 28211</b>		
(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 118	<p>Continued From page 2</p> <p>of Client #2's medications revealed: -Aripiprazole 20 mg (milligrams) 1 tab daily, Sertraline hcl 100 mg 1 tab daily, and Trazadone 50mg 1 tablet PRN (as needed), and BENZOTROPINE Mesylate .5 mg 1 tab 2 times daily.</p> <p>Review on 1-5-25 of Client #2's Physician's orders revealed: -Benzotropine Mesylate .5 mg 1 tab 2 times daily signed 1-3-25. -No orders for the other medications.</p> <p>Interview on 1-3-25 with Client #2 revealed: -She always got her medications and their were no problems with them.</p> <p>Interview on 1-7-25 with the Quality Director revealed: -There is a protocol for insuring that all clients had signed medications orders. -She would make sure that all clients had signed medication orders going forward.</p> <p>This deficiency constitutes a recited deficiency and must be corrected within 30 days.</p>	V 118			