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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
	MHL0411095	A. BUILDING: ______ B. WING ______	03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM HOUSE	3212 PRESLEY WAY GREENSBORO, NC 27405

(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 survey was completed on 3/8/2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health APR 03 2018 Lic. & Cert. Section	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan 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 fireemergencies. (d) Each facility shall have basic first aidsupplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills on each shift at least quarterly. The findings are: Review on 3/7/2018 of the facility's fire and disaster drill log revealed: - No documentation of disaster drills during the following shifts and quarters: - April - June 2017: 1st & 3rd shifts - July - September 2017: 3rd shift - October - December 2017: 1st & 3rd shifts	V 114	V114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES Staff will be retrained on fire/disaster safety drills on 3/20/18. Manager/QP, will write on facility Calendar when staff are to conduct fire/disaster drill each month ensuring that the drills are scheduled per requirements (held quarterly and repeated for every shift that quarter) beginning 3/20/18. This will also ensure that all staff are giving an opportunity to participate or lead drill. Fire/Disaster drills will need to be scheduled by the 20th of each month. Manager/QP will check weekly that drills are completed and documented accurately. QA/QI will check monthly by the 25th of each month that drills are completed and documented accurately. This will leave time to complete drill within the month if one had been missed that month. Manager/QP will randomly discuss fire/safety with clients throughout each month (Documenting at least one interaction with each client ensuring that client is knowledgeable regarding fire/disaster safety procedures. Documentation of QA/QI and Manager/QP audits will be recorded and placed in Fire/Disaster Safety Book. **Implementation timetable: Staff training 3-20-18 POC to begin 3/20/18** **Completion timetable: 3/20/18** **The responsible person who will ensure that the plan of correction is followed: QP/manager, QA/QI, Owner**	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Beaman BA, QP

TITLE — QA/QI

(X6) DATE — 3-27-18

Kari Martin, QPBS, QMHP 3-27-18

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V 114	Continued From page 1 - For the current quarter (January - March 2018), no drills had yet been conducted on 1st or 3rd shifts. Interview on 3/6/2018 with client #1 revealed: - He knew what to do for tornado drills, but could not recall how often they were conducted at the facility. Interview on 3/6/2018 with client #2 revealed: - Client #2 mumbled unclear answers to some questions; - When asked about whether disaster drills had been conducted at the facility, client #2 responded with "No. Yeah. Go in hallway"; - Client #2 could not provide clear information about the frequency of disaster drills. Interview attempt on 3/6/2018 with client #3 revealed: - Client #3 was non-verbal and did not respond to any questions. Interview on 3/6/2018 with staff #1 revealed: - He knew that disaster drills were supposed to be conducted regularly; - He had not been present for any disaster drills at the facility since he was hired in October of 2017. Interview on 3/7/2017 with staff #2 revealed: - Disaster drills were conducted on every shift; - She had not been present for any disaster drills at the facility since she was re-hired in November of 2017. Interview on 3/7/2018 with the Qualified Professional revealed: - Disaster drills were completed following fire drills on each shift every month;	V 114		

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V 114	Continued From page 2 - He thought that the facility had completed all of the drills required. Interview on 3/8/2018 with the Director revealed: - She thought that the disaster drills had been completed as required; - All facility staff had received training on how to conduct disaster drills.	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; (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	V 118	V118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS NP will continue to visit clients monthly at the facility. Manager/QP will have a company med order sheet to give to the NP during each visit. This form will be taken to all other doctor appointments to ensure that all medication changes made by medical doctors are also recorded and accurate. NP/other doctors will write hand written scripts for clients. QP will hand deliver the scripts to the pharmacy. QP will send back any meds whose instructions were changed to be relabeled by the pharmacy with the correct order reflected and changes. QP will make changes to the MAR to reflect the new order when medications are received. QP will prepare a med notice sheet to place in the front of client's MAR to alert staff that there has been a change. Twice weekly QP will audit MAR to ensure that staff is following the medication requirements including ensuring accuracy of instructions on the MAR and spelling of medications. Monthly QA/QI will audit MAR to ensure that staff is following the medication requirements including ensuring accuracy of instructions on the MAR and spelling of medications. QP will request Pharmacy orders monthly to verify that pharmacy has all changes that may have been made throughout the month.	

