

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: DHSR - Mental Health B. WING: MAY 29 2018	(X3) DATE SURVEY COMPLETED 05/14/2018
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NAME OF PROVIDER OR SUPPLIER JOYCE ROBINSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3306 HENDRICK CHAPEL LANE CHARLOTTE, NC 28216	Lic. & Cert. Section
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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
V 000	INITIAL COMMENTS An annual survey was completed on 5/14/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	V 000	V118: -QP spoke to DSP and reminded her that it is the DSPs responsibility to request additional paperwork before they run out so documentation remains current. -QP provided copies of needed MARs to the DSPs.	
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	-QP will schedule a home visit with both AFL DSPs to discuss the requirements of the AFL home including, proper documentation, medication requirements and water temperature. A copy of the QP note will be give to the QA Associate director. -The DSP will complete the May MARs for both individuals including a late entry note indicating the medications were administered. A copy of the MARs with the late entry note will be given to the QA Associate Director. -Both DSPs in the home will attend a medication administration class at DDR. A copy of the training certificate will be given to the QA Associate Director upon completion. -The RN will complete quarterly medication reviews to ensure MARs are being complete accurately and timely. -The QP will complete monthly home visits for the next three months and will review MARs during the visits.	

Division of Health Service Regulation

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

TITLE

(X6) DATE

W. J. Fox QA Associate Director

5/23/18

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review, interviews and observations, the facility failed to ensure the MARS were kept current and medications administered were recorded immediately after administration. for 2 of 2 clients (#1, #2). The findings are:</p> <p>Finding #1 Review on 5/10/18 of client #1's record revealed: -admission date of 7/1/02 with diagnoses of Intellectual Developmental Disability-Moderate and Allergic Rhinitis; -physician's order dated 3/23/18 for the following medication: Amlodipine Besylate 5mg one tablet daily.</p> <p>Observation on 5/14/18 at 2:50pm of client #1's medication on site revealed amlodipine besylate (generic for Norvasc) 5mg one tablet daily dispensed 4/30/18.</p> <p>Review on 5/10/18 and 5/14/18 of client #1's MARs from 3/1/18-5/14/18 revealed no May 2018 MAR.</p> <p>Interview on 5/14/18 with client #1 revealed she got her pill daily.</p> <p>Interview on 5/14/18 with staff #1 revealed: -the Qualified Professional (QP) was supposed to bring some more MAR forms as they were out; -QP never brought any additional forms so May 2018 medication not documented; -client #1 has been on the same medication for</p>	V 118	<p>V118 continue: - The QP will submit a copy of the monthly home visit notes to the QA associate director.</p> <p>V752: -QP called the DSP to discuss the water temperature and requested that the temperature be lowered. QP reminded DSP that the water temperature needs to be between 100 and 116 degrees. -During home visit, QP will check the water temperature to ensure it was lowered and is between 100 and 116 degrees. QP will ensure the DSPs understand how to check water temperature appropriately. QP will ask DSP to check the water temperature monthly for the next three months and document what the water temperature is. QP will review the water temperature log during monthly home visits. After three consecutive months of normal water temperatures, the DSP can resume to quarterly checks and documentation. QP will document the water temperature readings in a QP note. -QP will turn in a copy of a QP note to the QA associate director monthly for the next three months.</p>	

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V 118	<p>Continued From page 2</p> <p>years and gets one pill a day; -always gives client #1 her medication daily.</p> <p>Finding #2: Review on 5/10/18 of client #2's record revealed: -admission date of 12/31/09 with diagnoses of Dysthymic Disorder, Disruptive Behavior Disorder, Intellectual Developmental Disability-Moderate, Enuresis, High Cholesterol and Seasonal Allergies; -physicians' orders dated 5/23/17 for the following medications: Flonase 50mcg one spray in each nostril daily, atorvastatin (generic for Lipitor) 20mg one tablet daily and Amitriptyline 10mg one tablet at bed.</p> <p>Observation on 5/14/18 at 2:55pm revealed the client #2's medications on site revealed: -Flonase 50mcg one spray in each nostril daily dispensed 4/27/18; -atorvastatin 20mg one tablet daily dispensed 4/25/18; -Amitriptyline 10mg one tablet at bed dispensed 4/23/18.</p> <p>Review on 5/10/18 and 5/14/18 of client #2's MARs from 3/1/18-5/14/18 revealed: -Flonase 50mcg one spray in each nostril daily not documented as administered from 5/1-5/14; -atorvastatin 20mg one tablet not documented as administered from 5/1-5/14; -Amitriptyline 10mg one tablet at bed not documented as administered from 5/1-5/14.</p> <p>Interview on 5/14/18 with client #2 revealed she got her medications every day.</p> <p>Interview on 5/14/18 with staff #1 revealed: -been busy and has not filled out May 2018 MAR for client #2;</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-have administered client #2's medication daily as prescribed; -usually document as administer but not this month.</p> <p>Additional observation on 5/14/18 at 2:58pm revealed staff #1 documenting on May 2018 MAR for client #2 for all three medications from 5/1-5/14.</p>	V 118		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure in areas of the facility where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees Fahrenheit affecting 2 of 2 clients (#1, #2). The findings are:</p> <p>Observation on 5/14/18 at 3:50pm of the hot water in the client bathroom sink revealed a hot water temperature reading of 122 degrees Fahrenheit.</p> <p>Review on 5/14/18 of the facility's incident reports from 3/1/18-present revealed no incidents of</p>	V 752		

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V 752	Continued From page 4 injuries related to the hot water temperature. Interview on 5/14/18 with staff #1 revealed: -clients #1 and #2 had no injuries this year; -clients #1 and #2 use the upstairs bathroom; -was not aware of the hot water temperature being over the required degrees; -will turn the hot water heater down.	V 752		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director

May 17, 2018

Diana Fox, QA/QI
DDR, Inc.
6824 Wilgrove-Mint Hill Road
Mint Hill, NC 28227

Re: Annual Survey Completed 5/14/18
Joyce Robison Home, 3306 Hendricks Chapel Lane, Charlotte, NC 28216
MHL# 060-1020
E-mail Address: dianafox@ddrinc.org

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual survey completed May 14, 2018. Deficiencies were cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Standard level deficiencies were cited

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is July 13, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr/ • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

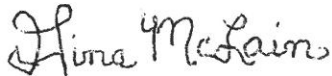
May 17, 2018
DDR, Inc.
Diana Fox

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Survey Consultant I

Cc:

Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File