

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/28/2018
NAME OF PROVIDER OR SUPPLIER THE UMBRELLA GROUP		STREET ADDRESS, CITY, STATE, ZIP CODE 4308 BRITLEY COURT GREENSBORO, NC 27406		
(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 A complaint and follow up survey was completed on 3/28/2018. The complaint was substantiated (intake #NC135809). 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	NC DHHS-DHSR conducted an on-site complaint and follow up review/survey at the administrative offices of Outward Bound Community Services-(The Umbrella Group, LLC, MHL 041-903) This plan of correction is being implemented in order to immediately rectify identified standard level deficiencies associated with providing residential supports to each and every individual being served by the agency.	05/27/2018
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	Description of corrective actions: Within the next sixty days all staff providing services at The Umbrella Group, LLC will receive medication administration in-service re-training from a registered nurse, pharmacist or other legally qualified person with the ability to prepare and administer medications. As a part of the medication administration re-training and with regards to the need for record keeping internally the in-service sign will include the trainer as well as all staff's credentials. All of such will be documented and placed into each individual's employee file. Certificates will accompany the in-service training as well in conjunction with documentation to be placed in each employee's individual's employee file. This in turn will enable a level of transparency across the agency with regards to meeting and complying with all local, state and federal mandates. In moving forward, effective immediately Outward Bound Community Services will reiterate with all staff providing services at The Umbrella Group that the policy and procedure with regards to medication administration will be as follows and identified below: • Prior to any new Medication Administration Records being released and transferred to The Umbrella Group, the Group Home Manager will ensure all medications on the MAR are current, accurate and correct. Should there be issues Group Home Manager will notify immediately Qualified Professional and or other designed authority for further follow up to address the nature of the issue which will be to contact the agency's identified pharmacy to discuss the deficiency as it relates to next steps in processing. • Upon new Medication Administration Records being reviewed, released and transferred to The Umbrella Group, Group Home Manager will initiate the medication count sheet with regards to all individual medications. This will include PRN/Over the Counter medications as well as all controlled medications. This process will be completed and followed through daily and upon the change of each shift. Any errors.	

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

Yishonda Patrice

TITLE

Executive Director

(X6) DATE

4.16.18

STATE FORM

6899

HBEN11

If continuation sheet 1 of 4

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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 record reviews and interviews, the facility failed to keep the MAR current with the strength, quantity and administration instructions of the drug affecting 1 of 3 clients (#2) the findings are:</p> <p>Review on 2/27/2018 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 12/15/2014 - Diagnoses: Schizophrenia; Mild Intellectual Disability; Laryngectomy; and Myocardial Infarction - Physicians orders for the following medications: <ul style="list-style-type: none"> - Clonazepam 1 milligram (mg), 1 tablet every morning (QAM), dated 12/21/2017; - Topirimate 50 mg, 1 ½ tablets (total: 75 mg) every night at bedtime (QHS), dated 12/21/2017. <p>Review on 3/27/2018 of client #2's MARs dated 1/1/2018 to 3/27/2018 revealed:</p> <ul style="list-style-type: none"> - The January MAR noted administration instructions and staff initials indicating administration of clonazepam as 0.5 mg, 1 tablet QAM rather than 1 mg, 1 tablet QAM as ordered; - The January MAR noted administration instructions and staff initials indicating administration of topirimate as 50 mg, 1 tablet QHS rather than 50 mg, 1 1/2 tablets QHS as ordered. <p>Interview attempt on 3/27/2018 with client #2 revealed:</p> <ul style="list-style-type: none"> - Client #2 was non-verbal, and unable to answer 	V 118	<p>issues or problems associated with the medication count sheet will be reported immediately to the Group Home Manager who will then report such errors, issues or problems to the Qualified Professional for additional action and or next steps.</p> <ul style="list-style-type: none"> • All Medication Administration Records and medication count sheets at The Umbrella Group will be reviewed weekly by the Group Home Manager and any errors, issues or problems will be reported to Qualified Professional for further direction, actions and or follow up as needed to continually safeguard the individuals being served and their coordination of care needs. <p>Timetable for implementation and completion: OBCS Administrative and Clinical management will conduct a staff meeting with all staff members at The Umbrella Group to discuss and review the nature of the issues that arose from the compliant/follow up survey that required a plan of correction from NC DHHS-DHSR.</p> <p>The plan of correction will be submitted to NC DHHS-DHSR on Monday April 16, 2018 for approval.</p> <p>Time table for completion of corrective action: Corrective action will be completed by May 27, 2018</p> <p>Person responsible for ensuring the plan of correction is followed and implemented: Group Home Manager in collaboration with Qualified Professional and or other designated authority will ensure the plan of correction is followed and implemented as written which will in turn tailor a continual level of evident transparency across the agency to ideally ensure all local, state and federal mandates are met with regards to providing quality and sufficient behavioral health care services.</p>	

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V 118	<p>Continued From page 2</p> <p>questions about his medications.</p> <p>Interview on 3/27/2018 with staff #1 revealed:</p> <ul style="list-style-type: none"> - He was not aware of any errors with client #2's MARs. <p>Interview on 3/27/2018 with the House Manager revealed:</p> <ul style="list-style-type: none"> - He had just taken over the role of House Manager in mid-January 2018; - The House Manager had not noticed any problems with client #2's MARs. <p>Interview on 3/28/2018 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The House Manager reviewed MARs; - The staff in the House Manager position changed in January. <p>Interview on 3/28/2018 with the Director revealed:</p> <ul style="list-style-type: none"> - Client #2's clonazepam order was written as 1 mg, 1 tablet daily on 12/21/2017; - Client #2's topiramate order was written for a total of 75 mg daily on 12/21/2017; - The Pharmacy printed the MARs for client #2; - The errors on client #2's January MAR may have been related to the timing of the orders around the Christmas Holiday, and the Pharmacy having to reprint MARs before the usual printing/medication refill cycle ended; - The facility did have a system in place to review MARs for accuracy; - The House Manager was responsible for review of MARs; - A new House Manager started in January; - The Director had reviewed the pharmacy delivery manifest for the January medications, and the pharmacy has sent the correct dosage of clonazepam and topiramate for client #2; - She believed that client #2 had been 	V 118		

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V 118	Continued From page 3 administered the correct dosage of his medications; - She was not sure why the error was not caught by facility staff.	V 118		