

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/19/2018
NAME OF PROVIDER OR SUPPLIER ANDREA DRIVE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 ANDREA DRIVE JAMESTOWN, NC 27282		
(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 03/19/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED <small>By MH Lic & Cert Section at 3:55 pm, Apr 05, 2018</small> </div>	
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 file followed up by appointment or consultation	V 118		

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

TITLE

(X6) DATE

Dwan Wall, BA, QP

Director of Program Operations

3/29/18

STATE FORM

6899

8TER11

If continuation sheet 1 of 5

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility failed to ensure medications were administered on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 clients (#3) and failed to ensure medications were recorded on the MAR immediately after administration affecting 2 of 3 clients (#1, and #2). The findings are:</p> <p>Review on 03/15/18 of client #1's record revealed: - Date of admission 07/01/11; - Diagnoses of Mild Intellectual Developmental Disability; BiPolar II Disorder - Depressed.</p> <p>Review on 03/15/18 of client #2's record revealed: - Date of admission 09/01/13; - Diagnoses of Mild Intellectual Developmental Disability (IDD); Brief Psychotic Disorder, and Hypercholesterolemia</p> <p>Review on 03/16/18 of client #3's record revealed: - Date of admission 07/01/11; - Diagnoses of Mild Mental Retardation, and Down's Syndrome; - Assessment for Self Medication Administration form dated 12/08/16 "Team recommendation: Do not support self-administration of medications at this time;" - No documentation of a doctor's order for Black Seed, Cold Liver Oil, or Turmeric.</p>	V 118	<p>-Monarch will follow Medication Administration Policy.</p> <p>-Residential Team Lead (RTL) will inform parents/guardian that medications not prescribed by a physician can not be administered by staff or kept in the home.</p> <p>-An RTL, RM and/or Nurse will in-service staff on 6 Rights of Administering medications.</p> <p>-An RTL, RM and/or Nurse will complete at least one medication observation on each staff member that is certified in medication administration.</p> <p>-RTL will review weekly medication closet checklist completed by RM for accuracy for the next 60 days and follow up on any concerns noted.</p> <p>-Staff will be in-serviced on the following process to ensure all orders are followed and sent to the pharmacy if needed and all medications are documented on the MAR. Following appointments, staff will forward physician's orders and the staff medical note with a short summary of the appointment to the RTL and RM via email for review. If the RM is the staff member taking an individual on an appointment he is to forward the physician's order, staff medical note with an appointment summary to the RTL.</p>	<p>5/19/2018</p> <p>3/30/2018</p> <p>5/19/2018</p>

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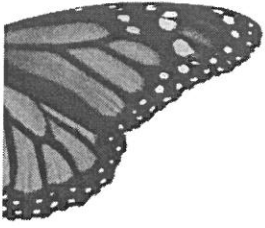
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V 118	<p>Continued From page 2</p> <p>Observation on 03/15/18 at approximately 12:00noon of client #3's bedroom revealed the following bottles of herbal supplements:</p> <ul style="list-style-type: none"> - Black Seed, 500mg; - Cod Liver Oil, 750mg; - Turmeric, 500mg. <p>Review on 03/15/18 of client #3's MARs from December 1, 2017 through March 15, 2018 revealed:</p> <ul style="list-style-type: none"> - No documentation of Black Seed, Cod Liver Oil, or Turmeric being administered. <p>Interview on 03/15/18 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> - "[Client #3's] parents are health fanatics;" - The parents brought the herbal supplements to the facility; - "... staff don't do nothing with it... most of the time he doesn't take it...." <p>Observation on 03/15/18 at approximately 12:37pm of client #1's medicine box revealed:</p> <ul style="list-style-type: none"> - Fluoxetine 20mg, 1 every morning; - Pravastatin 40mg, 1 at bedtime; - Restasis 0.05% eye drops, 1 drop each eye twice daily; - Clotrim/Beta Cream, spread on affected areas twice daily; <p>Review on 03/15/18 of client #1's MARs from December 1, 2017 through March 15, 2018 revealed:</p> <ul style="list-style-type: none"> - Fluoxetine 20mg, blank 02/28/18 8pm; - Pravastatin 40mg, blank 02/28/18 8pm; - Restasis 0.05% eye drops, ; - Clotrim/Beta Cream, spread on affected areas. blank 02/28/18 8pm; - No documentation of Restasis having been 	V 118		

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V 118	<p>Continued From page 3</p> <p>administered.</p> <p>Interview on 03/15/18 with client #1 revealed:</p> <ul style="list-style-type: none"> - He did get his Restasis eye drops every day as prescribed. <p>Interview on 03/15/18 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> - He was unaware client #1's eye drops were not on the February or March MARs; - He would ensure immediately the MAR was updated to include the eye drops. <p>Observation on 03/15/18 at approximately 2:20pm of client #2's medicine box revealed:</p> <ul style="list-style-type: none"> - Benzotropine 0.5mg, 1 twice daily; - Dicyclomine 20mg, 1 four times daily; - Simvastatin 20mg, 1 daily; - Tamsulosin 0.4mg, 2 at bedtime. <p>Review on 03/15/18 of client #2's MARs from December 1, 2017 through March 15, 2018 revealed:</p> <ul style="list-style-type: none"> - Benzotropine 0.5mg, blank 02/28/18 8pm; - Dicyclomine 20mg, blank 02/28/18 8pm; - Simvastatin 20mg, blank 02/28/18 8pm; - Tamsulosin 0.4mg, blank 02/28/18 8pm. <p>Interview on 03/15/18 with client #2 revealed:</p> <ul style="list-style-type: none"> - He did get his medications as prescribed every day. <p>Interview on 03/15/18 with the Residential Manager revealed:</p> <ul style="list-style-type: none"> - The facility had been aware in the past of staff not initialing the MAR after medication administration; - The facility had completed in-service and refresher medication training for the staff in the past; 	V 118		

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V 118	Continued From page 4 - He would consult with facility administrators regarding this issue.	V 118			



3/29/2017

Dwan Wall, BA, QP
Andrea Drive
101 Andrea Drive
Jamestown, NC 27409

Angela D. Todd, MSW Facility Survey Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey Completed on March 19, 2018
Andrea Drive, 101 Andrea Drive, Jamestown NC 27409
MHL# 041-1021
E-mail Address: reviews@monarchnc.org; dwan.wall@monarchnc.org

Dear Ms. Todd, Enclosed you will find the Plan of Correction for the deficiencies cited during the recertification survey you completed on March 19, 2018. At Monarch, we continue to strive to provide the best quality of care for the individuals we support and we are always open to and welcome recommendations and constructive feedback. If you need additional information regarding the Plan of Correction please contact me at 910-295-7697 or dwan.wall@monarchnc.org.

Sincerely,

Dwan Wall, BA, QP

Dwan Wall, BA, QP
Director of Program Operations

