

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2018

NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909
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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 June 29, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5000C Supervised Living for Adults with Developmental Disabilities	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 (A) 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		

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JUL 12 2018
DHSR-MH Licensure Sect

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

John W. Wall

TITLE: *CEO/Operations Dir.* (X6) DATE: *7-12-18*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL070-062	(X2) MULTIPLE CONSTRUCTION C BUILDING: _____ D WING: _____	(X3) DATE SURVEY COMPLETED 06/29/2018
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NAME OF PROVIDER OR SUPPLIER
BETTER CONNECTIONS-ELIZABETH CITY

STREET ADDRESS, CITY, STATE, ZIP CODE
**1331 FOUR FORKS ROAD
ELIZABETH CITY, NC 27909**

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to administer medication on the written order of a physician for one of three clients (#1) and failed to keep one of three clients (#2) MAR current. The findings are:</p> <p>A. Review on 6/28/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted on 5/11/16 - Moderate Intellectual Development Disability; Diabetes; Seizure Disorder; Cerebral Palsy and Congestive Heart Failure - 8/3/17 physician order "give 40mg Lasix if >3 pound weight give (can treat fluid retention and swelling caused by congestive heart failure...) <p>Review on 6/28/18 of client #1's daily weights revealed:</p> <ul style="list-style-type: none"> - on 6/19/18 she weighed 211.4 - on 6/20/18 she weighed 214.9 <p>Review on 6/28/18 of the June 2018 MAR revealed:</p> <ul style="list-style-type: none"> - no documentation of a 40mg Lasix being administered <p>During interview on 6/28/18 the Residential Manager reported:</p> <ul style="list-style-type: none"> - staff are supposed to monitor if client #1 had a weight gain of more than 3 pounds - they are supposed to contact the facility nurse prior to administering the 40mg Lasix <p>During interview on 6/29/18 the facility's nurse</p>	V 118	<p>V118</p> <ul style="list-style-type: none"> - Residential Director will check weight log at least 3 x a week to monitor Client's #1's weight to determine if there has been greater than 3 pounds or a significant weight loss. RD will note initials alongside staff initials who charts on the individual's weight throughout this poc. - Staff will continue to record weight daily on log or in EMR/Therap once implemented and continue to monitor and report any concerns. - RN will in-service to staff about the following: <ul style="list-style-type: none"> importance of increase weight gain (fluid) or significant weight loss and consequences as a result; importance of administering the prescribed medication as noted from physician/script/protocol for Client #1; importance of daily documentation when administering medication on MAR documentation for Client #2; will monitor for compliance 2 x a month throughout poc and monthly thereafter to ensure individual's health and safety. - Staff will follow the protocol/order for administering the Lasix as noted by medical doctor. RN will also train staff on this as well to ensure accuracy and clarification on administration for Client #2. Clarification from medication doctor has been obtained and will be provided to staff during in-service. - Residential Director will review MAR at least 3 times a week to ensure appropriate documentation is noted on individuals' MAR daily. Checklist will be completed by RD documenting her review throughout poc. Ongoing monitoring will continue to ensure compliance by RD when monthly household checklist is completed. See attached checklist indicating RD completed weekly reviews. 	8-28-18
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NAME OF PROVIDER OR SUPPLIER BETTER CONNECTIONS-ELIZABETH CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1331 FOUR FORKS ROAD ELIZABETH CITY, NC 27909
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V 118	<p>Continued From page 2</p> <p>reported:</p> <ul style="list-style-type: none"> - he was not contacted for a 3 pound or more weight gain of client #1 - he only requested staff to call if they notice swelling, shortness of breath...for client #1 - there was a protocol sheet at the facility that staff are supposed to follow for administering the Lasix <p>B. Record review on 6/28/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 8/1/17 - diagnoses of Severe Intellectual Development Disability and Impulse Control Conduct Disorder - a physician order dated 4/24/18 for the following medications: Fish oil 1,000mg twice a day (nutrients that are important in preventing and managing heart disease; Tramadol 50mg twice a day (used to treat moderate to severe pain); Cardizem 24mg bedtime (used to treat hypertension...) <p>Review on 6/28/18 of client #2's June MAR revealed:</p> <ul style="list-style-type: none"> - on 6/11/18 the Fish oil, Tramadol and Cardizem medications had not been signed for the bedtime dose <p>During interview on 6/28/18 the Residential Director reported:</p> <ul style="list-style-type: none"> - she tried to look over the MARs every three days - she should have caught the blank spaces on 6/11/18 - the facility nurse reviewed the MARs twice a month - he has not been to the facility since May 2018 	V 118		