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V 118	Continued From page 3 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medications were administered as ordered, MARs were kept current and MARs included the name, strength, quantity and instructions for administering each drug affecting 3 of 3 clients (#1, #2 & #3). The findings are: Review on 3/7/2018 of client #1's record revealed: - Admission date: 10/10/2015 - Diagnoses: Oppositional Defiant Disorder; Attention Deficit-Hyperactivity Disorder (ADHD), Psychosis Not Otherwise Specified (NOS); Mild Intellectual Disability; and Sexual Abuse of a Child (Perpetrator); - Physicians orders for the following medications: - Guanfacine 2 mg (milligrams) (used totreat high blood pressure/hypertension (HTN)), 1 tablet twice daily (BID), dated 10/26/2017; - Risperdal (risperidone) 1 mg (atypical antipsychotic used to treat mental/mood disorders), 1 tablet BID, dated 9/13/2017, and reordered on 11/28/2017; - Risperdal 4 mg, 1 tablet at bedtime (QHS), dated 9/27/2017; - Norvasc (amlodipine besylate) (used to treat HTN), no order present prior to 1/10/2018, but an order to increase to 5 mg, 1 tablet daily (QD) was dated 1/10/2018, and an additional order to increase to 10 mg, 1 tablet QD, was dated 2/16/2018;	V 118	**Implementation timetable: Implemented 3/8/18 at the time the plan of protection was implemented** **Completion timetable: 3/8/18** **The responsible person who will ensure that the plan of correction is followed: QP/manager, QA/QI, Owner**	

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- Carafate (sucrafate) 1 gram/10 ml (milliliters) suspension (used to treat and prevent intestinal ulcers), 10 ml 4 times daily for 5 days, dated 2/9/2018; and
- Fluoxetine (Prozac) 20 mg (selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic attacks and other mental disorders), 3 tablets QD, dated 11/28/2017.

Review on 3/6/2018 of client #1's MARs dated 12/1/2017 to 3/6/2018 revealed:
- No dosage was noted for guanfacine on the December 2017 or February & March 2018 MARs;
- Risperdal 1 mg: no administration instructions were on the December 2017 MAR, and the January 2018 MAR noted administration instructions as 3 times daily (TID) instead of BID;
- Risperdal 4 mg: the December 2017 MAR noted administration instructions of 1 tablet TID rather that QHS;
- Norvasc: the December 2017 MAR noted a dosage of 25 mg, 1 tablet QD; the January, February & March 2018 MARs noted a dosage of 2.5 mg, 1 QD;
- Carafate was only administered on 2/9/2018, rather than for 5 days as ordered; and
- Fluoxetine was misspelled "fluoxextine" onthe December 2017 MAR.

Observation at approximately 10:38 am on 3/6/2018 of client #1's medications revealed:
- Norvasc 10 mg, 1 tablet QD was filledon 2/22/2018.

Interview on 3/6/2018 with client #1 revealed:
- He knew that the name of one of his medications was Risperdal, but could not recall the names of his other medications;
- He did know that he had a medication order

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V 118	Continued From page 5	V 118		

change in the recent past;
- As far as he knew, facility staff did "a pretty good job" with administering his medications.

Review on 3/7/2018 of client #2's record revealed:
- Admission date: 8/19/2014
- Diagnoses: Bipolar Disorder; Impulse Control Disorder; ADHD; Moderate Intellectual Disability; Pica; and Sexual Abuse of a Child (Perpetrator);
- Physicians orders for the following medications:
  - Thorazine (chlorpromazine) 100 mg (antipsychotic used to treat disorders such as schizophrenia and manic-depression), 1 tablet QAM (every morning) and 3 tablets QHS, dated 9/5/2017, with and order change to 100mg 1 tablet BID, dated 1/10/2018;
  - Ativan (lorazepam) 1 mg (benzodiazepam drug used to treat anxiety disorders), 1 tablet TID PRN (as needed) for agitation, dated 12/8/2017, and changed to 2 mg, 1 tablet every 6 hours PRN on 1/19/2018;
  - Hydroxyzine 25 mg (used to treat anxiety), 1 tablet every 12 hours PRN agitation, dated 1/1/2018, and changed to 25 mg 1-2 tablets TID PRN on 2/23/2018;
  - Divalproex sodium (Depakote) 125 mg (anticonvulsant/mood stabilizer), 1 tablet QAM was dated 9/5/2017; no order change between 9/5/2017 to 1/10/2018 was present; an order change to 500 mg, 1 tablet BID was dated 1/10/2018; and then changed to 500 mg, 1 tablet QAM & 3 tablets QHS on 2/16/2018;
  - Metroprolol tartrate 50 mg (used for treatment of angina (chest pain) and HTN), 1 tablet QD, dated 2/16/2018, with a discontinuation order on 2/23/2018;
  - Risperidone 4 mg, 1 tablet QHS dated 12/25/2017; no discontinuation order present;
  - Fluoxetine (Prozac) 20 mg, 3 tablets QD,

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V 118	Continued From page 6	V 118		

dated 8/16/2017;
- Fluvoxamine (Luvox) 100 mg (SSRI medication used to treat several psychiatric disorders)), 1 tablet QHS, dated 2/16/2018; and
- Cetirizine 10 mg (antihistamine medication), 1 tablet QD, dated 12/25/2017.

