

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL071-025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2195 NEW ROAD</b> <b>BURGAW, NC 28425</b>
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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 follow up survey was completed on April 6, 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		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108	<p><i>DHSR-Mental Health</i></p> <p><i>APR 23 2018</i></p> <p><i>Lic. &amp; Cert. Section</i></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Way Monroe, QDP*

*4/19/18*

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V 108	Continued From page 1  clients.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR), Heimlich maneuver, and other first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence for 2 of 3 staff audited (Licensee/Qualified Professional (QP), Staff #2). The findings are:  Review of the Staff #2's personnel file revealed: -Hired 5/20/09. -Documentation of CPR and first aid training dated 3/1/18 completed by an online course. The on line provider was not the American Red Cross or the American Heart Association.  Review of the Licensee/QP's personnel file revealed: -Hired 5/20/09. -Documentation of CPR and first aid training dated 3/1/18 completed by an online course. The on line provider was not the American Red Cross or the American Heart Association.  Interview on 4/6/18 the Licensee/QP stated: -The facility was typically staffed with 1 staff on duty. She typically worked the day shift and either Staff #2 or #3 worked night shifts. -When the certification for CPR and first aid expired for herself and Staff #2, the instructor that had provided training in the past was unavailable. -She and Staff #2 took the same CPR and first aid course 3/1/18. This was a computer based	V 108		

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V 108	Continued From page 2  online course. -This CPR and first aid computer on-line program did not include any "hands on" skills training or competency validation equivalent to American Red Cross or the American Heart Association.	V 108		
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 with a physician.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 1 audited clients (#1). The findings are:</p> <p>Review on 4/6/18 of client #1's record revealed: -27 year old male admitted 3/18/09. -Diagnoses included mild mental retardation, Autism, psychotic disorder not otherwise specified; post traumatic stress disorder by history. -Orders dated 10/26/17 and 2/14/18 for Escitalopram 5 mg (milligrams), 1½ tablets daily. (Depression, anxiety) -Order/instructions dated 2/19/18 for Afrin Nose Spray, 1 spray in each nostril 20 minutes after Flonase for 3 days. (Afrin is used for temporary relief of nasal congestion caused by conditions including sinusitis and allergies) -Order dated 2/19/18 for Flonase 1 spray in each nostril twice daily. (Seasonal and year-round allergy symptoms)</p> <p>Review on 4/6/18 of client #1's January 2018 MAR revealed Escitalopram 5 mg, 1 tablet had been documented as administered daily from 1/1/18 - 1/31/18.</p> <p>Review on 4/6/18 of client #1's February, March, and April 2018 MARs revealed: -Flonase 1 spray in each nostril documented 2/20/18 - 2/22/18. -Flonase was not transcribed to the March 2018 MAR and Flonase was not documented as having</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>been administered from 2/23/18 - 3/31/18. -Flonase, 1 spray in each nostril twice daily, 8 am and 8 pm, was electronically transcribed to the April 2018 MAR and had been documented as administered twice daily from 4/1/18 - 4/6/18 (8 am).</p> <p>Telephone interview on 4/6/18 the pharmacy staff stated: -They did not receive an order in February 2018 for Afrin nasal spray for client #1. -The electronic order for Flonase dated 2/19/18 read to administer 1 spray in each nostril twice daily.</p> <p>Interview on 4/6/18 the Licensee/Qualified Professional stated: -She had changed the dates and used an old February 2017 MAR for the January 2018 MAR. The order in February 2017 for Escitalopram was one 5 mg tablet daily. She was sure the staff had administered the correct dose of Escitalopram 5 mg, 1½ tablets daily in January 2018. -The monthly MARs were printed/supplied by the pharmacy. The facility did not get copies of orders e-scripted to the pharmacy. -She had interpreted the hand written order/instructions on the office note dated 2/19/18 to be time limited for both Afrin and Flonase nasal sprays. -Client #1 received the 2 nose drops for 3 days in February 2018 and she then discarded both sprays. -She did not realize the Flonase had been transcribed electronically onto the April 2018 MAR and was being documented as administered. -The client was no longer having symptoms as he was having when she took him to see the physician in February. -She would call the physician and get clarification.</p>	V 118		

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V 118	Continued From page 5  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

April 10, 2018

Amy Monroe, Director  
Plumb Line Services, Inc.  
PO Box 909  
Burgaw, NC 28425

Re: Annual and Follow up Survey completed April 6, 2018  
Alexander House, 2195 New Road, Burgaw, NC 28425  
MHL # 071-025  
E-mail Address: amy.monroe3@aol.com

Dear Ms. Monroe:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed April 6, 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**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 5, 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



## Appendix 1-B: Plan of Correction Form

### Plan of Correction

**Please complete all requested information and email completed Plan of Correction form to:**

Plans.Of.Correction@dhhs.nc.gov

<b>Provider Name:</b> Plumb Line Services -Alexander House		<b>Phone:</b> 910-604-1272	
<b>Provider Contact Person for follow-up:</b> Amy Monroe		<b>Fax:</b> 910-259-6506	
<b>Address:</b> 2195 New Road Burgaw, NC 28425		<b>Email:</b> Amy.monroe3@aol.com	
<b>Provider #</b> MHL-071-025			
Finding	Corrective Action Steps	Responsible Party	Time Line
<p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR), Heimlich maneuver, and other first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence for 2 of 3 staff audited (Licensee/Qualified Professional (QP), Staff #2).</p>	<p>CPR/First Aid class has been set up for 4/20 for staff not in compliance. A review of the policy and what other qualified companies offer this class for future trainings have been researched in order to prevent reoccurrence. Certificates are reviewed annually for compliance to rule.</p>	Alexander House QDDP	<p>Implementation Date: 4/20/18</p> <p>Projected Completion Date: 4/30/18</p>
<p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 1 audited clients (#1).</p>	<p>A discontinued order from the physician has been received in order to correct MAR. The MAR will be reviewed during medication changes and/or monthly for discrepancies before use by using the physician's orders and pharmacist labels. Medication procedure was reviewed to ensure correct dispensing during administering of medication.</p>	Alexander House QDDP	<p>Implementation Date: 4/6/18</p> <p>Projected Completion Date: 4/14/18</p>
			Implementation Date:
			Projected Completion Date:
			Implementation Date:
			Projected Completion Date: