

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL020-009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/26/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT VALLEY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>33 GENTLE DOVE LANE MURPHY, NC 28906</b>
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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	INITIAL COMMENTS  An annual survey was completed on 6/26/18. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.	V 000	<p>The QP met with both home managers and went over the rule (V118) and our failure to meet it. The home manager contacted the Dr and got DC order for the medications, as well as correcting the MAR to reflect this. The QP will monitor the MAR more closely, quarterly, to make sure this doesn't happen again.</p> <p>DHSR - Mental Health JUL 20 2018 Lic. &amp; Cert. Section</p>	
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 with a physician.	V 118		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Janet Cramer*  
STATE FORM

*Executive Director*

*7-6-18*

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview, and record review the facility failed to maintain the MAR current for 2 of 3 sampled clients (#1,#2). The findings are:</p> <p>Review on 6/26/18 of the record for Client #1 revealed: -Admission date of 6/6/2000, diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia and Seasonal Allergies. -Physician order for Hydroxyzine 25mg as needed, dated 12/7/18. -Physician order for Maxair 0.2mg 2 puffs every 4 hours as needed, dated 10/14/16.</p> <p>Review on 6/26/18 of the April, May and June 2018 MAR for Client #1 included: -Hydroxyzine 25mg as needed. -Maxair 0.2mg 2 puffs every 4 hours as needed.</p> <p>Review on 6/26/18 of the record for Client #2 revealed: -Admission date of 12/1/93 with diagnoses of Mild Intellectual Developmental Disability, Dysthymic Disorder, Hypothyroidism, Vitreous Degeneration, and Bilateral Presbyopia. -Physician order for Flovent HFA 110mcg 2 times daily as needed.</p> <p>Review on 6/26/18 of the April, May and June 2018 MAR for Client #2 revealed: -Flovent was not listed as a current medication.</p> <p>Interview on 6/26/18 with the Qualified Professional (QP) revealed:</p>	V 118		
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V 118	Continued From page 2  -Client #1 was taken to the physician by his mother who got the medications discontinued. -The facility should have obtained an order to discontinue both medications and removed them from the MAR as a current medication for Client #1. -The Flovent was discontinued by the physician, but the facility did not have an order to discontinue the medication. -The QP would obtain the orders for discontinuation of the medications and ensure the MAR for both clients matched the current medications.	V 118	<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</p>	V 121	

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V 121	<p>Continued From page 3</p> <p>months for 1 of 3 sampled clients (#1). The findings are:</p> <p>Observation on 6/26/18 at 10:00am of the medications for Client #1 included: -Lorazepam 1mg take 1.5 at bedtime.</p> <p>Review on 6/26/18 of the record for Client #1 revealed: -Admission date of 6/6/2000, diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia and Seasonal Allergies. -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		
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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 Hill Group Home, 82 Boyd Street, Andrews, NC 28901  
MHL # 020-006  
E-mail Address: [arcofcc@gmail.com](mailto:arcofcc@gmail.com)

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 deficiency 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](http://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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