

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 9, 2018

Mrs. Brandi Williams-Burchett
Tri-County Community Health Council, Inc.
1480 Maple Grove Church Road
Dunn, NC 28334

Re: Annual Survey completed 7/5/18
Harvest House, 1470 Maple Grove Church Road, Dunn, NC 28334
MHL # 082-014
E-mail Address: bburchett@commwellhealth.org

Dear Mrs. Williams-Burchett:

Thank you for the cooperation and courtesy extended during the annual survey completed July 5, 2018.

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 3, 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.

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

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

July 9, 2018
Brandi Williams-Burchett
Tri-County Community Health Council, Inc.

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, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson
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
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
File

Division of Health Service Regulation

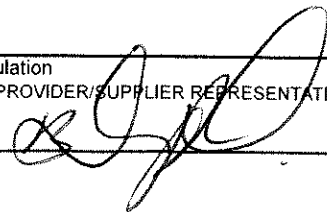
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/05/2018
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NAME OF PROVIDER OR SUPPLIER HARVEST HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1470 MAPLE GROVE CHURCH ROAD DUNN, NC 28334
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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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on July 5, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E, Supervised Living for Adults whose Primary Diagnosis is Substance Abuse Dependency.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

Brandi Burchett 

TITLE

V.P. of BHS

(X6) DATE

7/19/18

Division of Health Service Regulation

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V 112	<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 develop and implement strategies based on assessment for two of three audited clients (#6 & #9). The findings are:</p> <p>Review on 7/5/18 of client #6's record revealed: - 35 year old male admitted to the facility 6/21/18. - Diagnoses included Alcohol Dependence, Cocaine Dependence, Cannabis Dependence, Opioid Dependence, Alcohol Dependence with Alcohol Induced Mood Disorder, Major Depressive Disorder, Generalized Anxiety disorder, Post-Traumatic Stress Disorder, and Hepatitis C. - Person Centered Plan signed 6/21/18 with no goals or strategies to address client #6's diagnosis of Hepatitis C.</p> <p>Review on 7/5/18 of client #9's record revealed: - 53 year old mal admitted to the facility 7/3/18. - Diagnoses included Alcohol Dependence, Cocaine Dependence, Post-Traumatic Stress Disorder, and Diabetes. - Person Centered Plan signed 7/3/18 with no goals or strategies to address client #9's Diabetes or its management.</p> <p>During interview on 7/5/18 the Residential Clinical Manager stated some of his responsibilities included supervising the Substance Abuse Counselors and the Residential Supervisor, assisting with client intakes, and screenings, and facilitating groups as needed. The Substance Abuse Counselors were responsible for developing the Person Centered Plans. Client medical needs, such as Diabetes, Hepatitis C, HIV-AIDS (human immunodeficiency</p>	V 112		

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V 112	Continued From page 2 virus-acquired immunodeficiency syndrome), and their management, should be included in the treatment plans. The facility's clinical management team had discussed inclusion of medical needs in the treatment plans recently. He would ask the counselors to include medical needs in the treatment plans.	V 112		
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	V 118		

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V 118	<p>Continued From page 3 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview the facility failed to administer medications as ordered by a physician and to keep the MAR current affecting one of three audited clients (#3). The findings are:</p> <p>Review on 7/5/18 of client #3's record revealed: - 37 year old male admitted to the facility 6/21/18. - Diagnoses included Alcohol Dependence, Cocaine Dependence, Cannabis Dependence, Opioid Dependence, and Hallucinogen Dependence. - Physician's orders signed 6/21/18 for Buspirone (treats anxiety) 15 mg (milligrams) one tablet by mouth twice daily, Effexor XR (extended release) (treats depression and generalized anxiety disorder), 75 mg one tablet by mouth every morning.</p> <p>Review on 7/5/18 of client #3's MARs for June and July 2018 revealed: - MARs kept electronically. - Documentation that the evening dose of Buspirone was not administered 6/22/18 or 6/28/18; no explanation for the omission was documented. - Transcription for Effexor XR 37.5 mg, one tablet by mouth every day, with staff documentation that medication was administered twice daily since admission since client #3's admission.</p> <p>Observation at approximately 2:30 pm on 7/5/18 of client #3's medications on hand revealed</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Effexor XR 75 mg, one tablet by mouth every morning, dispensed 5/8/18.</p> <p>During interview on 7/5/18 client #3 stated he took his medications daily and had not missed any doses since his admission to the facility.</p> <p>During interview on 7/5/18 the Residential Clinical Manager stated he understood the requirement for clients to receive medications as ordered by the physician and for MARs to be kept current and reflect the physician's orders. He would have the MAR transcription for Effexor ER corrected.</p>	V 118		

