

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/15/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, facility staff failed to assure: a) the medication was administered as ordered by their physician and b) the MAR was kept current for all medications administered to 2 of 2 clients (#1 & #2.) Facility staff also failed to assure a physician's order was available for all medications being administered affecting 1 of 2 clients (#2) The findings are:</p> <p>Review on 5/3/18 of Client #1's record revealed: - Admission date of 4/5/13 - Diagnoses of Schizoaffective Disorder; Epilepsy; Cannabis, Cocaine and Alcohol Abuse - in remission; Asthma and Status Post Hernia Surgery. - Physicians orders dated 1/5/18 included the following medications to be administered as needed (PRN) for the symptoms identified: 1. Vistaril 25mg - One every 6 hours for anxiety/itching: 2. Benztropine Mes 1mg - One tablet twice daily PRN anxiety/tremor: 3. Prolixin 5mg (Fluphenazine) - One tablet every 12 hours PRN agitation. 4. Ativan 0.5mg (Lorazepam) - One tablet at bedtime PRN agitation/sleep bubble pack.</p> <p>Review on 5/9/18 of Client #1's March 2018, April 2018 and May 2018 MAR revealed: 1. For Vistaril 25mg: a. Staff documented the PRN medication was dispensed every 6 hours each day in all identified months.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 118	<p>Continued From page 2</p> <p>b. Staff did not document on the MAR any reason for the client being administered the PRN medication every six hours on a daily basis each month.</p> <p>2. For Benztropine Mes 1mg:</p> <p>a. Staff documented the PRN medication was dispensed two times each day.</p> <p>b. Staff did not document the reason the client was administered the PRN medication two times each day on a daily basis each month.</p> <p>3. For Prolixin 5mg (Fluphenazine)</p> <p>a. Staff documented the PRN medication was dispensed two times each day in all months.</p> <p>b. Staff did not document the reason the client was administered the PRN medication two times each day on a daily basis each month.</p> <p>4. For Ativan 0.5mg (Lorazepam)</p> <p>a. Staff documented the PRN medication was dispensed each night in all months.</p> <p>b. Staff did not document the reason the client was administered the PRN medication every night on a daily basis each month.</p> <p>Observation on 5/9/18 of Client #1's medications-on-hand revealed:</p> <p>1. For Vistaril 25mg - Two bubble packs originally containing 100 tablets each was dispensed on 3/27/18. One pack contained the original 100 pills and the second pack had 7 pills remaining.</p> <p>2. For Benztropine Mes 1mg - One bubble pack dispensed on 4/11/18.</p> <p>3. For Prolixin 5mg (Fluphenazine) - One bubble pack was dispensed on 4/11/18 with 60 tablets. 18 of the original tablets dispensed remained in the bubble pack.</p> <p>4. For Ativan 0.5mg (Lorazepam) - Two bubble packs dispensed on 3/27/18 with 30 tablets each. One tablet remained.</p> <p>During interview on 5/9/18, the Associate</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 118	<p>Continued From page 3</p> <p>Director/House Manager:</p> <ul style="list-style-type: none"> - Confirmed staff did not document a reason for administering Client #1 the PRN medications every day in March, April and May on a regular basis. - She further confirmed staff did not have clear instructions/information from the client's physician on what symptoms/behaviors Client #1 should have for staff to determine if he needed to be administered the PRN medications. <p>Review on 5/3/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/16/17 - Diagnoses of Schizoaffective Disorder; Asthma and Mild Mental Retardation - Physicians orders dated 3/2/18 included the following medications: <ol style="list-style-type: none"> 1. Symbicort 160-4.5MCG Inhalation - Inhale two puffs twice each day. 2. Zyprexa 20mg (Olanzapine,) One tablet at bedtime and Zyprexa 2.5mg (Olanzapine) - One tablet every 12 hours PRN agitation. 