Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-992	A. BUILDING: _____ B. WING _____	R 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW WATERS RECOVERY	3810 BLAND ROAD RALEIGH, NC 27609

(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 An annual and follow up survey was completed on 11/20/25. A deficiency was cited. This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders. This facility has a current census of 18. The .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers has a current census of 14 and the .3400 Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders has a current census of 4. The survey sample consisted of audits of 3 current Nonhospital Medical Detoxification for Individuals Who are Substance Abusers clients and 2 current and 1 former Residential Treatment/Rehabilitation for Individuals with Substance Abuse Disorders clients.	V 000	PLAN OF CORRECTION Deficiency: Failure to accurately document medication administration; discrepancies noted between client's pill bottle, admission order, and EMR order. As a result, it could not be determined whether the client received medications as ordered by the provider. 1. Corrective Action for Affected Client (Completed) The medication order was immediately reviewed, clarified, and corrected with the provider to ensure accuracy. The client's pill bottle instructions were verified against the updated provider order. The EMR order was corrected and aligned with the written and updated provider instructions. Nursing staff responsible for the initial documentation error received direct coaching on appropriate order entry in EMR and verification requirements. 2. Measures to Ensure the Deficiency Does Not Recur a. Standardized Order Verification Process · Effective immediately, all new medication orders—whether obtained at admission, via verbal order, or during ongoing care—must be independently verified by two licensed nurses before activation in the EMR. · Verification includes cross-checking: 1. Pill bottle label 2. Provider order 3. EMR entry b. EMR Order Entry Protocol Reinforcement · All nursing staff received written guidance reinforcing the correct steps for medication order entry, including dosage, frequency, route, and instructions. c. Provider Education · Providers have been re-educated on supplying complete, clear, and EMR-consistent orders, including ensuring that written prescription instructions match what is communicated verbally or electronically. · Providers have been instructed to update prescriptions with the pharmacy immediately when any change in dosage or frequency is made to avoid label/order conflicts.	
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	V 118		

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V 118	Continued From page 1 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 (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 review, observation, and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 3 audited clients (#1). The findings are: Review on 11/18/25 of client #1's record revealed: - admitted: 11/16/25 - diagnosis: Opiate Use Disorder, moderate or severe - a physician order dated 11/16/25 revealed: - Crestor 40 milligram (mg), 2 tablets (tabs) daily (cholesterol) Review on 11/18/25 of client #1's November 2025 MAR revealed:	V 118	3. Systemic Prevention Measures a. Admission Medication Reconciliation Enhancement · Nursing will note any discrepancy and obtain provider clarification before the order is verified by the second nurse and the first dose is administered. b. Monthly Documentation Audits · Nursing leadership will complete weekly random audits of client's medication records for three months, focusing on alignment of home medication bottles (if available), physician orders, and EMR order entries. · Any identified discrepancies will result in immediate remediation and staff coaching. c. Ongoing Training · Annual medication management refresher training will be added to the nursing education schedule, emphasizing reconciliation, EMR accuracy, and critical review of conflicting orders. 4. Responsibility for Compliance Director of Nursing will oversee implementation of all corrective actions, audits, and staff education and will maintain documentation of audit results, staff coaching, and compliance monitoring. 5. Date of Compliance All corrective actions listed in Section 1 were completed as of 11/21/2025. All ongoing measures in Sections 2–4 will be fully implemented 12/20/2025, with monitoring continuing thereafter.	

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V 118	Continued From page 2 - 40mg, take 2 tabs daily - staff initialed for Crestor 40mg, 2 tabs as being administered since admission - no Crestor/rosuvastatin calcium 20mg was listed Observation on 11/18/25 at 3:30pm of client #1's medication container revealed: - rosuvastatin calcium substituted for Crestor, 20mg, 1 tab daily - no Crestor 40mg in the facility During interview on 11/20/25 the Director of Nursing (DON) reported: - client #1's Crestor 40mg was not in the medication container - when he was admitted, he reported that he was taking 40mg - the intake nurse put the 20mg medication in the system - the DON believed he was getting 2 tabs of the 20mg to make the 40 mg of Crestor - she was going to reach out to the provider to get clarification of the order and get him to write a prescription that was consistent with the order to ensure client #1 was getting the right dosage Due to the failure to accurately document medication administration, it could not be determined if the client received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		