Review on 3/6/2018 of client #2's MARs dated 12/1/2017 to 3/6/2018 revealed:
- Thorazine 100 mg: the December 2017 MAR noted 2 tablets QAM & 4 tablets QPM (every evening) instead of 1 QAM & 3 QHS as ordered; and the January, February & March 2018 MARs noted 1 tablet QAM & 3 tablets QPM instead of the new order for 1 tablet BID starting 1/10/2018;
- Ativan (lorazepam) was not listed on the December 2017 MAR; and the administration instructions on the January, February & March 2018 MARs noted 2 mg, 1 tablet TID PRN rather than the ordered 1 tablet every 6 hours as changed on 1/19/2018;
- Hydroxyzine 25 mg: the February and March MARs noted 1 tablet every 12 hours PRN agitation rather than the ordered 25 mg 1-2 tablets TID PRN as changed on 2/23/2018;
- Divalproex sodium 500 mg: the December 2017 MAR noted administration instructions of 2 tablets QAM & 4 tablets QHS; the January & February 2018 MARs noted 1 tablet QAM & 3 QPM rather than 1 tablet BID as ordered on 1/10/2018;
- Metroprolol tartrate 50 mg: no documentation of administration between 2/16/2018 to2/23/2018;
- Risperidone 4mg: no documentation of administration between 12/25/2017 to 3/6/2018;
- Fluvoxamine (Luvox) 100 mg: no documentation of administration from 2/16/2018 to 3/6/2018; the spelling of the medication was very similar to fluoxetine 20 mg, which was documented on the February and March MARs;
- Cetirizine was misspelled "centrizine" on the

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V 118	Continued From page 7	V 118		

December 2017 and January, February & March 2018 MARs.

Observation at approximately 10:30 am on 3/6/2018 of client #2's medications revealed:
- Lorazepam 2 mg, with administration instructions of 1 tablet every 6 hours PRN agitation was filled on 2/22/2018;
- One bubble pack for divalproex sodium 500 mg was filled on 12/29/2017 and had administration instructions of 1 tablet QAM & 3 QHS;
- A second bubble pack for divalproex sodium 500 mg was filled on 2/22/2018 and had administration instructions of 1 tablet BID.

Interview on 3/6/2018 with client #2 revealed:
- Client #2 mumbled unclear answers to some questions;
- He did not know what medications he was taking.

Review on 3/7/2018 of client #3's record revealed:
- Admission date: 2/28/2016;
- Diagnoses: ADHD; Severe Intellectual Disability; Autism Spectrum Disorder; Temporal Lobe Epilepsy; Lactose Intolerance; Constipation; Gilbert's Syndrome (characterized by periods of elevated bilirubin in blood); Vitamin D deficiency; Facial Acne; and Allergic Rhinitis;
- Physicians orders for the following medications:
  - Thorazine (chlorpromazine) 200 mg, 1 tablet BID, dated 9/27/2017 (order provided by the pharmacy);
  - Thorazine 100 mg, 1 tablet every afternoon in addition to 200 mg tablet, dated 9/3/2017 (order provided by the pharmacy);
  - A handwritten appointment narrative signed by the Nurse Practitioner (NP) and dated 1/10/2018 noted: "(decrease) Thorazine 100 BID"

