

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER ADDICTION RECOVERY CENTER FOR MEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 COUNTY HOME ROAD HENDERSON, NC 27536		
(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>INITIAL COMMENTS</p> <p>An annual survey was completed on 5/6/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 15 and has a current census of 8. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

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

TITLE

(X6) DATE

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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement their policy for screening and admission for 2 of 3 audited clients (#4 & #7). The findings are:</p> <p>Review on 5/6/25 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/21/25 - diagnoses: none documented - no evidence of an admission screening or assessment <p>Review on 5/6/25 of client #7's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/1/25 - diagnoses: High blood pressure, cancer on neck and lower part of arm - no evidence of an admission screening or assessment <p>Interview on 5/6/25 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - they tried to complete the admission assessment prior to the arrival of each client - assessments were completed at their Substance Abuse Intensive Outpatient Program (SAIOP) and sent to the facility - was not sure if client #4's and client #7's assessments had been completed <p>Interview on 5/6/25 the Director of Substance Abuse and Mental Health Services reported:</p> <ul style="list-style-type: none"> - she had completed the admission assessment for client #7 - thought client #4's admission assessment had been completed by another staff at the SAIOP 	V 105		

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V 105	Continued From page 3 - copies of the assessments were supposed to have been sent over once completed - did not know why the assessments were not in the client charts	V 105		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure prescription medications had the required labeling information for 1 of 3 audited clients (#4). The findings are: Observation at 10:46AM on 5/6/25 of client #4's medications revealed: - plastic bag with three manufacturer boxes of Vraylar 1.5 milligrams - 1 of the three manufacturer boxes was open with 6 of 7 capsules missing - no pharmacy label on the bag or boxes Interview on 5/6/25 client #4 reported - he'd been taking Vraylar about a week - it had been prescribed by his doctor at an appointment on 4/30/25 Interview on 5/6/25 the Qualified Professional reported: - was responsible for medications at the facility - thought the Vraylar medication was a sample pack received from the doctor during client #4's visit on 4/30/25	V 117		
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	V 118		

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V 118	<p>Continued From page 5</p> <p>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 record and interview the facility failed to ensure medications were administered on the written order of a physician for 2 of 3 audited clients (#4 and #7). The findings are:</p> <p>Review on 5/6/25 of Client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 4/21/25 - no known diagnoses - doctor's order dated 4/30/25 for Trazodone 50 milligrams (mg) take one to two tablets by mouth at bedtime as needed 	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - no doctor's order for Vraylar <p>Review on 5/6/25 of Client #4's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> - Trazodone (sleep) 50mg Take one to two tablets by mouth at bedtime as needed <ul style="list-style-type: none"> - documented as administered daily May 1 through May 5 2025 - no documentation of quantity of tablets administered - Vraylar (mood) 1.5mg Take one tablet by mouth daily <ul style="list-style-type: none"> - documented as administered daily May 1 through May 6 2025 <p>Review on 5/6/25 of Client #7's record revealed:</p> <ul style="list-style-type: none"> - admitted 5/1/25 - diagnoses: high blood pressure, cancer on neck and lower part of arm - no doctor's orders for any medications <p>Review on 5/6/25 of Client #7's May 2025 MAR revealed:</p> <ul style="list-style-type: none"> - Gabapentin (nerve pain) 400 mg capsule Take 1 capsule by mouth three times daily - Rosuvastatin Calcium (cholesterol 20mg tab Take 1 tablet by mouth once daily - Hydroxyzine Pamoate (anxiety) 25mg cap Take 1 capsule by mouth three times daily as needed - Lisinopril (hypertension) 10mg tablet Take 1 tablet by mouth once daily - Bupropion (depression) 100mg Take 1 tablet by mouth once daily - Quetiapine (mood) 200mg Take 1 tablet by mouth once daily - all medications documented as administered daily May 1 through May 6 2025 <p>Interview on 5/6/25 the Qualified Professional</p>	V 118		

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V 118	Continued From page 7 reported: - no orders had been sent for medications for Client #7 - "the orders for (client #4) are in the MAR book" - would ensure they had doctor orders for all medications and the orders were in the chart	V 118		