

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL010-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/27/2018
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NAME OF PROVIDER OR SUPPLIER BENYA AFL	STREET ADDRESS, CITY, STATE, ZIP CODE 800 JOSEPH WILLETTS DRIVE SE WINNABOW, NC 28479
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 03/27/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</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 with a physician.</p>	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Meriah O'Brien Meriah O'Brien Administrator

4/9/18

Division of Health Service Regulation

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V 118	<p>Continued From page 1</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 2 clients audited who received medications (client #2). The findings are:</p> <p>Review on 3/27/18 of client #2's record revealed: -45 year old male admitted 11/01/10. -Diagnoses included intellectual developmental disabilities, severe; cerebral palsy; chronic deep vein thrombosis; depression; chronic urinary tract infection; colostomy; skin ulcer; limited skin breakdown. -Orders dated 11/27/17 and 2/19/18 for Vitamin D3 1000 units daily. (dietary supplement) -Ketoconazole 2% to be applied to affected area twice daily. (used to treat fungal infections of the skin) -11/27/17 MD summary documented client #2 had break down reported by the Licensee and was treated successfully with Ketoconazole cream.</p> <p>Review of MARs from January, February, and March 2018 revealed: -Order for Ketoconazole 2% had not been transcribed onto the MARs. -Vitamin D3 1000 units daily not documented.</p> <p>Observations on 3/27/18 at 11:45 am of client #2's medications on hand revealed: -No Ketoconazole 2% on hand. -Vitamin D3 2000 units on hand.</p>	V 118	<p>Plan of Correction V118- 27G.0209 (C) Medication Requirements Facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 2 clients audited who received medications.</p> <p>RHA AFL Provider/RHA back up staff, will ensure all medications are administered as ordered by the physician. RHA AFL provider/ RHA back up staff, will ensure a written order is obtained for any medications to be administered. RHA AFL Provider/RHA back up staff, will ensure a Medication Administration record (MAR) of all drugs administered to each client is kept current. Medications administered shall be recorded immediately after administration. the MAR to include the following:</p> <ol style="list-style-type: none"> A. Client 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 the person administering the Drug. <p>RHA AFL provider/RHA back up staff will ensure PRN medications are documented on MAR. RHA AFL provider/RHA back up staff will ensure PRN medication are available, in the event PRN medication is needed. Monitoring of this process will be the responsibility of RHA QP/Administrator and will take place at least monthly/as needed. Completion date 5/26/18.</p>	
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BENYA AFL

**800 JOSEPH WILLETTS DRIVE SE
WINNABOW, NC 28479**

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V 118	<p>Continued From page 2</p> <p>-No Vitamin D 1000 units on hand.</p> <p>Interview on 3/27/18 of Staff #2 revealed:</p> <p>-She worked almost every day in the morning and evening.</p> <p>-Client #2 did not have any rashes in his groin area currently. If he developed a rash or dry skin she applied Neosporin or A&D ointment.</p> <p>-She had never seen Ketoconazole 2% cream for client #2.</p> <p>-She had administered some non-prescription medications that were were not documented on the MARs.</p> <p>-She administered Fish Oil at night and Vitamin D 3 every morning to client #2. Neither were on the MARs.</p> <p>-If the client needed a non-prescription medication, like Tylenol, she would call the Licensee for approval before administering the medication. She would not document these medications on the MAR.</p> <p>Interview on 3/27/18 the Licensee stated:</p> <p>-She did not realize until she pulled client #2's vitamin D3 during survey that she had purchased Vitamin D 3 2000 units. She would estimate he had received this dosage for about 1 month.</p> <p>-The Ketoconazole 2% was used for client #2's groin rash. It was understood to be a PRN (as needed) medication. He currently did not have a rash that required the medication.</p> <p>-She called the pharmacy to clarify the Ketoconazole 2% prescription (ordered routine or PRN) and was told they did not have a prescription on file. She was sure she had gotten it filled at this pharmacy in the past.</p> <p>-When the surveyor requested copies of the October and November 2017 MARs to review Ketoconazole documentation, the Licensee stated the Ketoconazole had not been transcribed</p>	V 118		

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V 118	<p>Continued From page 3 or documented on past MARs.</p> <p>The Licensee called the physician's office and requested a new prescription for client #2's Ketoconazole 2% cream.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	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 29, 2018

Sheri Benya, Licensee
800 Joseph Willetts Drive SE
Winnabow, NC 28479

Re: Annual Survey completed March 27, 2018
Benya AFL, 800 Joseph Willetts Drive SE, Winnabow, NC 28479
MHL # 010-077
E-mail Address: sbenya@atmc.net
mdeegan2@rhanet.org

Dear Ms. Benya:

Thank you for the cooperation and courtesy extended during the annual survey completed March 27, 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is May 26, 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 & 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

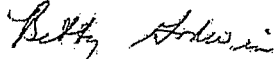
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Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
File

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