PRINTED: 04/27/2018 FORM APPROVED

Division of Health	Service	Regulation
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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		mhl075013	B. WING			04/26/2	
NAME OF F	PROVIDER OR SUPPLIER			RECEIVED			
COOPE	RRIIS		LING FAR		By MH Lic & Cert Section a	at 11:33 am, Ma	y 11, 2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDE (EACH COR	R'S PLAN OF CORRE RECTIVE ACTION SHO ENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLE ⁻ DATE
V 000	deficiency was cite This facility is licen category: 10ANCA Living for Individua 27G .0209 (H) Med 10A NCAC 27G .0 REQUIREMENTS (h) Medication erro and significant adv reported immediate pharmacist. An ent and the drug reaction in the drug record. shall be charted. This Rule is not med Based on record ref facility failed to immediate pharmacist of medi sampled clients (CI Record review on 2 -Admission date of -Diagnoses of Schi Disorder. -Physician ordered -Daily Essential Nu a day for nutritional -Fish Oil 1 cap twic support.	was completed on 4/26/18. A ad. sed for the following service C 27G .5600A Supervised als with Mental Illness. dication Requirements 209 MEDICATION ors. Drug administration errors erse drug reactions shall be ely to a physician or ry of the drug administered on shall be properly recorded A client's refusal of a drug et as evidenced by: eview and interviews, the nediately notify a physician or cation errors for 1 of 3 ient #1). The findings are: 1/26/18 for Client #1 revealed: 11/10/16 zophrenia and Cannabis Use medications included: trients 4 caps three times	V 000	 (H) Medication F psychiatrist will any medications The communicat will be document medication adm adding a note to documentation of documentation of nurse was notified psychiatrist was psychiatrist's res The nurse manage working in the nu- administering me thorough underse documentation of the nurse manage 	ory requirement 27 Requirements, the be notified immedi not taken as sched tion with the psych ited in the electron inistration record k the existing of the medication. will include the tim ed (if applicable), ti notified, and the sponse.	iately of duled. niatrist nic by Specific ne the ime the all staff e ew going, se	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATE FORM

E TITLE President/CEO If Continuation sheet 1 of 3

(X6) DATE

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Origination and the	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		mhl075013	B. WING		04/26/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREETADDF	RESS, CITY, S	TATE, ZIP CODE			
COOPE	RRIIS		LING FAR RING, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
V 123	support. Review of February revealed: -Daily Essential Nur on 2/2/18, 2/10/18, -Fish Oil was initiale 2/10/18, 3/7/18 and -L-Methyfolate Calc on 2/2/18 and 2/10/ -NAC 600mg was in and 2/10/18. The exception note Client #1 "did not co There was no docur of missed or refused available. Interview on 4/26/18 revealed: -Typically their nurs Director (MD) via te refused a medicatio -The reason for the often that the client office) during the 2 I -She did not enter th EMAR until after she -There was no other documentation from notified. -She was unable to messages from her physician for those of #1.	nal support. in the morning for liver 7-April MARs for Client #1 trients was initialed and circled 3/7/18 and 4/16/18. ed and circled on 2/2/18, 14/16/18. sium was initialed and circled 18. nitialed and circled on 2/2/18 for all circled dates indicated ome during 2 hour window." mentation or incident reporting d medications for Client #1 8 with the Nurse Manager es contacted the Medical xt when a client missed or in. exception notes was most did not come (to the nurses	V 123	Currently, the CooperRiis psych documentation acknowledging medications not taken as sched order to monitor compliance we additional documentation requires the nurse manager will ensure corresponding documentation immediate communication exist electronic medication administ record. This monitoring will occover weekly basis.	any duled. In vith the lirements, that regarding sts in the ration		

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michaelfisat, PWS 5/10/18

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(X3) DATE SURVEY COMPLETED

04/26/2018

(X5)

COMPLETE

DATE

Division of	Health Service Regula	tion			FORM	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DA COM	
		mhl075013	B. WING		04/	
NAME OF F	PROVIDER OR SUPPLIER	STREETADD	RESS, CITY, S	TATE, ZIP CODE		
COOPE	RRIIS		LING FAR RING, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
	1		1			
V 123	Continued From pa	age 2	V 123	(Type Response Here)		
	-He thought the nu	rses used their level 1 incident				

report form for any missed/refused meds. -They had some difficulty with the EMAR and their electronic medical records being unable to

adding the MD notification to the EMAR

-This documentation would be easily corrected by

link together.

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If Continuation sheet 3 of 3

Michaelfort, PhD 5/10/18

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Board of Directors May. 11, 18

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Staff Michael D. Groat, Ph.D. Chief Executive Officer and President 828-894-7310 ichael.Groat@CooperRiis.org Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: MHL# 075-013 Annual Survey POC

Dear Ms. Cathy Samford,

We thank you and your department for the time spent with us April 25th and 26th to perform our annual survey. As always, we find this review to be insightful and beneficial in helping us to improve the quality of the services we provide.

Enclosed you will find our response to the deficiency noted and our plan of correction that we have already implemented.

Per my email correspondence with Susan McMickle on the 10th of May, I am emailing an electronic copy to her today May 11th. I am also placing the paper copy in the USPS to arrive next week.

If you have any questions or need any further information please contact Michel Groat, CEO, or Simon Wullimann, Managing Director Mill Spring, or myself and one of us will be more than happy to assist you.

Again, thank you for your kind and considerate assistance with this matter.

Sincerely. Thomas A. Warren, Chief Administrative Officer