7/19/2018

Harvest House 1470 Maple Grove Church Road, Dunn NC 28334/ MHL#082-014/

E-mail Address: Bburchett@commwellhealth.org

Re: Annual Survey completed 7/5/18

Plan of Correction- Corrective Action Steps:

Deficiency #1 27G.0205- Treatment Planning	Responsible Party	
<p>Based on record review and interview the facility failed to develop and implement strategies based on assessment for two of three audited clients</p>		
<p>POC for Deficiency #1</p>		
<p>Correction: On 7/ 6/2018 an education session occurred with the residential counselors who conduct the Person-Centered Plans (PCP)/ Treatment plans for the residential clients. In this meeting it was reviewed the findings from the DHHS annual site visit. The two clients who had chronic diseases such as Hepatitis and Diabetes had their plans updated and it was explained the staff the rational and reason that it needed to be revised.</p>	<p>Clifton Smith- Residential Clinical Manager- was responsible for the educational training and will review the counselors' PCPs monthly to assure compliance with the training expectations.</p>	<p>Monitoring: Alicia Peton-Clinical Director- will review quarterly internal audits the PCPs of the review to assure continuity of implementation of clinical protocol with all providers. This practice will be ongoing.</p>
<p>Prevention: On 7/12/2018 an education session occurred with all the clinical staff on Person-Centered Plans (PCP)/ Treatment plans. In this educational session it was reviewed the findings from the DHHS annual site visit. In the PCP trainings it was reviewed the inclusion of coordinated care and the service goals to include the clients' physical health, mental Health, substance use, environmental factors such as social determinates and identified case management needs. 7/16/2018 an additional all staff educational session occurred on Person-Centered Plans (PCP)/ Treatment plans. In the PCP trainings it was reviewed "Four Key Rules of Person Centered Planning. 1. The belief that an individual can plan for themselves. 2. The care plan is written in the first person to make it clear that it is the individual who own it. 3. The individual has as much control as possible over the choices they make. 4. The plan is there to make the individuals life better, nit fit them into an existing service.</p>	<p>Alicia Peton-Clinical Director- was responsible for the educational training and will review the clinical staffs' PCPs weekly to assure compliance with the training expectations. This practice will be ongoing.</p>	<p>Alicia Peton- Clinical Director will monitor periodic ongoing internal audits to assure continuity of implementation of clinical protocol with all providers.</p>

<p>The expectation was established with all staff that moving forward in treatment and service plans the clients diagnosis, (behavioral health or medical), environmental factors, care coordination, case management and social determinants will be addressed.</p>		
<p>Deficiency #1 27G.0209- Medication Requirements Based on record review, observation, and interview the facility failed to administer medications as ordered by a physician and to keep the MAR current.</p>		
<p>POC for Deficiency #2 Correction: On 7/06/2018 the Medication Administration Records (MARs) were revised in accordance to physicians' order. Residential Clinical Manager corrected medication error in the Electronic Medication Administration Record (eMAR) and notified residential staff of the change.</p>	<p>Clifton Smith- Residential Clinical Manager- was responsible for the correction to the eMAR on the identified client errors.</p> <p>Sonya Thornton- Residential Supervisor will be responsible for weekly medication reconciliations for all residential clients to ensure that MARs are meeting the DHHS medication requirements.</p>	<p>Monitoring: Clifton Smith- Residential Clinical Manager will review 3 random clients charts monthly verifying that the medication reconciliations are taken place according to the POC as weekly and that the medications are accurate and meeting the DHHS medication requirements.</p>
<p>Prevention: On 7/ 11/2018 an education session occurred with the Residential Supervisor to review the DHHS findings as well as what is being put into place to prevent and monitor the MARs more effectively. This will be that the residential Supervisor will conduct weekly medication reconciliations on all the residential clients. This will be to ensure that the prescription, physician order and MAR match as well as to ensure that no missed medications are occurring. The medication reconciliations will also serve for accuracy and to ensure that the processes and procedures put into place are ensure compliance with POC. On 7/25/2018 a residential staff meeting will occur with all staff responsible for administering, updating, and entering medications. This will be to review the DHHS findings and review the policy and procedures for medication administration.</p>	<p>Clifton Smith- Residential Clinical Manager- will be responsible for Conducting a staff meeting with the staff on the DHHS findings and the POC put into place on Wednesday 7/25/18.</p> <p>Sonya Thornton- Residential Supervisor will be responsible for the weekly medication reconciliations on all residential clients weekly.</p>	<p>Monitoring: Clifton Smith- Residential Clinical Manager- will review 3 random clients charts monthly verifying that the medication reconciliations are taken place according to the POC.</p>