

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 9	STREET ADDRESS, CITY, STATE, ZIP CODE 355 HUMMINGBIRD CIRCLE SALISBURY, NC 28146
---	--

(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 and follow-up survey was completed on 3/22/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

909611

If continuation sheet 1 of 3



Administrator

4/5/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/22/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 9	STREET ADDRESS, CITY, STATE, ZIP CODE 355 HUMMINGBIRD CIRCLE SALISBURY, NC 28146
---	--

(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	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure that MARs were kept current affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Review on 3/21/18 of Client #3's record revealed: -Admission date of 3/24/12; -Diagnoses of Moderate Intellectual Developmental Disorder, History of Seizures, Gastroesophageal Reflux Disorder, Hydrocephalus; -Physician's order dated 2/9/18 for Amlodipine 5mg 1 tab at 8am; -February, 2018 MAR did not list Amlodipine 5mg 1 tab at 8am.</p> <p>Interview on 3/22/18 with the Office Assistant revealed: -It was an oversight that Amlodipine 5mg 1 tab at 8am was not on the February, 2018 MAR; -Client #3 received Amlodipine 5mg 1 tab at 8am starting in February.</p> <p>Interview on 3/22/18 with House Manager #1 revealed: -Client #3 received Amlodipine 5mg 1 tab at 8am starting in February, 2018; -Not sure why Amlodipine 5mg 1 tab at 8am was not listed on the February, 2018 MAR.</p> <p>Interview on 3/22/18 with the Administrator revealed: -Due to the error with not listing Client #3's</p>	V 118	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 09 2018</p> <p style="text-align: center;">DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-168	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/22/2018
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME 9		STREET ADDRESS, CITY, STATE, ZIP CODE 355 HUMMINGBIRD CIRCLE SALISBURY, NC 28146		
(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 2 Amlodipine 5mg 1 tab at 8am on the February, 2018 MAR, the staff from the facility will be re-trained in medication administration and MAR documentation on Thursday, March 29, 2018. Observation on 3/22/18 at approximately 9:05am of Client #3's medication revealed: -Amlodipine 5mg 1 tab dispensed on 2/13/18;	V 118	Staff #1 (CM) received training in Medication Administration and documentation on MAR on 3/29/18 (See attached documentation) Staff #2 (KH) received training on Medication Administration and MAR documentation per our Policies and Procedures (see attached documentation) on 4/5/18	3/29/18 4/5/18

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL080-168	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/22/2018
--	---	------------------------------

NAME OF FACILITY CABARRUS COUNTY GROUP HOME 9	STREET ADDRESS, CITY, STATE, ZIP CODE 355 HUMMINGBIRD CIRCLE SALISBURY, NC 28146
--	--

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0133	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # G.S. 122C-80	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/22/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Eileen Sanchez</i>	DATE 3/22/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/12/2017	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

STAFF TRAINING

Margie White, i
Jays Bass

Date: 3/29/18

Trainer:

Laura Holt - AEMT

Training Topic

Balance Sheets; Logs with Administrator; CPR/First Aid/Bloodborne Pathogen/Hemlich
Maneuver/AED/Seizure Management; Getting It Right; Medication Administration;
Running Goals/Proper Documentation; Filing/Identifying Information in Medical
Records; and Medication Administration Record Training

Total Time:

Prevention Alternatives to Restriction Interventions, Prevention of Abuse, Neglect and Exploitation
Attendee Signature

1- [Redacted]	17- [Redacted]
2- [Redacted]	18- [Redacted]
3- [Redacted]	19- [Redacted]
4- [Redacted]	20- [Redacted]
5- [Redacted]	21- [Redacted]
6- [Redacted]	22- [Redacted]
7- [Redacted]	23- [Redacted]
8- [Redacted]	24- [Redacted]
9- [Redacted]	25- [Redacted]
10- [Redacted]	26- [Redacted]
11- [Redacted]	27- [Redacted]
12- [Redacted]	28- [Redacted]
13- [Redacted]	29- [Redacted]
14- [Redacted]	30- [Redacted]
15- [Redacted]	31- [Redacted]
16- [Redacted]	32- [Redacted]

Name: _____

Date: _____

3/29/18

Filing/Identifying Information in Medical Records

Circle True or False:

True False

1. The attendance sheets are not really important and I can document whenever I want too.

True False

2. Every paper should be filed chronologically with the most current being on top.

True False

3. If I don't know where something should be filed it's ok to stick it anywhere as long as it is in the book.

True False

4. Once I receive information to go in my medical record, it is ok if I wait several days to file it.

True False

5. If someone is reviewing the records and uses a term I am not familiar with I should just tell them we do not have it.

Fill in the blanks:

