STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL045-128	A. BUILDING: _____ B. WING _____	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER RIDGE	183 OLD TURNPIKE ROAD, BUILDING A MILLS RIVER, NC 28759

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V 000	INITIAL COMMENTS An annual survey was completed on 4/9/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders. This facility is licensed for 15 and currently has a census of 13. The survey sample consisted of an audit of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 4/7/25 of fire drills revealed: -There was no documentation of a fire drill having been conducted on 3rd shift in the quarter from July-September 2024. -There was no documentation of fire drills having been conducted on 2nd or 3rd shifts in the quarter from January-March 2025. Review on 4/7/25 of disaster drills revealed: -There was no documentation of a disaster drill having been conducted on 2nd shift in the quarter from April-June 2024. -There was no documentation of a disaster drill having been conducted on 3rd shift in the quarter from July-September 2024. -There was no documentation of a disaster drill having been conducted on 1st shift in the quarter from October-December 2024. -There was no documentation of disaster drills having been conducted on 2nd or 3rd shifts in the quarter from January-/March 2025. Interview on 4/7/25 with Client #1 revealed: -There had been no fire drills since he had been at the facility. Interview on 4/8/25 with Client #2 revealed: -She was admitted less than a week ago. There had been no fire drills since her admission. Interview on 4/8/25 with Client #3 revealed: -She did not recall having a fire drill at this facility. Interview on 4/8/25 with the Maintenance	V 114		

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V 114	Continued From page 2 Supervisor revealed: -Had a master schedule for drills he followed monthly. -He submitted the paperwork following the drills but was not sure what information this surveyor was given. Interview on 4/8/25 with the Executive Director revealed: -The facilities Manager was responsible for conducting fire and disaster drills. -He would make sure drills were completed as required.	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, 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;	V 118		

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V 118	Continued From page 3 (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. This Rule is not met as evidenced by: Based on record reviews, interviews and observation, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MAR current affecting 3 of 3 clients (#1, #2, #3). The findings are: Review on 4/8/25 of Client #2's record revealed: -Date of admission: 4/4/25. -Diagnoses: Alcohol Use Disorder, Tobacco use Disorder, Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Post Traumatic Stress Disorder (PTSD), Insomnia Disorder. -Physician ordered medication dated 4/4/25: -Nicotine Gum 4 milligrams (mg) (smoking cessation) use 1 piece every 2 hours while awake, dispense #6 to client every morning. Review on 4/7/25 of Client #2's MARs for period 4/4/25-4/7/25 revealed: -Nicotine gum was not documented as administered on 4/4/25-4/7/25. Review on 4/7/25 of Client #3's record revealed:	V 118		

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V 118	Continued From page 4 -Date of admission: 3/17/25. -Diagnoses: Alcohol Use Disorder, MDD, GAD, PTSD, Insomnia Disorder, Nightmare Disorder, Premenstrual Dysphoric Disorder. -Physician ordered medications: -Prazosin 1mg (nightmares) 1 tablet daily at bedtime ordered 3/17/25 -Prazosin 1mg - 1 ½ tablets daily at bedtime ordered 3/27/25. Review on 4/7/25 of Client #3's MARs for period 3/17/25-4/7/25 revealed: -Prazosin 1 ½ tablets was not documented as administered on 3/27/25-4/7/25 (13 doses). Observation on 4/8/25 at approximately 12:30pm of medication for Client #3 revealed: 2 bottles of Prazosin 1mg capsules; one bottle dispensed on 5/17/24 and one bottle dispensed on 1/8/25. Interview on 4/8/25 with Client #2 revealed: -" ...take Prozac, progesterone and Wellbutrin ..." Have not missed or refused any medications. Interview on 4/8/25 with Client #3 revealed: -" ...night meds (medications) are melatonin, prazosin, trazadone, naltrexone ..." Received her medications as required. -Was graduating from the program tomorrow. Interview on 4/8/25 with the Licensed Practical Nurse (LPN) revealed: -Client #2 brought Nicorette gum in with her at admission. -She was told Client #2 was given the last of her gum for the daily allotment but it was not signed off on the MAR as given. -Had not requested the nicotine gum from the pharmacy "but will call now". -One of the behavior health technicians (BHT)	V 118		

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V 118	Continued From page 5 transcribed the order to increase Client #3's prazosin incorrectly. "I would be responsible for reviewing the tech's transcription on the MAR to make sure they were right. I just overlooked [Client #3]'s prazosin." Client #3 brought 2 bottles of prazosin capsules from home. Tablets, which could be split in half, were not requested from the pharmacy as the increased order was overlooked. Interview on 4/8/25 with the Nurse Practitioner revealed: -The nicotine gum for Client #2 may have had an insurance issue as to why it wasn't filled. -Was not aware the prazosin for Client #3 was not increased.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	Continued From page 6 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

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V 367	Continued From page 7 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report Level III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity/Managed Care Organization (LME/MCO) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are: Review on 4/8/25 of the IRIS reports from 1/1/25 to 4/9/25 revealed:	V 367		

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V 367	Continued From page 8 -No report had been submitted for the incident involving FC#4. Review on 4/9/25 of Former Client (FC) #4's record revealed: -Date of admission: 12/14/24. -Date of discharge: 1/4/25. -Date of death: 1/29/25. -Diagnoses: Alcohol Use Disorder, Tobacco use Disorder, Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), Insomnia Disorder, Diverticulitis. Review on 4/7/25 of incident reports from 1/7/25-4/7/25 revealed: - 1/29/25: "Former Client [FC #4] passed away on 1/29/25. Upon returning home from tx (treatment) at SR (Silver Ridge), he began drinking again. His spouse reports he did not attend meetings or his aftercare appointments. She stated he had begun 'disappearing' for days at a time throughout the week. She reported that he passed away at a motel on 1/29/25 and looking 'pretty beat up', and that detectives were investigating his death. She also reported he was found with a crack pipe, which was not reported by him as a substance of use while in tx. His spouse also reported that she hadn't known him to use that substance previously either." Interview on 4/8/25 with the Executive Director revealed: -"Don't remember doing IRIS myself ..." -They were under the impression because they only accept private insurance (and not publicly funded) they were not required to do IRIS.	V 367		