

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL075-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2018
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NAME OF PROVIDER OR SUPPLIER HOLLY HILL	STREET ADDRESS, CITY, STATE, ZIP CODE 84 HOLY HILL DRIVE COLUMBUS, NC 28722
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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)	(X6) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 5/31/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUL 20 2018</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Ulrike Baldwin, BS TITLE
Program Integrity Admin. (X8) DATE
7-20-18

Division of Health Service Regulation

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 2 of 3 clients (Client #1 and Client #2). The findings are:</p> <p>Record review on 5/30/18 for Client #1 revealed: -Admission date of 6/1/09 with diagnoses of Aspergers, Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorder and Borderline Intellectual Disability. -Physician ordered medications included: --Lithium Carbonate 300mg (mood stabilizer) 1 cap in AM and 2 caps at bedtime. Review on 5/30/18 of March-May 2018 MARs revealed: --Lithium Carbonate was not initialed as administered on 5/25/18 pm dose. --5/25/18 pm dose for Lithium Carbonate was also not listed on the count sheet.</p> <p>Record review on 5/30/18 for Client #2 revealed: -Admission date of 6/1/09 with diagnoses of Traumatic Brain Injury and Mild Intellectual Disability. -Physician ordered medications included: --Baclofen 10mg (muscle spasms) twice daily. --Gabapentin 100mg (nerve pain) 2 caps three times daily. --Zolpidem Tartrate 10mg (sleep) at bedtime Review on 5/24/18 of March-May 2018 MARs revealed: --Baclofen was not initialed as administered on</p>	V 118	<p>Each staff involved in not completing the MAR correctly has been given a refresher course on medical records documentation</p> <p>Staff involved in 5/25/18 dose of Lithium Carbonate has been given a refresher for medication administration.</p>	<p>6/7/18</p> <p>6/4/18</p>

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V 118	<p>Continued From page 2</p> <p>3/30/18 pm dose. --Gabapentin was not initialed as administered on 3/30/18, 4/28/18, 4/29/18 and 4/30/18 all noon doses. --Zolpidem Tartrate was not initialed as administered on 3/1/18-3/31/18 and 4/2/18-4/30/18. The count sheet for this medication and for this time period were signed. No order for self-administration of Gabapentin for noon dose was available.</p> <p>Interview on 5/31/18 with the Qualified Professional (QP) revealed: -Client #2 took a baggie with her noon dose of Gabapentin in her lunch box and self-administers this during lunch. No one had ever asked about a self-administer order. -Staff completed the counts sheets for each medication and served as their backup to the MAR. -"Evidentially I need to pay more attention to the MARs" during the monthly review.</p>	V 118	<p>Obtained an order for client #2 to self administer noon medication on 5/30/18.</p> <p><i>Aisha Baldwin BSN</i></p>	<p>5/30/18</p> <p>7/20/18</p>

Synergy In Action, Inc.
"Greater Results Together"

20 Jervey Rd., Ste 102 Tryon, NC 28782
Phone: 828-859-0259 Fax: 828-859-0293

DHSR - Mental Health

JUL 20 2018

Lic. & Cert. Section

FAX

Company: NCDHAS Attention: Cathy Sanford
Subject: _____ Number of Pages: 6
Fax Number: 1-919-715-8078 Date: 7-20-18
Sender: Synergy In Action, Inc.

Message:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged or otherwise exempt from disclosure under applicable law. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying, of this communication is strictly prohibited. If you have received the communication in error, please notify us immediately by telephone. Thank You



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

June 22, 2018

Julie Grigg
Synergy In Action, Inc.
20 Jervey Road, Suite 102
Tryon, NC 28782

Re: Annual Survey completed May 31, 2018
Holly Hill, 84 Holly Hill Drive, Columbus, NC 28722
MHL # 075-023
E-mail Address: jgrigg@synergyinaction.org

Dear Ms. Grigg:

Thank you for the cooperation and courtesy extended during the annual survey completed 5/31/18.

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 other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 7/30/18.

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.

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 27609-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3785 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

6/22/18
Julie Grigg
Synergy In Action, Inc.

- Indicate *how often* the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

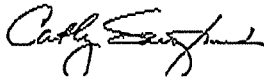
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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 Lisa Holmes, Team Leader at 828-686-0750.

Sincerely,



Cathy Samford
Facility Survey Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
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