1. A Crisis Prevention and Intervention Plan should be filed under plan.

2. Another name for a physician's order is a prescription.

3. Our plan is currently referred to as a PCP.

4. Our Drug Regimen Reviews are now kept at the office.

5. A yearly physical form can also be referred to as a FL-2.

Name: _____

Date: 3/29/18

MEDICATION ADMINISTRATION RECORD TRAINING

Circle the correct answer:

- True False 1. I can use white out on the MAR.
- True False 2. I can prepare my medicines early if I have a lot going on today.
- True False 3. I can alter a MAR.
- True False 4. I document on the MAR after the resident takes the medicine.
- True False 5. Medication Facts Sheets belong in the MAR and not in the medical record.
- True False 6. When adding a new medication to the MAR I only have to write the name of the drug.
- True False 7. I can use any color ink I want on the MAR.
- True False 8. When I make a mistake on the MAR I can just cross it out.
- True False 9. When I receive a new medication I should receive a Medication Facts Sheet with the new drug.
- True False 10. I can be terminated if I pre-document or have my medications prepared ahead of time.
- True False 11. Medications can be left on table at each resident's seat for them to take when they go to eat their meal.
- True False 12. I can give medications to my residents where ever is easier for me.

Cabarrus County Group Homes, Inc.

STAFF TRAINING

Date: 4/5/18

Trainer: Margie White, RP

Training Topic

Medication Administration and Medication Administration Record Training (Per Cabarrus County Group Homes' Policies and Procedures)

Total Time:

Attendee Signature

1- 	17-
2- 	18-
3-	19-
4-	20-
5-	21-
6-	22-
7-	23-
8-	24-
9-	25-
10-	26-
11-	27-
12-	28-
13-	29-
14-	30-
15-	31-
16-	32-

Name: _____

Date: _____

4/5/18

MEDICATION ADMINISTRATION RECORD TRAINING

Circle the correct answer:

True False 1. I can use white out on the MAR.

True False 2. I can prepare my medicines early if I have a lot going on today.

True False 3. I can alter a MAR.

True False ^{error kit} 4. I document on the MAR after the resident takes the medicine.

True False 5. Medication Facts Sheets belong in the MAR and not in the medical record.

True False 6. When adding a new medication to the MAR I only have to write the name of the drug.

True False 7. I can use any color ink I want on the MAR.

True False 8. When I make a mistake on the MAR I can just cross it out.

True False 9. When I receive a new medication I should receive a Medication Facts Sheet with the new drug.

True False 10. I can be terminated if I pre-document or have my medications prepared ahead of time.

True False 11. Medications can be left on table at each resident's seat for them to take when they go to eat their meal.

True False 12. I can give medications to my residents where ever is easier for me.

Name _____

Date: _____

4/5/18

Filing/Identifying Information in Medical Records

Circle True or False:

True False

1. The attendance sheets are not really important and I can document whenever I want too.

True False

2. Every paper should be filed chronologically with the most current being on top.

True False

3. If I don't know where something should be filed it's ok to stick it anywhere as long as it is in the book.

True False

4. Once I receive information to go in my medical record, it is ok if I wait several days to file it.

True False

5. If someone is reviewing the records and uses a term I am not familiar with I should just tell them we do not have it.

Fill in the blanks:

1. A Crisis Prevention and Intervention Plan should be filed under Plan.

2. Another name for a physician's order is a prescription.

3. Our plan is currently referred to as a PCP.

4. Our Drug Regimen Reviews are now kept at the office.

5. A yearly physical form can also be referred to as a F/2.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

March 26, 2018

Ms. Ginger Pope
Cabarrus County Group Homes, Inc.
PO Box 1197
Concord, NC 28026

RECEIVED

APR 9 2018

DHSR-MH Licensure Sect

Re: Annual and Follow-up Survey completed March 22, 2018
Cabarrus County Group Home #9, 355 Hummingbird Circle, Salisbury, NC 28146
MHL # 080-168
E-mail Address: margiew@ctc.net

Dear Ms. Pope:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed March 22, 2018.

As a result of the follow-up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 21, 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.**

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800 UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



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 Lynn Grier, Team Leader at 704-596-4072.

Sincerely,



Eileen Sanchez, MA
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800UMSTEAD DRIVE • WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