3. No physician's order was found to administer the client Vitamin D 5000 IU, two capsules every day. <p>Review on 5/9/18 of Client #2's March 2018, April 2018 and May 2018 MAR revealed:</p> <ol style="list-style-type: none"> 1. For Symbicort 160-4.5MCG Inhalation, staff documented the medication was dispensed as ordered by his physician - inhale two puffs twice each day. 2. For Zyprexa 2.5mg, one tablet every 12 hours PRN agitation: <ol style="list-style-type: none"> a. Staff documented the client was administered the PRN Zyprexa 2.5mg, twice a day on a daily basis each month. However, staff did not document the reason the client was administered the PRN Zyprexa 2.5mg twice a day every day on a daily basis in each of the identified months. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 118	<p>Continued From page 4</p> <p>c. Staff documented the client was administered the PRN Zyprexa 2.5mg, one tablet every 12 hours PRN agitation every day in addition to the Zyprexa 20mg (Olanzapine,) one tablet at bedtime.</p> <p>3. Staff documented the client was being administered Vitamin D 5000 IU, two capsules every day.</p> <p>Observation on 5/9/18 of Client #2's medications-on-hand revealed:</p> <p>1. Two inhaler containers of the medication Symbicort 160-4.5MCG Inhalation</p> <p>a. One inhaler was dispensed on 12/4/17 originally containing 120 inhalations. The meter on the container registered only 25 had been administered.</p> <p>b. The second inhaler dispensed on 2/26/18 remained sealed in the original packaging and was unopened.</p> <p>2. A bubble pack of Zyprexa 2.5mg dispensed on 2/16/18, originally contained 60 tablets. One tablet remained in the pack.</p> <p>During further interview on 5/9/18, the Associate Director/House Manager:</p> <ul style="list-style-type: none"> - Was unable to clarify if Client #2 used the inhaler correctly as the meter on the inhaler registered only 25 inhalations had been used. - Confirmed there was no documentation as to the reason Client #2 was administered the PRN Zyprexa 2.5mg twice a day every day on a daily basis each of the identified months. - Confirmed there was no physician's order for the client to be administered Vitamin D 5000 IU, two capsules every day. 	V 118		
V 121	27G .0209 (F) Medication Requirements	V 121		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 121	<p>Continued From page 5</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record review, observations and interviews, facility staff failed to obtain a drug regimen review at least every six months for 2 of 2 clients (#1 & #2) being administered psychotropic drugs. The findings are:</p> <p>Review on 5/3/18 of Client #1's record revealed: - Admission date of 4/5/13 - Diagnoses of Schizoaffective Disorder; Epilepsy; Cannabis, Cocaine and Alcohol Abuse - in remission; Asthma and Status Post Hernia Surgery. - Physicians orders dated 1/5/18 included the following psychotropic medications: 1. Vistaril 25mg - One every 6 hours for anxiety/itching: 2. Benztropine Mes 1mg - One tablet twice daily PRN anxiety/tremor: 3. Prolixin 5mg (Fluphenazine) - One tablet every 12 hours PRN agitation. 4. Ativan 0.5mg (Lorazepam) - One tablet at</p>	V 121		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-164	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NEW DIMENSIONS INTERVENTIONS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 602 PIEDMONT WAY BURLINGTON, NC 27215
--	---

(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 121	<p>Continued From page 6</p> <p>bedtime PRN agitation/sleep bubble pack. - There was no psychotropic drug regimen review in the client's record.</p> <p>Review on 5/3/18 of Client #2's record revealed: - Admission date of 8/16/17 - Diagnoses of Schizoaffective Disorder; Asthma and Mild Mental Retardation - Physicians orders dated 3/2/18 included the following psychotropic medications: 1. Zoloff 100mg (Sertraline,) One tablet once daily 2. Zyprexa 20mg (Olanzapine,) One tablet at bedtime. 3. Zyprexa 2.5mg (Olanzapine,) One tablet every 12 hours PRN agitation. - There was no psychotropic drug regimen review in the client's record.</p> <p>During interview on 5/9/18, the Associate Director/House Manager: - Confirmed the client's records did not contain a psychotropic drug regimen review.</p>	V 121		