

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN/FARMPOND LANE		STREET ADDRESS, CITY, STATE, ZIP CODE 4806 FARMPOND LANE CHARLOTTE, NC 28212		
(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 and follow up was completed on 8/9/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	DHSR - Mental Health AUG 22 2018 Lic. & Cert. Section	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure disaster drills in a 24-hour facility were held at least quarterly and repeated for each shift. The findings are: Interview on 8/8/18 with the Group Home Manager(GH Mgr) revealed: -facility runs three shifts; -first shift is from 7am-3pm; -second shift is from 3pm-11pm; -third shift is from 11pm-7am.	V 114	Group Home Manager will post a fire and disaster drill schedule in a visible location in the home that is compliant with the fire and disaster drill requirements. Staff will be required to conduct monthly fire and disaster drills ensuring that each shift participate in the drills within each quarter. An in-service on the fire and disaster drill schedule will be conducted with staff by October 1, 2018. Compliance with the fire and disaster drill schedule will be monitored by the Group Home Manager monthly.	10/1/18 and ongoing

Division of Health Service Regulation

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

TITLE

(X6) DATE

Lucretia B. BSW, DP Compliance Specialist

8/17/18

STATE FORM

6899

F7NT11

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN/FARMPOND LANE		STREET ADDRESS, CITY, STATE, ZIP CODE 4806 FARMPOND LANE CHARLOTTE, NC 28212		
(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 114	Continued From page 1 Review on 8/8/18 of the facility fire and disaster drill documentation from 8/1/2017-8/8/2018 revealed no documentation of any disaster drills conducted from 9/1/17 through 12/31/17. Further interview with GH Mgr revealed: -came to facility as the GH Mgr in March 2018; -been with the agency for over a year; -not sure why disaster drills not conducted before she came; -will ensure all drills conducted as required.	V 114		
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	V 118	Moving forward, the psychiatrist will sign the Medical Consults form to verify the psychotropic medications. The Group Home Manager will monitor this procedure by reviewing Medical Consults at least quarterly.	10/1/18 and ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN/FARMPOND LANE			STREET ADDRESS, CITY, STATE, ZIP CODE 4806 FARMPOND LANE CHARLOTTE, NC 28212		
(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 118	<p>Continued From page 2</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure prescription or non-prescription drugs were administered to a client on the written order of a person authorized by law to prescribe drugs affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/8/18 of client #1's record revealed: -admission date of 1/1/17; -diagnoses of Autism and Psychotic Disorder Not Otherwise Specified; -form from a local medical provider dated 7/25/18 listed the following medications for client #1: benzotropine mesylate (generic for Cogentin) 0.5mg one tablet twice daily, Thioridazine 10mg three tablets twice daily, and Melatonin 3mg two tablets at bed time; -no physicians' orders present in the record for the above listed medications.</p> <p>Observation on 8/8/18 at 1:50pm of client #1's medications on site revealed: -benzotropine mesylate 0.5mg one tablet twice daily dispensed 8/1/18; -Thioridazine 10mg three tablets twice daily dispensed 8/1/18; -Melatonin 3mg two tablets at bed time dispensed 8/1/18.</p>	V 118			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601336	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER LIFESPAN/FARMPOND LANE		STREET ADDRESS, CITY, STATE, ZIP CODE 4806 FARMPOND LANE CHARLOTTE, NC 28212		
(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 118	<p>Continued From page 3</p> <p>Review on 8/8/18 of client #1's MARs from 6/1/18-8/8/18 revealed:</p> <ul style="list-style-type: none"> -benztropine mesylate 0.5mg one tablet twice daily documented as administered from 6/1/18-8/8/18; -Thioridazine 10mg three tablets twice daily documented as administered from 6/1/18- 8/8/18; -Melatonin 3mg two tablets at bed time documented as administered from 6/1/18 -8/7/18. <p>Interview on 8/8/18 with client #1 revealed:</p> <ul style="list-style-type: none"> -take his medications daily; -staff gives him his medications. <p>Interview on 8/8/18 with the Group Home Manager revealed:</p> <ul style="list-style-type: none"> -psychiatrist will not provide signed physician orders for the psychotropic medications he prescribed, sends straight to the pharmacy; -client #1's primary care physician reviews all medications and will sign off on all medications every few months; -client #1 not been to his primary care physician to get all his medications signed off recently and psychotropic medications were changed since the last visit to his primary care physician; -will see if psychiatrist can sign off on a medical consult form for psychotropic medications. 	V 118		



August 17, 2018

Gina McClain
Mental Health and Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 22 2018

Lic. & Cert. Section

RE: Annual Survey completed 8/9/18
LIFESPAN Farmpond Group Home
MHL# 060-1336

Dear Ms. McLain,

Attached, please find the Plan of Correction for LIFESPAN Farmpond Group Home. If you have any questions or need further information, please feel free to contact me at 704-944-5100 ext. 5114 or at jboles@lifespanservices.org.

Regards,

A handwritten signature in black ink, appearing to read "Jessica Boles", with a stylized flourish at the end.

Jessica Boles
Compliance Specialist
LIFESPAN
704-944-5100 ext. 514
jboles@lifespanservices.org