

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-086	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2025
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NAME OF PROVIDER OR SUPPLIER SHIRLEY BLACKMAN RANDLEMAN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 118 PEACE STREET N WILKESBORO, NC 28659
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(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 8/14/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 9. The survey sample consisted of audits of 3 current clients and 7 former clients.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek</p>	V 113		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Lisa J. Brandyberry, Ph.D.* TITLE **Chief Program Officer - Inpatient Services** (X6) DATE **8/29/25**

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V 113	<p>Continued From page 1</p> <p>emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain complete client records affecting 2 of 3 current clients audited (Clients #2 and #3). The findings are:</p> <p>Review on 8/13/25 of Client #2's record revealed: -admission date of 8/12/25. -diagnoses of Alcohol Abuse, Major Depressive Disorder and Generalized Anxiety Disorder. -no emergency contact information in case of sudden illness or accident.</p> <p>Review on 8/13/25 of Client #3's record revealed: -admission date of 8/8/25. -diagnoses of Cocaine Use Disorder, Sedative, Hypnotic and Anxiolytic Use Disorder, Marijuana Use Disorder, Opioid Use Disorder,</p>	V 113		

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V 113	Continued From page 2 Post-Traumatic Stress Disorder, Uncomplicated Bereavement, Unspecified Depressive Disorder, Hypertension, Acid Reflux and Hepatitis C. -no emergency contact information in case of sudden illness or accident. Interview on 8/14/25 with the Medical Records Director revealed: -was unable to locate the emergency contact information for Clients #2 and #3.	V 113		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 7 of 7 former clients (FC) audited (FC #4, FC #5, FC #6, FC #7, FC #8, FC #9 and FC #10). The findings are: Review on 8/14/25 of FC #4's record revealed: -date of admission 7/10/25.	V 123		

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V 123	<p>Continued From page 3</p> <p>-discharge date 7/16/25. -diagnosis of Alcohol Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #5's record revealed: -date of admission 7/19/25. -discharge date 7/24/25. -diagnosis of Alcohol Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #6's record revealed: -date of admission 7/20/25. -discharge date 7/30/25. -diagnosis of Alcohol Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #7's record revealed: -date of admission 7/17/25. -discharge date 7/28/25. -diagnosis of Alcohol Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #8's record revealed: -date of admission 8/1/25. -discharge date 8/6/25. -diagnosis of Alcohol Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #9's record revealed: -date of admission 7/30/25. -discharge date 8/11/25. -diagnosis of Cocaine Dependence, uncomplicated.</p> <p>Review on 8/14/25 of FC #10's record revealed: -date of admission 7/31/25. -discharge date 8/8/25. -diagnosis of Generalized Anxiety Disorder.</p> <p>Review on 8/13/25 facility incident reports from</p>	V 123		

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V 123	<p>Continued From page 4</p> <p>7/1/25 through 8/13/25 revealed the following: -7/12/25 - FC #4 declined dose of Vistaril (anxiety) 25 milligrams (mg). -7/20/25 - FC #5 missed Librium (Alcohol Dependence) dose 25 mg. -7/20/25 - FC #6 missed dose of Librium 25 mg. -7/21/25 - FC #7 refused Prednisone Acetate Ophthalmic 1% eye drops (allergies). -8/2/25 - FC #8 declined 1:00 p.m. and 5:00 p.m. dose of Librium 25 mg. -8/2/25 - FC #9 declined 6:00 a.m. Sertraline (Major Depressive Disorder) 100 mg "...stating he just did not want anything." -8/2/25 - FC #10 declined his Risperdal (Schizophrenia) 1 mg and Librium 25 mg "...declined Librium stating no withdrawal and client declined Risperdal without reason..." -no evidence a physician or pharmacist was contacted for the above medication errors.</p> <p>Interviews on 8/13/25 with Staff #1 and Staff #2 revealed: -for medications errors they completed an incident report and contacted nursing. -they were not sure what happened to the incident report after nursing was contacted.</p> <p>Interviews on 8/14/25 with the Regional Director and Quality Improvement Manager revealed: -a list of all incidents were kept at the corporate office and would indicate a physician was "notified right away" and what staff should do in response to the medication error. -both thought nursing notified the physician and "they just did not document this."</p> <p>No evidence was provided for notification of a physician/pharmacist for the above medication errors prior to exit.</p>	V 123	<p>On 8/28, Wilkes staff and central nurse staff member were reminded via e-mail to ensure they are always inputting the emergency contact into the Pt Information portion of the electronic health record. Also, that they are to enter an N/A if client declines to provide one.</p> <p>The Center Director will audit 2 random charts/week to ensure staff are following this correction for 1 month.</p> <p>On 8/14/25, via email, the med tech staff member in the incident reports was reminded of the need to have clear documentation regarding what provider and what central nurse an incident was reported to. This is to be reflected in the note.</p> <p>The Center Director will review incident reports for the next 6 months related to this med tech staff member to ensure the central nurse and provider notified are both documented.</p>	

