



Helping Dreams Take Flight

Monarch Corporate Office  
350 Pee Dee Avenue  
Suite A  
Albemarle, NC 28001  
Phone: (704) 986-1500  
Website: MonarchNC.org

*Fax Transmittal Form*

Executive Director: Peggy S. Terhune, Ph.D.

TO: Edgar Garrido

FROM: Relena Hair

Name: Edgar Garrido  
 Company: DHR  
 Phone number: 919-855-3795  
 Fax number: 919-715-8078

Urgent  
 For Review  
 Please Reply

Name: Relena Hair  
 Address: 228 East Franklin St  
 City, State, Zip: Rockingham, NC  
 Phone number: 910-995-6094  
 Fax number: 866-377-6719 (direct)  
 Email address: relena.hair@monarchnc.org

Date sent: 5-4-10  
 Time sent:  
 # Pages Including Cover Page: 4

COMMENTS:

Re: POC Annual Surevey Completed 4-17-18  
 Richmond Adult Group Home  
 190 East Church St.  
 Elerbe, NC  
 MHL # 077-007  
 email: reviews@monarchnc.org

PLEASE NOTE:

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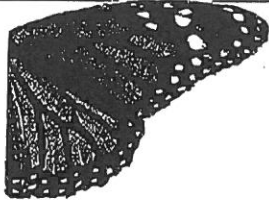
  

# Monarch

Helping Dreams Take Flight  
Relena Hair

Director of Program Operations  
228 East Franklin Street  
Rockingham, NC 28379

Phone: 910-895-8466 Ext. 2205 Cell: 910-995-6094 Fax: 866-377-6719



May 3, 2018

Edgar Garrido, MSW  
Facility Survey Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718  
TEL: 919-855-3795 • FAX: 919-715-8078

Re: Annual and Follow-up Survey completed April 17, 2018  
Richmond Adult Group Home  
190 East Church Street, Ellerbe, NC, 28338  
MHL #: 077-007  
E-mail Address: reviews@monarchnc.org

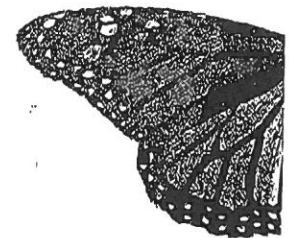
Dear Edgar Garrido, MSW:

Please find enclosed the required plan of correction for the deficiency cited during the recent annual survey completed at Richmond Adult Group Home in Ellerbe, NC on April 17, 2018.

Sincerely,

Relena Hair  
Director of Program Operations

cc: Monarch QI Department



PRINTED: 04/23/2018  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL077-007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 04/17/2018
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NAME OF PROVIDER OR SUPPLIER  
RICHMOND ADULT GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE  
190 EAST CHURCH STREET  
ELLERBE, NC 28338

(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 on April 17, 2018. 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		
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	Intentionally Left Blank	

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Rileana New*

*Director of Program Operations*

*5-3-18*

STATE FORM

0988

69JP110

If continuation sheet 1 of 3

PRINTED: 04/23/2018  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/17/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RICHMOND ADULT GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>190 EAST CHURCH STREET ELLERBE, NC 28338</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)	(X6) COMPLETE DATE
V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MAR current affecting one of three clients (#5). The findings are:</p> <p>Review on 4/17/18 of Client #5 record revealed: -Admission date of 6/15/92. -Diagnosis of Bipolar I Disorder, Adjustment Disorder with Anxiety, Mild Mental Retardation, Paroxysmal Atrial Fibrillation, Atonic Colon.</p> <p>Review on 4/17/18 of Client #5's physician's orders dated 3/9/18 revealed: -Debrox 6.5% solution- Place 5-10 drops in both ears twice a week. Tuesdays and Thursdays.</p> <p>Observation on 4/17/18 of Client #5's medications revealed: -Debrox 6.5% solution- Bottle was available.</p> <p>Review on 4/17/18 of Client #5's MAR for March 2018 revealed blanks on the following dates: -Debrox 6.5% solution- 3/1, 3/6, 3/8, 3/13, 3/20, 3/22, 3/27, 3/29.</p> <p>Interview on 4/17/18 with Staff #1 revealed: -She administered the medication in March for Client #5 as prescribed, but forgot to record the drops in the MAR.</p> <p>Interview on 4/17/18 with the Residential Manager revealed: -She was responsible for reviewing MAR's and medications monthly. -She confirmed facility staff failed to keep MAR's</p>	V 118	<p>Residential Manager followed Monarch's Progressive Discipline Policy in regards to Medication Documentation Errors for the Medication that Staff failed to document.</p> <p>Residential Manager will ensure that MARs are current according to Monarch Medication Administration Policy and continuing to complete the Weekly Medication Closet Checklist and the Residential Manager's Checklist, monthly duties.</p> <p>The Residential Team Leader will monitor during monthly supervision with the Residential Manager.</p> <p>Target Date: 5-30-18</p>	

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NAME OF PROVIDER OR SUPPLIER  RICHMOND ADULT GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 190 EAST CHURCH STREET ELLERBE, NC 28338
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V 118	Continued From page 2 current for Client #5.  Interview on 4/17/18 with the Qualified Professional revealed: -Agency's policy regarding medication errors was to retrain staff and observe them do three administrations of medications.	V 118	Intentionally Left Blank	

Addressee	Start Time	Time	Prints	Result	Note
9197333207	05-04 13:05	00:00:56	000/005	No Ans	FWD

Note TMR:Timer TX, PDL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: TX From TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

05/04/2018 12:46 MONARCH-PENCE PLACE

(FAX)9108951126

P.001/005



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Name: Edgar Garrido  
Company: DHSR  
Phone number: 919-855-3795  
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Name: Releena Hair  
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