

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
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NAME OF PROVIDER OR SUPPLIER EMERYWOOD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2206 EMERYWOOD ROAD GREENSBORO, NC 27403
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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 survey was completed on 5/16/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F A Facility in a Private Residence, Which Serves No More Than Three Adult Clients Whose Primary Diagnoses is Mental Illness, or Three Adult Clients or Three Minor Clients Whose Primary Diagnoses is a Developmental Disability.	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.	V 118		

DHSR - Mental Health
MAY 29 2018
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Quality Care III LLC Elen Bradley BS/CP Qualified professional
STATE FORM 6899 7MML11 TITLE (X6) DATE
5-25-2018
If continuation sheet 1 of 6

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V 118	<p>Continued From page 1</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> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility staff failed to ensure drugs administered to clients were recorded immediately after administration, in client's Medication Administration Record (MAR) and failed to keep medications on hand, for 1 of 1 client (client #1). The findings are:</p> <p>Review on 5/16/18 of client #1's record revealed: -an admission date of 1/1/17; -diagnoses of Attention Deficit Hyperactivity Disorder, Mood Disorder, Oppositional Defiant Disorder, Bipolar Disorder, Moderate Intellectual Disability, and 4th Duplicate Chromosome -an order by a physician dated 4/12/18 to take Benztropine (used to treat involuntary movement) .5 milligrams twice daily.</p> <p>Observation at 3:03 pm on 5/16/18 of medications on hand revealed: -Benztropine .5 milligrams was available; -Cetirizine (used to treat allergies) 10 milligrams, take daily was available; -Benztropine and Cetirizine were dispensed on 4/16/18; -Melatonin Time Release (used to regulate sleep) 10 milligrams, 1-2 at bedtime as needed was not available.</p> <p>Review on 5/16/18 of client #1's MAR revealed:</p>	V 118	<p><i>It is the agency policy that all staff go through a state regulated medication class. Upon hire the staff present at the said class. All staff that was employed to work in this facility will be re-trained on the proper procedures of dispensing medication, and the rules and regulations of proper medication handling. Enclosed is a copy of that training. All training are updated yearly. OP will also follow-up during supervisions that are done quarterly.</i></p>	5-24-2018

Enclosed is a copy of the training.

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V 118	Continued From page 2 -Benzotropine was not listed as a medication; -Cetirizine was not listed as a medication; -Melatonin was listed. Interview on 5/16/18 with the Provider revealed: -client #2's Melatonin was at his Guardian's home rather than at the facility; -he didn't think that he had to keep over the counter medications on hand at the facility; -Benzotropine and Cetirizine were not on the MAR yet as the medications had been recently ordered.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other	V 289		

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V 289	<p>Continued From page 3</p> <p>diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the</p>	V 289	<p>The measure that will be taken the president and the PP will follow-up by attending the training.</p>	

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V 289	<p>Continued From page 4</p> <p>facility failed to operate under the scope for which it was licensed affecting 2 of 2 clients (clients #1 and #2). The findings are:</p> <p>Review on 5/16/18 of the facility's license revealed the facility was licensed for the following service category: 10A NCAC 27G .5600F A Facility in a Private Residence, Which Serves No More Than Three Adult Clients Whose Primary Diagnoses is Mental Illness, or Three Adult Clients or Three Minor Clients Whose Primary Diagnoses is a Developmental Disability.</p> <p>Review on 5/16/18 of client #1's record revealed: -an age of 22 years old; -an admission date of 1/1/17; -diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorder, Oppositional Defiant Disorder, Bipolar Disorder, Moderate Intellectual Developmental Disability and 4th Duplicate Chromosome.</p> <p>Review on 5/16/18 of client #2's record revealed: -an age of 13 years old; -an admission date of 5/14/18; -diagnoses of Autism, ADHD, Temper Tantrums, Sleep Disorder, Severe Intellectual Disability; Sensory Integration Disorder of Childhood, Pica, Primary Nocturnal Enuresis, Poor Weight Gain, and Skin Picking Habit.</p> <p>Interview on 5/16/18 with the Provider revealed: -"I have been doing this a long time and I questioned combining adults and children in the facility;" -the Licensee had informed him that there were no issues with combining adults and minors in the facility.</p> <p>Interview on 5/16/18 with the Licensee revealed:</p>	V 289	<p>That is offered by DHHS connecting the dots. QP will attend training on 7-9-2018 and after training will follow up and train other members of the administrative team. On 10-8-2018 the president of quality care will attend the same training to ensure that all members that is associated with quality care from the administrative team to the rights committee is aware of the statute and regulations to the services we provide.</p> <p>Training Registration form present along with the confirmation letter to the training</p>	

