

PRINTED: 08/11/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2018
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NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed 5/14/18. 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	<p>V117 27G.0209(B) Medication Requirements -</p> <p>Proper handling of medication is clearly outlined in the agency's "Medication Requirements" policy. In order to prevent this incident from occurring in the future, the Group Home Manager will be required to retake medication administration training to ensure proper handling of medication. The Residential Supervisor will ensure that the group home manager has retaken the medication administration training and that an on-site medication check has been completed by a supervisor to ensure quality control and compliance.</p>	6/20/18
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p>	V 117	<p>RECEIVED</p> <p>JUN 21 2018</p> <p>DHSR-MH Licensure Sect.</p>	6/20/18

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

TITLE

(X6) DATE

STATE FORM

Suey Kelly
J3G211

Quality Improvement Director
6/21/18
If continuation sheet 1 of 6
Exp VP / Agency Director
6/21/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-990	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2018
NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612		
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V 117	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview, facility staff failed to assure one of three audited client's medications was securely maintained with the manufacturer's label including the prescriber's and pharmacy's contact information (#2). The findings are: Observation on 5/10/18 at approximately 3:00 PM of client #2's medications revealed a zip lock bag with 2 small peach colored pills with hand written information identifying the pills as " Fexofenadine HCL 180 mg for allergies pill as needed". Review on 5/10/18 of client #2's record revealed: - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 8/15/17 for Expending 180 mg with instructions to administer once daily as needed - March , April and May 2018 medication administration records with documentation reflecting the medication was administered During an interview on 5/10/18, the Administrative Liaison reported the medication belonged to client #2 and was administered daily at 8:00 AM. The Administrative Liaison reported a locked box would be purchased for the medication. During an interview on 5/14/18, the Qualified Professional/ Residential Manager reported the medications in the zip lock bag were probably	V 117		6/20/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-880	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612		
(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 117	Continued From page 2 brought to the home by client #2's parent.	V 117		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review and interview, facility staff failed to assure one of	V 119	V119 27G.0209(D)-Medication Requirements: Proper handling of medication is clearly outlined in the agency's "Medication Requirements" policy. (Please see attached) In order to prevent this incident from occurring in the future, the Group Home Manager will retake medication administration training to ensure medications are properly checked for expiration dates. The Residential Supervisor, will ensure group home manger has retaken medication administration training and that onsite monthly medication checks are completed by a supervisor to ensure quality control and compliance with medication requirements policy.	6/20/18

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-890	A. BUILDING: _____	B. WING: _____	05/14/2018
NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3708 ARBOR DRIVE RALEIGH, NC 27612		
(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 119	Continued From page 3 three audited client's expired medication was disposed of to guard against accidental ingestion(#2). The findings are: Observation on 5/10/18 at 4:02 PM of the kitchen revealed Acidophilus and Bifidus capsules were stored un-secured in the refrigerator. The expiration date on the medication was March 2018. Review on 5/10/18 of client #2's record revealed: - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 2/21/18 for one Acidophilus capsule to be administered once daily - March, April and May 2018 medication administration records with documentation reflecting the medication was administered daily During an interview on 5/10/18, the Administrative Liaison reported she was not aware the medication had expired.	V 119		6/20/18
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment	V 120	V120 27G.0209 (E) The Group Home Manager has received supervision regarding this and the refrigerated medications will now be kept in a locked box, within a separate refrigerator in the office of the group home - separate from the group home's refrigerator.	6/20/18

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V 120	<p>Continued From page 4</p> <p>or container; (C) separately for each client; (D) separately for external and internal use; (E) In a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, one of three audited client's medications was not securely stored in the refrigerator (#2). The findings are:</p> <p>Observation on 5/10/18 at 4:02 PM of the kitchen revealed Acidophilus and Bifidus capsules were stored un-secured in the refrigerator.</p> <p>Review on 5/10/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 2/19/14 - an FL2 dated 11/20/17 with diagnoses including Autism, Anxiety Disorder and Chronic Hepatitis B - a physician's order dated 2/21/18 for one Acidophilus capsule to be administered once daily - March, April and May 2018 medication administration records with documentation reflecting the medication was administered daily <p>During an interview on 5/10, 18, the Administrative Liaison reported the medication belonged to client #2 and was administered daily at 8:00 AM. The Administrative Liaison reported a locked boxed would be purchased for the medication.</p>	V 120		

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Activity: Group Home	Procedure No:	IV.O.12
SUBJECT: MEDICATION REQUIREMENTS	Effective Date:	05/09/17
	Supersedes:	03/11/14
SERVICES: MH/DD/SAS	Approval	Senior Management

Policy:

Universal MH/DD/SAS is dedicated to ensuring that medications are dispensed, labeled, and disposed of in an appropriate manner. To this end, Universal complies with 10 NCAC.27G with regard to medication requirements.

