Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL064-084	A. BUILDING: _____ B. WING _____	R 03/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BTW HOME CARE SERVICES II LLC	601 COLBY COURT ROCKY MOUNT, NC 27803

(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 and Follow Up Survey was completed March 23, 2018. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G.5600A Supervised Living for Adults with Mental Illness.	V 000	DHSR-Mental Health APR 2 5 2018 Lic. & Cert. Section	
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	27G .0209 (c) Medication Requirements BTW will retain a list of all medications requiring prior authorization. This list will be forwarded to our physician so that medications can be ordered without delay. Licensee Doris Barnes will monitor this list on a monthly basis and communicate directly with the physician to ensure that there will be no interruptions of medications requiring preauthorization.	04/11/18

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have medication available to administer to one of three audited clients (#2). The finding is: Review on 03/22/18 of client #2's record revealed: -admission date: 06/30/16 -diagnoses of Schizophrenia and Hyperlipidemia -physician's order dated 02/13/18 listed Zyprexa 10 mg take two tablets at night (antipsychotic medication) -February and March 21, 2018 MARs listed initials Zyprexa had been administered daily Observation on 03/22/18 at 1:15 PM of client #2's medications revealed no Ypres During interview on 03/22/18, the House Manager reported: -Friday 03/16/18, he attempted to order Zyprexa from the pharmacy...he hadn't received the medication...the pharmacy indicated Medicaid no longer paid for Zyprexa...the physician was in the process of obtaining preauthorization for Medicaid to pay for the Zyprexa medication. -client #2 was last administered Zyprexa on 03/21/18 During interview on 03/23/18, the pharmacist technician reported: -Zyprexa 03/22/18....01/28/18 a 30 day supply was filled. No refills noted in	V 118		

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V 118	Continued From page 2 February...Reasonable conclusion, client #2 would have ran out of Zyprexa 30 days after the 01/28/18 refill. -discussion with the group home around 03/07-08/18 regarding Medicaid was not covering Zyprexa and preauthorization would be required...pharmacy would have had received a request from the group home to refill to initiate that 03/07/18 dialogue from the billing department.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record observation and interview, the facility was not maintained in a clean and attractive manner. The findings are: Observation on 03/22/18 at 2:30 PM of the facility's living room revealed: -carpet was dirty and had torn areas leaving stringy patches or trip hazards -couch was dirty with black spots or soiled stains During interview on 03/22/18, the House Manager reported: -he would have to discuss the issue with the carpet with the home owner -he would resolve the issue with the couch	V 736	27G .0303 (C) Facility and grounds Maintenance BTW Licensee James Barnes will inspect furniture at all facilities on a monthly basis to ensure that furnishings are clean and in good repair. Any furnishings that cannot be cleaned or repaired will be replaced.	4/10/18

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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
MHL064-084	A. Building B. Wing	3/23/2018

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BTW HOME CARE SERVICES II LLC	601 COLBY COURT ROCKY MOUNT, NC 27803

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 V0121 Reg. # 27G .0209 (F) LSC	Correction Completed 03/23/2018	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			India Vaughn-Rhodes	03/29/18
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
4/27/2017	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

 EVENT ID: 71L612

STATE FORM: REVISIT REPORT (11/06)