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V 118	Continued From page 8 (provided by the facility); - A typed medication list signed by the NP and dated 1/10/2018 listed Thorazine 100 mg, "take 2 pill in am; Take 1 pill in pm by mouth" with a handwritten note of "DC (discontinue) 1/10/18, 100 mg po (by mouth) BID" beside the Thorazine entry (provided by the facility); - Luvox (fluvoxamine) 50 mg, 1 tablet QHS, dated 1/10/2018; - Luvox (fluvoxamine) 100 mg, 1 tablet QHS, dated 2/16/2018; the order form had client #2's name struck through, client #3's name written in, the 100 mg dosage was heavily written over what appeared to be an underlying 150 mg dose, the NP's name was printed rather than signed as other orders by the same NP had been, and was identical in appearance, other than the strike through and client #3's name, to an order form for client #2's fluvoxamine, which made it difficult to determine if it was a valid order; - Inderal (propranolol) "80 mg TID" (beta-blocker drug used to treat tremors, angina, HTN and other heart conditions), dated 9/5/2017; and an order change to 80 mg, 1 tablet BID dated 1/10/2018; - Trihexyphenidyl (Artane) 5 mg (antispasmodic used to treat Parkinson's Disease and tremors caused by other medical conditions or drugs), 1 tablet QHS, dated 11/18/2017; - Levetiracetam 500 mg (anti-seizure drug), 2 tablets BID, dated 10/24/2017; - Cetirizine 10 mg, 1 tablet QD, dated 10/26/2017; - All Day Allergy D (cetirizine-pseudoephedrine) 5 mg-120 mg (antihistamine and decongestant), 1 tablet BID for 5 days, dated 1/25/2018; - Onfi 10 mg (benzodiazepine drug), 1 ½ tablets BID, dated 11/28/2017 and 1/22/2018; and - Flonase nasal spray 50 mcg	V 118		

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V 118	Continued From page 9 (micrograms)/inhalation (used to treat allergic and non-allergic rhinitis (hay fever)), 1 stray QD intranasally, dated 1/25/2018. Review on 3/6/2018 of client #3's MARs dated 12/1/2017 to 3/6/2018 revealed: - Thorazine: the January, February & March2018 MARs noted 100 mg, 2 QAM & 1 QPM; - Luvox (fluvoxamine): the January, February& March 2018 MARs noted administration of 50 mg, 1 tablet QHS; daily starting 1/18/2018; - Propranolol (Inderal) was misspelled "propanol" on the December 2017 MAR, and the administration instructions noted 80 mg, 1 tablet TID on the January, February & March 2018 MARs rather than BID as ordered on 1/10/2018; - Trihexyphenidyl was misspelled"trthexyphenidy" on the December 2017 and January, February & March 2018 MARs; - Levetiracetam was misspelled "levitaclum" on the December 2017 MAR; - Cetirizine was misspelled "centrizine" on the December 2017 and January, February & March 2018 MARs; - All Day Allergy- D: the medication was not listed on the January 2018 MAR; and no documentation that the medication had been administered was present; - Onfi 10 mg: the medication was not listed on the December 2017 and January, February & March 2018 MARs; and no documentation that the medication had been administered was present; - Flonase nasal spray: the medication was not listed on the January, February & March 2018 MARs; and no documentation that the medication had been administered was present; Observation at approximately 10:45 am on 3/6/2018 of client #3's medications revealed: - A bubble pack of Thorazine, with administration	V 118		

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V 118	Continued From page 10 instructions for 200 mg, 1 tablet BID was filled on 2/22/2018 and contained a single tablet in each bubble; - The Thorazine tablets were stamped on one side with "832" above either "100" or "200" in the same bubble pack card; - Fluvoxamine 100 mg, 1 tablet QHS was filled on 2/22/2018. Interview attempt on 3/6/2018 with client #3 revealed: - Client #3 was non-verbal and did not respond to any questions. Interview on 3/6/2018 with the Pharmacist revealed: - Client #3's bubble pack of Thorazine tablets contained both 100 mg and 200 mg tablets rather than only 200 mg tablets. Due to the failure to accurately document medication administration it could not be determined if clients #1, #2 or #3 received their medications as ordered by their physicians. Interview on 3/6/2018 with staff #1 revealed: - The Qualified Professional (QP) printed out and made sure the correct administration information was on clients' MARs; - He always administered medications as they were listed on the MARs; - If the MAR and the Medication labels did not match, he would ask the QP about it. Interview on 3/7/2017 with staff #2 revealed: - She was not aware of any medication errors at the facility; - If facility staff noticed any errors with the MARs or medication labels, they were supposed to call the QP;	V 118		

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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
	MHL0411095	A. BUILDING: ______ B. WING ______	03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM HOUSE	3212 PRESLEY WAY GREENSBORO, NC 27405

