

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/26/2018
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NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
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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 on 6/26/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals for all Disability Groups.</p>	V 000	<p>The QP met with the Group Home manager and went over rule V121 showing that we are required to have a review of psychotropic drugs every six months, not every year as thought. The Group home manager will be responsible for making sure a Dr. or Pharmacist reviews these meds every six months, with the QP being responsible to oversee this and make sure its being completed.</p>	
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 1 of 3 sampled clients (#3). The findings are:</p> <p>Observation on 6/25/18 at 9:25am of the medications for Client #3 included: -Invega 6 mg 1 tablet daily. -Fluoxetine 20mg 1 tablet daily.</p>	V 121		

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

TITLE

(X6) DATE

Joel Casner

Executive Director

7-6-18

Division of Health Service Regulation

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V 121	<p>Continued From page 1</p> <p>Review on 6/25/18 of the record for Client #3 revealed: -Admission date of 5/28/15 with diagnoses of Mild Intellectual Developmental Disability, Anxiety Disorder, Seizure Disorder, Stephen Johnson's Syndrome, Vitamin D Deficiency and Allergic Rhinitis. -No documentation of a drug regimen review.</p> <p>Interview on 6/26/18 with the Qualified Professional (QP) revealed: -The facility was doing a medication review once each year. -He was not aware they were required every 6 months. -The QP would ensure the medication reviews for clients who received psychotropic medications were completed every 6 months.</p>	V 121		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

June 29, 2018

Jacob Cresmen, Executive Director
ARC Cherokee/Clay, Inc.
82 Boyd Street
Andrews, NC 28901

Re: Annual Survey completed 6/26/18
Pleasant Valley Group Home, 33 Gentle Dove Lane, Murphy, NC 28906
MHL # 020-009
E-mail Address: arcofcc@gmail.com

DHSR - Mental Health

JUL 20 2018

Lic. & Cert. Section

Dear Mr. Cresmen:

Thank you for the cooperation and courtesy extended during the annual survey completed 6/26/18.

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 deficiencies must be **corrected** within 60 days from the exit of the survey, which is 8/25/18.

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.
- 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 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

June 29, 2018
Jacob Cresmen
ARC Cherokee/Clay, Inc.

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

Sincerely,

Sherry Waters

Sherry Waters
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Brian Ingraham, Director, Vaya Health, LME/MCO
Patty Wilson, Quality Management Director, Vaya Health, LME/MCO
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