


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER NEVIN #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3827 NEVIN ROAD CHARLOTTE, NC 28269
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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
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on 3/15/18. The complaint was unsubstantiated (Intake #NC136245). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 5600C Supervised Living for Adults with Developmental Disabilities.	V 000	V 119 RHA Health Services will ensure that all consumers living in our .5600 Supervised Living facilities receive all medications as ordered by their Primary Care Physicians (PCP). Nursing staff will check each medication ordered for each facility each month prior to the medications being sent to the facility. Nursing staff will complete a monthly Nursing Assessment at each facility each month to ensure each medication cart/closet is clean, organized and that all medications are not expired. Nursing staff, Home Managers and Direct Support staff will all check the medication expiration date prior to administering the medication to the individual supported on a daily basis. All expiring medications will be pulled from the Medication cart/closet and sent to the Nursing Office for replacement from the Pharmacy. This process will be monitored monthly by the Nursing Office, Direct Care staff & the Home Manager when completing Med Observations and Nursing Assessments and by the QA Audit Process.	5/14/2018
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: **Regional Administrator** (X6) DATE: **3/26/18**

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V 119	Continued From page 1 This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure all expired prescription and non-prescription medication were disposed affecting 1 of 3 clients (#3). The findings are: Review on 3/14/18 of client #3's record revealed: -admission date of 3/31/15; -diagnoses of Intellectual Developmental Disability-Mild, Depression, Post Traumatic Stress Disorder, Anxiety, Dwarfism, Gastroesophageal Reflux, Hypopituitarism and Lactose Intolerance; -physician's order dated 1/31/18 for Lactaid Dairy Pills one tablet as needed. Observation on 3/15/18 at 12:06pm of client #3's medications revealed Lactaid Dairy Pills one tablet as needed dispensed 1/9/17 with expiration date of 1/8/18. Review on 3/14/18 and 3/15/18 of client #3's MARs from 1/1/18-3/15/18 revealed the following dosage dates Lactaid Dairy Pills one tablet as needed was administered after the expiration date: 2/20, 2/22, 2/26 and 3/3. Interview on 3/15/18 with the Nurse revealed: -ordered a new refill of Lactaid Dairy Pills one tablet as needed; -pharmacy must not have delivered it; -called today, will be here tomorrow; -usually check every month all medications; -must have missed this one; -slipped because ordered it.	V 119		



RHA
HEALTH SERVICES, LLC

In-service Training

Date: 3/15/2018

Place Held: Kannapolis

Title of Training: Nursing

Instructor's Name: Katherine Benton

Title: Regional Administrator

Instructor's Name:

Title:

Purpose/Outline of Training

- 1) Each Nurse will ensure that a thorough Med Closet/Med Cart inspection is completed each month at each facility.
- 2) Each Nurse will ensure that no medications in the Med Closet/Med Cart are expired. If any meds are expired or are getting ready to expire, the Nurse will remove the expired medication and ensure the refill is reordered immediately.
- 3) Each Nurse will ensure that all new medication orders and reordered/refilled medications are delivered and in place at each facility and any expired or discontinued medications are removed from each facility so no individual is administered expired or discontinued medication.
- 4) Each Nurse will provide continuous, ongoing training and will complete rotating Medication Observations monthly to Direct Care staff to ensure no expired or discontinued medications are being stored and/or administered in any facility.

Instructor's Signature

[Handwritten Signature]

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
[Redacted]	nervins	[Redacted]	
[Redacted]	Day	[Redacted]	
[Redacted]	ICP	[Redacted]	



In-service Training

Date
3/15/18

Place Held
Nevins

Title of Training
Medication dates (Expiration dates)

Instructor's Name
Keli Avila

Title
LPN

Instructor's Name

Title

Instructor's Name

Purpose/Outline of Training

All medications have expiration dates. Be sure to check there dates frequently.

Especially on PRN meds as these do not come in batch.

If you happen to find a med that is expired or close to expiration Please call nursing so a replacement can be ordered.

Any expired meds should be removed immediatly. Once again notify nursing.

NEVER give an expired medication at any time.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Shift	Home	Grade
[REDACTED]	pt	NEVIN /	
[REDACTED]	7/7	Nevins #3	
[REDACTED]	7/7	Nevins #2	
[REDACTED]	7/7	NEVIN #4	

March 26, 2018

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718
Attention: Gina McLain
Facility Survey Consultant I

RE: MHL-060-198

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiency cited at the Nevin #1 Group Home during your annual survey visit on 3/15/18. We have completed the implementation of the POC and invite you to return to the facility by 5/14/18 to ensure the POC has been completed.

Please contact me with any further issues or concerns regarding the Nevin #1 Group Home.

Sincerely,



Katherine Benton
Regional Administrator
RHA Health Services, LLC
kbenton@rhanet.org