



RHA Health Services
2003 Godwin Ave. Suite A1
Lumberton, NC 28358
Phone: 910-739-1468
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Nurse Fax: 910-887-2511

DHSR - Mental Health

MAY 22 2018

Lic. & Cert. Section

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

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To:	Mental Health Licensure/ Wendy Boone	Fax:	919-715-8078	
From:	Tammie Hollingsworth	Date:	5/21/18	
Re:	Robeson #3 POC	Pages:	4 (Including Cover)	
CC:				
Urgent	For Review	As Requested	Please Reply	Please Recycle

Additional Comments: _____

Confidentiality Note: The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law. Those laws limit your ability to further disclose this confidential medical information without the prior written consent of the patient/client and his/her legal guardian or unless otherwise permitted by State and Federal law. If you are not the intended recipient, you are hereby notified that any USE, disclosure, copying, distribution, or OTHER action taken WITHOUT RESPECT TO the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

PRINTED: 05/09/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
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NAME OF PROVIDER OR SUPPLIER ROBESON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 504 S ELM STREET MAXTON, NC 28364
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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	V 000		
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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	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAY 22 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

5/20/2018

Robeson #3
504 South Elm Street
Maxton, NC 28364
MLH 078-312

Robeson #3 Plan of Correction

V118 Complete Date: June 10, 2018

The facility will keep accurate records on Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration.

1. The RN will conduct monthly checks to ensure accurate document medication administration. RN will re-inservice staff on documentation and ensure accurate documentation is completed. QP/LPN will conduct bi-weekly checks on ensuring the MARs are documented correctly.
2. The RN will ensure all medication will be on site as ordered by the physician and accurate MARs are maintained in the medication cart. The RN, QP, and Home Manager will increase medication observations to two times a month to ensure accurate records on MAR of all drugs are administered to each client and kept current.

V537 Complete Date: June 10, 2018

The facility will train all employees to ensure competency-based, include measurable learning objectives, measurable testing (written and observation of behavior) on those objectives and measurable methods to determine passing or failing the course.

1. The ProAct Instructor will facilitate ProAct training for all new staff and re-inservice all staff annually. Robeson 3 staff will receive additional ProAct training to ensure competency. The ProAct Trainer and QP will increase Interaction Assessments in the home to three times a month for two consecutive months to ensure staff competency.

May 10, 2018
RHA Health Services NC, LLC
Tammie Hollingsworth


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 Wendy Boone at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section



Gloria S. Locklear
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO
Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File

TX Result Report

P 1
05/21/2018 16:53
Serial No. A61E011019740
TC: 100979

Addressee	Start Time	Time	Prints	Result	Note
9197333207	05-21 16:52	00:00:57	000/004	No Ans	FWD

Note TMR:Timer TX, PDL:Polling, ORG:Original Size Setting, FME:Frame Erase TX,
DPS:Page Separation TX, MIX:Mixd Original TX, CALL:Manual TX, CSRC:CSRC,
FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original,
FCODE:F-Code, RTX:Re-TX, RLV:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax,
IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-DK: Stop Communication, PW-OFF: Power Switch OFF,
TEL: Rx from TEL, NG: Other Error, CONT: Continue, No Ans: No answer,
REF: Receipt Refused, BUSY: Busy, M-Full:Memory Full, LOVR:Receiving length Over,
POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error,
DSN:DSN Response Error, PRINT:Compulsory Memory Document Print,
DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

MAY-21-2018 15:19 From:9108627150

9108627150

To:19197158078

Page:1/4



RHA
HEALTH SERVICES, INC.

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Lumberton, NC 28358
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