

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-093	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/23/2018
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NAME OF PROVIDER OR SUPPLIER BTW HOME CARE SERVICES III	STREET ADDRESS, CITY, STATE, ZIP CODE 781 HAGGERTY TRAIL ROCKY MOUNT, NC 27803
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual and Follow Up Survey was completed on March 23, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000	<p>DHSR-Mental Health</p> <p>APR 25 2018</p>	
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112	<p>Lic. & Cert. Section</p> <p>27g .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>All Consumers not attending PSR programs or where BTW has opted to complete PCP's for consumers in PSR programs will have electronic and paper calendar dates as to when PCP's are due. The QP and the licensees for each facility will coordinate due dates to ensure PCP's are completed on time and current for all consumers. The QP and the licensees will verify on a monthly basis that any PCP's that are due will be completed.</p>	04/05/18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
James L. Bauer
STATE FORM 6899 QRYL11

TITLE
CEO

(X6) DATE
4.15.18

If continuation sheet 1 of 8

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and the governing body failed to assure one of three audited clients (#1)'s treatment plan was updated annually. The finding is:</p> <p>Review on 03/22/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date: 12/18/06 - diagnoses which included Mild Intellectual Developmental Disability Disorder, Hypertension, Type 2 Diabetes and Schizophrenia - treatment plan dated 06/15/16. No additional updates or revisions noted <p>During interview on 03/22/18, the company's President reported:</p> <ul style="list-style-type: none"> -agency did have a Qualified Professional...a year ago, agency decided to have treatment plans completed by the Psychosocial Rehabilitation -she was not aware client #1 did not have a current treatment plan 	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118	<p>27G .0209 (C) Medication Requirements BTW staff will administer medications one consumer at the time documenting the MAR immediately following medication administration as per medication administration rules . No consumers will be allowed to self administer medications without written authorization from the prescribing physician. Licensee Sharon Barnes will review MARs on a weekly basis to ensure they are current and accurate for the medications prescribed.</p>	04/08/18