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V 289	<p>Continued From page 5</p> <p>-he had been informed by the local management entity-managed care organization and his Qualified Professional that he was allowed to move a minor client into the facility that was already serving an adult client;</p> <p>-"there's so many rules and I'm still learning;"</p> <p>-he had allowed client #2 to be admitted to the facility as an emergency placement as a favor to his Guardian;</p> <p>-"I explained to them [the Guardian] what my setting was and they were ok with it;"</p> <p>-a request for a waiver to place client #2 at the facility had not been submitted to the Department of Health and Human Services.</p>	V 289		

TRAINING CERTIFICATE



has completed the required

Employee Training

in

Medication Administration (6.0 hours)

and is hereby granted the rights and privileges belonging to that training and achievement.

(This training is good for 1 year.)



RN Industries

Shaina N. Crudup, RN

5-24-2018

Training by:

Trainer: Shaina N. Crudup, RN, BSN

Date

American Heart Association

RN#: 152774



eric bradley <ericbradley30@gmail.com>

Connect the Dots Provider Training

1 message

Reeves, Danalouise V <Danalouise.Reeves@dhhs.nc.gov>

Thu, May 24, 2018 at 2:29 PM

To: eric bradley <ericbradley30@gmail.com>

We have received your request to attend the "Connecting the Dots" training.

The following people are registered to attend the July 9th, 2018 session in Raleigh:

- [REDACTED]

The sessions in Raleigh are on the Dorothea Dix Park campus, located in the Brown Building at [801 Biggs Drive, Raleigh, NC 27603](#) from 1:00 p.m. to 4:00 p.m. Please arrive on time, as we have a full agenda.

Each registered person should bring a printed copy of the documents listed below. Handouts will not be provided at the training. There will be assigned seating at the training and therefore it is important for **each registered person** to bring a copy of the documents. Wifi may not be available, please download all of the handouts required if using a laptop computer in lieu of printing the handouts.

Training Documents: <http://www.ncdhhs.gov/dhsr/mhcls/training.html>.

- Connecting the Dots power point
- Provider Resource Manual
- Procedures for Rule Enforcement

MHLC Rules <http://www.ncdhhs.gov/dhsr/mhcls/rules.html>

- **10A NCAC Chapter 13 N.C. Medical Care Commission**
 - Subchapter O Health Care Personnel Registry
 - [.0101 Definitions](#)
 - [.0102 Investigating and Reporting Health Care Personnel](#)
- **10A NCAC Chapter 26 Mental Health, General**
 - Subchapter C [Other General Rules](#)
- **10A NCAC Chapter 27 Mental Health, Community Facilities and Services**
 - Subchapter C [Procedures and General Information](#)
 - Subchapter D [General Rights](#)
 - Subchapter E [Treatment or Habilitation Rights](#)
 - Subchapter F [24-Hour Facilities](#)
 - Subchapter G [Rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services](#)

Please contact me if you have any questions or need additional information.



North Carolina Department of Health and Human Services
 Division of Health Service Regulation • Mental Health Licensure and Certification Section

**Connecting the Dots: Provider Training
 Registration Form**

Please complete and return via e-mail to: Danalouise.Reeves@dhhs.nc.gov

Date: 5-22-2018

Contact Information

Your Name:	[REDACTED]		
Telephone Number:	[REDACTED]	Email Address:	[REDACTED]
Agency Name:	QUALITY CARE III LLC		
MHL Number(s) Please list all:	041-994		
Licensure Code(s) Please list all:			

Training Location

Location Requested	Raleigh North Carolina
Training Date Requested	10-8-2018

Please list any other people within your agency that wish to attend the training. Since seats are limited, they must be registered as well.

Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	



North Carolina Department of Health and Human Services
 Division of Health Service Regulation • Mental Health Licensure and Certification Section

**Connecting the Dots: Provider Training
 Registration Form**

Please complete and return via e-mail to: Danalouise.Reeves@dhhs.nc.gov

Date: 5-22-2018

Contact Information

Your Name:	[REDACTED]		
Telephone Number:	[REDACTED]	Email Address:	[REDACTED]
Agency Name:	Quality Care - III LLC		
MHL Number(s) Please list all:	041-9951		
Licensure Code(s) Please list all:			

Training Location

Location Requested	Raleigh, North Carolina
Training Date Requested	7-9-2018

Please list any other people within your agency that wish to attend the training. Since seats are limited, they must be registered as well.

Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	
Name:			
Telephone Number:		Email Address:	

- 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. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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 Barbara Perdue at (336) 861-6283.

Sincerely,



Sheri Spicer
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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