STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-264	A. BUILDING: _____ B. WING _____	R 04/02/2025

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on April 2, 2025. The complaint was unsubstantiated (intake #NC00227349). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4300 Therapeutic Community. This facility is licensed for 85 and has a current census of 67. The survey sample consisted of audits of 6 current clients.	V 000	**Corrective Action Response for Tag V118.** Effective 4/7/2025 the Medical Case Manager and/or house manager designee will review the MAR daily and ensure it is documented correctly. The Medical Case Manager will ensure documentation errors are processed and will contact a physician or pharmacist for missed medication doses. The Program Director will audit these procedures monthly to ensure documentation is taking place correctly. RECEIVED APR 14 2025 DHSR-MH Licensure Sect	
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	V 118		

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V 118	Continued From page 1 (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 and interviews, the facility failed to ensure MARs were kept current for 1 of 6 audited clients (Client #5). The findings are: Review on 4/1/25 of Client #5's record revealed: -Date of Admission: 2/14/25. -Diagnoses: Alcohol Use Disorder, Severe; Cannabis Use Disorder, Mild; Cocaine Use Disorder, Severe; Amphetamine-Type Substance Use Disorder, Severe; Hallucinogen Use Disorder, Mild; Tobacco Use Disorder, Moderate. -Physician's orders dated 2/13/25 included: -Baclofen 10 milligrams (mg) 1 tablet by mouth (PO) three times per day (TID). -Cetirizine 5 mg 1 tablet PO every 12 hours. Review on 4/1/25 and 4/2/25 of Client #5's MARs dated 2/14/25-3/31/25 revealed: -Documentation of baclofen being administered once daily (instead of TID) on 2/15/25 and 2/16/25. -Documentation of cetirizine being administered once daily (instead of every 12 hours) on 2/17/25. -No documentation of cetirizine being administered on 2/15/25, 2/16/25, 2/28/25,	V 118		

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V 118	Continued From page 2 3/1/25, 3/2/25, or 3/3/25. Interview on 4/2/25 with Client #5 revealed: -Received his medications from staff. -"I'm not really sure what meds (medications) I'm prescribed. I'm still learning them. I take what they (staff) give me." Interview on 4/2/25 with Staff #1 revealed: -Unaware of Client #5 having any missed doses of medications. Interview on 4/2/25 with the Program Director revealed: -The role of reviewing client MARs was recently transitioned to the Medical Case Manager. Interview on 4/2/25 with the Medical Case Manager revealed: -Started providing oversight of client MARs about 3-4 weeks ago, "I took the role on 3/1/25." -Had not noticed that several doses of medication were not initialed as administered on Client #5's MARs. -Intended to review the MARs more carefully in the future.	V 118	**Corrective Action Response for Tag V366.** Effective 4/7/2025 the Program Director will ensure level I, level II, and level III incidents are documented and hard copy filed internally in accordance with FIRST's incident reporting policies. The Program Director will ensure level II and level III incidents are reported to the Incident Report Improvement System (IRIS). The Program Director will report the cause of the incident, date/time, corrective measures put in place, and all other information pertaining to the incident per DHSR reporting requirements. The Program Director will work in conjunction with the Executive Director to ensure level II and level III incidents are appropriately reported to the local LME/MCO via the IRIS system or by contacting DHSR and the LME/MCO directly.	
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident;	V 366		

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V 366	Continued From page 3 (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who	V 366		

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V 366	Continued From page 4 were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting	V 366		

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V 366	Continued From page 5 provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to level II incidents. The findings are: Review on 4/2/25 of the facility's internal incident reports dated 1/1/25-4/1/25 revealed: -On 2/14/25 Former Client (FC) #1 overdosed on Fentanyl that his Mother brought to the facility earlier in the day. Narcan was administered, Emergency Medical Services (EMS) was called, and FC#1 was transported to the hospital. Review on 4/2/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No documentation to support the 2/14/25 incident involving FC#1 had been evaluated to: -Attend to the health and safety needs of the individuals involved in the incident. -Determine the cause of the incident. -Develop and implement corrective measures according to provider specified timeframes not to exceed 45 days. -Develop and implement measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days. -Assign person(s) to be responsible for	V 366		

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V 366	Continued From page 6 implementation of the corrections and preventive measures. Interview on 4/2/25 with the Program Director revealed: -Was never informed that incidents had to be entered into IRIS. -"I will be reviewing the incident reports and any level II or III incidents will be entered into IRIS ..." Interview on 4/2/25 with the Executive Director revealed: -Level II and III incidents would be submitted into IRIS from now on.	V 366	**Corrective Action Response for Tag V367.** Effective 4/7/2025 the Program Director will ensure level I, level II, and level III incidents are documented and hard copy filed internally in accordance with FIRST's incident reporting policies. The Program Director will ensure level II and level III incidents are reported to the Incident Report Improvement System (IRIS). The Program Director will report the cause of the incident, date/time, corrective measures put in place, and all other information pertaining to the incident per DHSR reporting requirements. The Program Director will work in conjunction with the Executive Director to ensure level II and level III incidents are appropriately reported to the local LME/MCO via the IRIS system or by contacting DHSR and the LME/MCO directly.	
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; (2) client identification information; (3) type of incident;	V 367		

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V 367	Continued From page 7 (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 report quarterly to the LME responsible for the catchment area where services are provided.	V 367		

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V 367	Continued From page 8 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 reviews and interviews, the facility failed to submit a level II incident to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 4/2/25 of the facility's internal incident reports dated 1/1/25-4/1/25 revealed: -On 2/14/25 Former Client (FC) #1 overdosed on Fentanyl that his Mother brought to the facility earlier in the day. Narcan was administered,	V 367		

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V 367	Continued From page 9 Emergency Medical Services (EMS) was called, and FC#1 was transported to the hospital. Review on 4/2/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No report had been submitted for the 2/14/25 incident involving FC#1. Interview on 4/2/25 with the Program Director revealed: -Was never informed that incidents had to be entered into IRIS. -"I will be reviewing the incident reports and any level II or III incidents will be entered into IRIS ..." Interview on 4/2/25 with the Executive Director revealed: -Level II and III incidents would be submitted into IRIS from now on.	V 367		