

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL012-019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/20/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SCI-EMERGENT NEED RESPITE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 POPLAR STREET MORGANTON, NC 28655</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)	(X5) COMPLETE DATE
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V 000	INITIAL COMMENTS  An annual and follow up survey was completed on 4/20/18. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for All Disability Groups.	V 000	<b>DHSP-Mental Health</b> <b>DHSR-Mental Health</b> <b>Lic. MAY 07 2018</b> <b>Lic. &amp; Cert. Section</b>	
V 123	27G .0209 (H) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to immediately notify a physician or pharmacist of medication errors for 1 of 3 sampled clients (Former Client (FC) #3). The findings are:  Record review on 4/19/18 for FC #3 revealed: -Admission date of 11/3/17 -Discharge date of 3/27/18 -Diagnoses of Autism, Severe Intellectual Disability and Intermittent Explosive Disorder.  Review on 4/19/18 of Internal Incident Reports from 11/27/17-3/24/18 revealed: -7 Medication Error/Level 1 incident reports were	V 123	V 123 10A NCAC 27G .0209 (H) Medication Requirements  <u>Correction</u> The process for reporting and documenting medication errors has been evaluated and a new process has been developed and implemented. All facility staff have been in-serviced on this procedure. <ul style="list-style-type: none"><li>Facility staff will immediately notify the Supervisor or On-Call to report a medication error.</li><li>The Supervisor or On-Call will contact the RN.</li><li>RN will contact the individual's Physician and document the contact and directive given.</li></ul> <u>Prevention</u> Facility QP and Exec. Dir. will review that medication error procedures are followed as they occur.  The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules. A member of the QM Team will review the MAR's and incident reports quarterly.	4/27/18

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Danielle Allen, QM Manager*

*5/3/18*

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>SCI-EMERGENT NEED RESPITE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>101 POPLAR STREET</b> <b>MORGANTON, NC 28655</b>
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V 123	<p>Continued From page 1</p> <p>for FC #3 hiding, refusing or spitting out her medications.</p> <p>-3 of these reports documented proper disposal of medication.</p> <p>-2 of these reports documented notification of the Registered Nurse (RN).</p> <p>-None of the 7 reports noted notification to a pharmacist of physician.</p> <p>Interview on 4/20/18 with the Quality Management Manager revealed:</p> <p>-Typically their RN contacted the pharmacy when notified of missed or refused medications.</p> <p>-There was no communication log or documentation from the nurses that a pharmacist or physician was notified.</p> <p>-It had long been the agency policy to contact a pharmacist or physician but he was not sure how that part had gotten dropped.</p>	V 123		



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Telephone: (828)232-0091  
"Creating Life Skills For Those We Serve"



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May 3, 2018

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

RE: Annual and Follow Up Survey 4/20/18  
SCI-Emergent Needs Respite Center  
101 Poplar St., Morganton, NC 28655  
MHL # 012-019

Dear Ms. Samford,

Please find enclosed the Plan of Correction for the deficiencies cited from the annual and follow up surveys of SCI-Emergent Needs Respite Center completed on 4/20/18:

- V 123  
10A NCAC 27G .0209 (H) Medication Requirements

The process for reporting and documenting medication errors has been evaluated and a new process has been developed and implemented. All facility staff have been in-serviced on this procedure.

- Facility staff will immediately notify the Supervisor or On-Call to report a medication error.
- The Supervisor or On-Call will contact the RN.
- RN will contact the individual's Physician and document the contact and directive given.

Facility QP and Exec. Dir. will review that medication error procedures are followed as they occur. The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules. A member of the QM Team will review the MAR's and incident reports quarterly.

Please contact me at 828-232-0091 or [danielle.allen@skillcreations.com](mailto:danielle.allen@skillcreations.com) with any questions or if further information is needed.

Sincerely,

Danielle Allen  
QM Manager  
Enclosure