Procedures:

- 1) Medication Dispensing:
 - a) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe;
 - b) Dispensing shall be restricted to physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, container, and its contents are physically checked and approved by the authorized person prior to dispensing.
 - c) Prescriptions will be refilled when there is a minimum of five (5) daily doses remaining. If the prescription is active, the Group Home staff will call the medical professional and arrange an appointment to see that the prescription is rewritten. This must be accomplished prior to the minimum of five (5) daily doses of the medication remaining. Group Home must keep a copy of the prescriptions on site.
- 2) Medication Packaging and Labeling:
 - a) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;
 - b) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;
 - c) The packaging label of each prescription drug dispensed must include the following:
 - i) the person's served name;
 - ii) the prescriber's name;
 - iii) the current dispensing date;
 - iv) clear directions for self-administration;
 - v) the name, strength, quantity, and expiration date of the prescribed drug; and
 - vi) the name, address, and phone number of the pharmacy or dispensing practitioners (e.g. mh/dd/sas center), and the name of the dispensing practitioner.

Activity: Group Home	Procedure No:	IV.O.12
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3) Purchase of Medications:

- a) Medications are purchased through an established relationship with local pharmacies;
- b) Pharmacies will bill funding sources directly (i.e.: insurance, Medicare, Medicaid). In any case where a co-pay is owed or medication is not covered by funding source, payment will be taken from individual's private funds. Receipts will be kept and individual's fund will be reconciled monthly.

4) Medication Administration:

- a) 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; Medications should be self administered by clients only when authorized in writing by the client's physician.
- b) A Medication Administration Record (MAR) of all drugs administered to each person served must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:
 - i) person's served name;
 - ii) name, strength, and quantity of drug;
 - iii) instructions for administering the drug;
 - iv) date and time drug is administered; and
 - v) name or initials of person administering the drug;
- c) Person served requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician;
- d) Prescription or non-prescription drugs shall only be administered to a person served on the written order of a person authorized by law to prescribe drugs.

5) Medication Disposal:

All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion; a record of the medication disposal should be maintained to the program. Documentation should specify the person's served name, medication name, strength, quantity, disposal date, and method, signature of person disposing of medication and witness signature.

- a) Non-controlled substances shall be disposed of by incineration or transfer to a local pharmacy for destruction. A record of the disposal shall be maintained by the program.
- b) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments;
- c) Upon discharge of a resident, the remainder of his/her drug supply shall be disposed of properly.

Activity: Group Home	Procedure No:	IV.O.12
SUBJECT: MEDICATION REQUIREMENTS	Effective Date:	05/09/17
	Supersedes:	03/11/14
	Approval	Senior Management
SERVICES: MH/DD/SAS		

- 6) Medication Storage:
- a) All medication shall be stored:
 - i) In a securely locked cabinet in a clean, well-lighted, ventilated room between 59 and 86 degrees F;
 - ii) In a refrigerator, if required, between 36 and 46 degrees F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;
 - iii) Separately for each person served;
 - iv) Separately for external and internal use;
 - v) In a secure manner if approved by a physician for a person served to self-medicate.
 - vi) Each facility that maintains stocks of controlled shall be currently registered under the North Carolina Controlled Substances Act and shall be in compliance with the North Carolina Substances Act, G.S. 90, Article 5, including any subsequent amendments.
- 7) Medication Review:
- a) If a person served receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review by a pharmacist or physician of each person's served drug regimen at least every six (6) months. The director or contractor shall assure that the person's served physician is informed of the results of the review when medical intervention is indicated;
 - b) The findings of the drug review shall be recorded in the person's served record along with corrective action, if applicable.
- 8) Medication Education:
- a) Each person served started or maintained on a medication shall receive either oral or written education regarding the prescribed medication by the physician or their designee;
 - b) The medication education shall be sufficient to enable the person served or responsible person to make an informed consent, to safely administer the medication, and to encourage compliance with the prescribed regimen;
 - c) The physician shall document in the person's served record that education for the prescribed psychotropic medication was offered and either provided or declined. If provided, it shall be documented in what manner it was provided, and to whom.
- 9) Medication Errors:
- a) Drug administration errors and significant adverse reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A person's served refusal of a drug shall be charted.

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Activity: Group Home	Procedure No:	IV.O.12
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SERVICES: MH/DD/SAS		

10) Vacations/Home Visits/Outings

- a) Prescription medication may be transported during outings, home visits, or vacations in either the entire prescription bottle or an entire prescription bottle with a limited amount of the prescription;
- b) If the individual to whom the medication is prescribed is their own guardian, the individual may keep control of their medication bottle;
- c) If the individual to whom the medication is prescribed is not their own guardian, the medication will be kept in a locked container, in the prescription bottle during transportation and outings.

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UNIVERSAL

MH/DD/SAS

"Caring People, Caring for People"

Universal Mental Health Services, Inc
839 Wilkesboro Blvd
Lenoir, NC 28645
Phone: 828-759-2228
Fax: 828-759-0159

FAX

To: Dani-Roakin-Meen From: Tracy Fry
 Fax: 919-715-8058 Pages: 12 (including coversheet)
 Phone: _____ Date: 6/21/18
 Re: Plan of correction cc: _____

Please see attached
plan of correction for
MHL# 092-890

Please contact me if any
questions or if you need
anything further
at 828-448-4572

Thank you
Tracy Fry

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JUN 21 2018

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