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V 118	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure two of three audited clients (#1, #2) medications were available to administer, one of three audited clients (#3) failed to have written authorization to self administer medications and assure the MAR was not current for one of three audited clients (#2). The findings are:</p> <p>Review on 03/22/18 of client #1's record revealed: - admission date: 12/18/06 - diagnoses which included Mild Intellectual Developmental Disability Disorder, Hypertension, Type 2 Diabetes and Schizophrenia</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 03/22/18 of client #2's record revealed: -admission date: 10/13/13 -diagnoses which included Schizophrenia Paranoid Type, Mild Mental Retardation, Chronic Hepatic Infection, Severe Chronic, Morbid Obesity and Psychotic Symptoms</p> <p>Review on 03/22/18 of client #3's record revealed: -admission date: 10/02/14 -diagnoses which included Schizophrenia, Anemia and Intellectual Developmental Disability</p> <p>I. Examples the facility failed to have medications available to administer.</p> <p>A. Review on 03/22/18 of client #1's record revealed: -physician's order dated 02/13/18 listed Artane 5 mg one tablet twice a day -March 1-22, 2018 MAR listed Artane administered twice a day (antispasmodic drug used to treat the stiffness, tremors, spasms, and poor muscle control of Parkinson's disease)</p> <p>Observation on 03/22/18 at 10:30am of client #1's medication revealed no Artane.</p> <p>During interview on 03/22/18, staff #1 reported: -Artane had been ordered through the mail order pharmacy a few days prior to this interview but had not been received. Upon further follow up, the pharmacist indicated they did not have a prescription for the medication and the order had not been filled. She recalled faxing the physician order to the pharmacist.</p> <p>During interview on 03/23/18, the pharmacist reported:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-Prior to 03/22/18, Artane had not been ordered for refill by the group home...group home did not sign up for automatic refill..last prescription on record was dated 02/11/17...a current prescription was needed to fill Artane...Artane was last filled 01/13/18 60 pills for 30 days.</p> <p>B. Review on 03/22/18 of client #2's record revealed: -physician's order dated 02/13/18 Abilify 5 mg one tablet daily (antipsychotic used to treat mental illness disorders) -February & March 2018 MARs referenced no Abilify as administered</p> <p>Observation on 03/22/18 at 10:45a of client #2's medications revealed no Abilify.</p> <p>During interview on 03/22/18, staff #1 reported: -she faxed the physician's order sheet as well as the consultation sheet to the pharmacist on 02/13/18. She had not received the Abilify medication through the mail yet. Upon further follow up with the pharmacist, she was informed they had not received the faxed information prior to this interview.</p> <p>During interview on 03/23/18, the pharmacist reported: -Until 03/21/18, 2016 was the last time Abilify was dispensed for client #2. On 03/22/18, an electronic notification from the physician was received. No prior physician's orders or refill requests were received in 2018 for Abilify.</p> <p>II. Example client self administered medication without the written authorization of a physician.</p> <p>Review on 03/22/18 of client #3's record</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> -physician's order dated 02/13/18 which listed Ferrous Sulfate 325 mg one daily (used to treat low iron), Pristiq 100 mg one tablet daily (antidepressant), Desyrel 100 mg two tablets at night (antidepressant) and Hydroxyzine 25 mg one tablet at night (antihistamine) -no physician's order to self administer medications <p>Observation on 03/22/18 at 10:00am client #3 entered the kitchen area. On top of the desk area was a 5 drawer plastic container. The container was not locked or secured. Client #3 opened the drawer to the plastic container and removed a cup which contained medication. She self administered her medications, went to the refrigerator to obtain a drink of water and proceeded to the back of the group home. She made no contact with staff. Staff was in the kitchen but was assisting Division Of Health Service Regulation staff and her back was turned toward client #3.</p> <p>During interview on 03/22/18, three of three clients reported:</p> <ul style="list-style-type: none"> -they obtain their medication out of the 5-drawer plastic container, in a cup -no client had taken another client's medication because their initials were on the cup <p>During interview on 03/22/18, the company President reported:</p> <ul style="list-style-type: none"> -she spoke with staff #1 who indicated the clients did not normally self administer medications <p>III. Example MAR not current:</p> <p>Review on 03/22/18 of client #2's record</p>	V 118		
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V 118	Continued From page 6 revealed: -physician's order dated 02/13/18 to discontinue Lasix 20 mg one tablet daily -physician's order dated 02/13/18 for Lasix 40 mg two tablets in the am -February 2018 MAR listed Lasix 20 mg one tablet daily -March 2018 MAR listed Lasix 40 mg one tablet daily and Lasix 20 mg one tablet daily. *Note: the MAR was initialed and appeared to be 60 mg administered. During interview on 03/22/18, the company President reported: -the Lasix was not removed from the pre-typed MAR prepared by the Pharmacy, therefore, it appeared Lasix 60 mg was administered. Observation on 03/22/18 at 10:45am of client #2's medications revealed: one bubble packet of Lasix 20 mg dispensed 02/05/18 one bubble packet of Lasix 40 mg dispensed 03/05/18	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 observation and interview, the facility	V 736	27G .0303 (C) Facility and Grounds Maintenance BTW Staff will ensure that all property areas are kept clean and free of clutter and odors on a daily basis. Each shift will be responsible for ensuring the property is well kept before shift end. Any concerns found by the relieving shift will be reported to licensee Sharon Barnes.	4/05/18

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V 736	<p>Continued From page 7</p> <p>was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 03/22/18 of the facility's premises revealed:</p> <ul style="list-style-type: none"> -offensive odor in the living room and kitchen area of the home. Odors in both areas were not the same. Odor in the living smelled similar to stale smoke and the kitchen area was indescribable but offensive in nature. -kitchen area was unkept, clean and items not placed in an orderly manner <p>During interview on 03/22/18, the company President reported:</p> <ul style="list-style-type: none"> -she also smelled the peculiar aroma coming from the kitchen area. She attributed the odor to dirty cleaning rags in a bucket that had not been washed. *Note: the odor did not cease once the cleaning rags were placed in the washing machine. -she had spoken with the staff and clients in the home previously regarding the upkeep of the home. 	V 736		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL064-093	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/23/2018
NAME OF FACILITY BTW HOME CARE SERVICES III	STREET ADDRESS, CITY, STATE, ZIP CODE 781 HAGGERTY TRAIL 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 <u>V0106</u>	Correction	ID Prefix <u>V0121</u>	Correction	ID Prefix <u>V0291</u>	Correction
Reg. # <u>27G .0201 (A) (8-18) (B)</u>	Completed	Reg. # <u>27G .0209 (F)</u>	Completed	Reg. # <u>27G .5603</u>	Completed
LSC _____	03/23/2018	LSC _____	03/23/2018	LSC _____	03/23/2018
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>India Vaughn Rhodes</i>	DATE 03/29/18
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/27/2017		<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		