(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 118	Continued From page 11 - The QP and Quality Assurance/Quality Improvement (QA/QI) were responsible for reviewing medications, orders and MARs for accuracy. Interviews on 3/6/2018 and 3/8/2018 with the QP revealed: - Client #1 was only administered risperdone BID, not TID as noted on the MARs; - Client #1's amlodipine had been adjusted recently by the NP, which accounted for the variation in dosages on the MARs; - Client #1's anti-diarrheal medication, sucrafate, was only ordered as a one-time dose; - Client #2's Thorazine dosage had been changed and should be listed as 1 tablet QAM and 3 tablets QPM on the current MAR; - Client #2's was only administered one tablet of hydroxyzine when needed; - Client #2's Depakote order was changed by the NP in January and again in February; - Client #3's Thorazine dosage was changed by the NP in February 2018 from 100 mg tablets to 200 mg tablets; - Client #3's Onfi was discontinued when it did not work well for him, and a different medication was started instead; - The QP was responsible for entering information into clients' MARs and printing them off every month; - The QP and QA/QI reviewed medications, orders and MARs for accuracy; - He had not realized that there were medication errors on the MARs; - None of the facility's clients had experienced any adverse health or behavioral issues due to medication errors. Interviews on 3/7/2018 and 3/8/2018 with the QA/QI revealed:	V 118		

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PALM HOUSE	3212 PRESLEY WAY GREENSBORO, NC 27405

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V 118	Continued From page 12 - The NP met with clients every month and wrote orders then; - Errors on the clients' MARs might be impacted by the pharmacy getting electronic medication orders from the NP, while the facility got handwritten orders; - The QP printed new MARs each month; - Both the QP and QA/QI reviewed MARs, but she had not caught the errors on clients #1, #2 and #3's MARs; - Neither client #1, #2 or #3 had experienced any behavioral or heath issues due to medication errors. Interview on 3/8/2018 with the Director revealed: - The NP met with each of the facility's clients every month; - Facility staff were supposed to get a paper copy of all prescriptions from the NP and match them to the service order form the NP also fills out; - The Pharmacy had made the error by mixing 100 and 200 mg Thorazine tablets in the same bubble pack for client # 3; - Facility staff were supposed to check medications when they came in from the pharmacy; - She had not been aware of the issues with MARs and medication orders; - The QP and QA/QI reviewed MARs for accuracy, but did not catch the errors; - Clients #1, #2 and #3 had not suffered any health or behavioral issues due to medication errors. Review on 3/8/2018 of the Plan of Protection dated 3/8/2018 written by the QA/QI revealed: - "What immediate action will the facility take to ensure the safety of the consumers in your care: MARS, electronic orders and Dr (doctor) orders given to the facility will be reviewed. All orders	V 118		

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	MHL0411095	A. BUILDING: ______ B. WING ______	03/08/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM HOUSE	3212 PRESLEY WAY GREENSBORO, NC 27406

(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 118	Continued From page 13 pharmacy received will be reviewed with ordering physician. Physician will give facility a signed corrected comprehensive medication order sheet for each client. QA/QI will review medication labels with the comprehensive doctor order list per client to ensure that label, med order and MAR matches. QA/QI will review new MAR for spelling, dosages, and accuracy in instructions. - Describe your plans to make sure the above happens: QA/QI will follow instructions from the Owner (the Director) and will make corrections today (3/8/18). Corrections will be made before any other medication is given out. QA/QI will continue to review weekly to ensure accuracy." The facility's failure to maintain MARs in an accurate and consistent manner, ensure medications/labels received from the Pharmacy matched the MARs and orders, and coordinate sharing of medication orders between the NP, the Pharmacy and the facility increased the likelyhood of medication errors and omissions, which was detrimental to the health, safety and welfare of clients. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 20, 2018

Traci D. Martin, Owner/Director
JMJ Enterprises LLC
2020 Textile Drive
Greensboro, NC 27405

Re: Annual Survey Completed March 8, 2018
PALM House, 3212 Presley Way, Greensboro, NC 27405
MHL# 041-1095
E-mail Address: tmartin@jmjenterprise.net

Dear Ms. Martin:

Thank you for the cooperation and courtesy extended during the annual survey completed March 8, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .0209 Medication Requirements (V118).
- The other tag cited was a standard level deficiency.

Time Frames for Compliance

- Type B violation must be ***corrected*** within 45 days from the exit date of the survey, which is April 22, 2018. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of $200.00 (Two Hundred) against JMJ Enterprises LLC for each day the deficiency remains out of compliance.
- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is July 9, 2018.

What to Include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

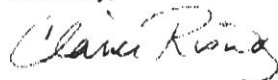
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
File

Attn! Clarice Rising

2020 Textile Drive
Greensboro, NC 27405
336-271-6982
336-419-0456
jmjenterprise.net

JMJ Enterprises, LLC

Fax

To:	Clarice Rising	**From:**	Traci Martin
Fax:	919-715-8078	**Pages:**	18
Phone:	919-855-3795	**Date**	April 3, 2018
Re:	Paperwork	**cc:**	

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