

PRINTED: 08/20/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1082-042	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2018
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NAME OF PROVIDER OR SUPPLIER SAMPSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 300 JACOBS STREET CLINTON, NC 28328
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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 August 15, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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	Administration to follow up w/ Dr. & Pharm. to ensure all orders for medication are in place. This includes current & D/C orders. Staff will read MAR 3x & compare to bubble pack to ensure correct medication.	9/15/18

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jamelle McNeill</i>	TITLE exec. director	(X6) DATE 8/30/18
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DHSR-Mental Health
AUG 30 2018
Lic. & Cert. Section

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 record reviews, interviews and observation the facility failed to administer medications as ordered by the physician and keep the MAR current affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 08/14/18 of client #2's record revealed: -52 year old male. -Admission date of 03/14/86. -Diagnoses of Schizoaffective Disorder, Depressed Type, Moderate, Mental Retardation, Diabetes Type II and Hypertension.</p> <p>Review on 08/14/18 of client #2's Physician orders revealed: 07/16/18 -Discontinue Geodon (used to treat schizophrenia and the manic symptoms of bipolar disorder) 80mg bid (twice a day). -Discontinue Cogentin (reduces the effects of certain chemicals in the body that may be unbalanced as a result of disease (such as Parkinson's) and drug therapy) 1mg bid (twice a day). -Start Invega (used to treat schizophrenia) 9mg PO (by mouth) qhs (at bedtime).</p> <p>Review on 08/14/18 of client #2's July and August 2018 MAR's revealed the following transcription: -Bentropine (Cogentin) 1mg Take 1 tablet by mouth twice daily. -Ziprasidone (Geodon) 80mg Take 1 capsule by mouth twice a day.</p>	V 118	<p>Staff will call administration w/ questions before administering medication w/ questions</p> <p>Staff will be retrained in MAR documentation etc.</p> <p>Administration to monitor MAR six weekly!</p>	
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Handwritten transcription next to each medication starting on July 17, 2018 and on the August MAR revealed, "Dc'd (discontinued) 07/16/18. -No initials after 07/16/18 were listed to indicate the medication had been administered. -Handwritten transcription on the 07/2018 revealed, "Invega 9mg Take (1) tablet by mouth at bedtime start 07/17/18. -Initials were present from 07/17/18-08/13/18 to indicate Invega 9mg had been administered. <p>Observation on 08/14/18 at approximately 11:30am of client #2's bubble packs filled on 08/08/18 revealed Bentropine 1mg and Geodon 80mg and the medication had been removed from the bubble pack starting on 08/08/18-08/14/18 with two dates written (unable to identify transcription) next to two of the bubbles to indicate staff had removed the medication.</p> <p>Continued review on 08/14/18 of client #2's August 2018 MAR revealed:</p> <ul style="list-style-type: none"> -No initials were present from 08/08/18-08/14/18 for Geodon 80mg and Bentropine 1mg to indicate the staff had administered the medication even though the medication had been removed from the bubble pack. <p>During interview on 08/14/18 client #2 was unaware of the medications that was prescribed by the Physician.</p> <p>During interview on 08/14/18 the week day manager revealed:</p> <ul style="list-style-type: none"> -She started working at the facility in May 2018. -She worked Monday-Friday as the manager. -She administered medications to the clients. -She was out of work last week and was not aware the discontinued medication had been 	V 118		
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V 118	<p>Continued From page 3</p> <p>administered to client #2.</p> <ul style="list-style-type: none"> -The discontinued medication did not get delivered to the home until 08/08/18 and only received it from the 08/08/18 until it was discovered on 08/14/18. -Client #2 did not have any changes from taking the medication. -Client #2 continued to talk to someone not present and respond to stimuli not present which he was doing prior to the medication change. -Staff #1 worked the week she was out and she had a long week and did not recognize the generic names on the medication and did not pay attention to the medication when she administered it to Client #2. <p>During interview on 08/15/18 staff #1 revealed:</p> <ul style="list-style-type: none"> -The error was an "honest mistake." -She was normally very good about checking medications for the clients. -She did not know how she missed that the medications had been discontinued. <p>During interview on 08/14/18 the Residential Service Coordinator revealed:</p> <ul style="list-style-type: none"> -She had been on vacation the week the medication had been delivered from the pharmacy to the office. -She was responsible for dispersing the medication to the facility from the office. -She knew the medication for client #2 had been discontinued and she would have removed it from the medication batch before sending it to the facility. -The staff at the facility were aware the medication had been discontinued and was unsure why the staff administered the medication to client #2. <p>During interview on 0/14/18 the Qualified</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>Professional (QP)/Executive Director revealed: -She felt the error occurred due to the Physician not sending the discontinue order to the pharmacy. -The medication should have never been sent to the facility from the office and the administrative staff working during that time did not check the medication appropriately. -The staff working that week had previously been a house manager and knew the process for checking the medication to prevent errors.</p> <p>Review on 08/14/18 of the Plan of Protection dated 08/14/18 and completed by the QP/Executive Director revealed: "-What immediate action will the facility take to ensure the safety of the consumers in your care?" 1. Administration to follow-up with Dr (doctor) and pharmacy to make sure all orders for medications are in place. 2. Staff will read MAR 3x (times) and compare to medication pack to ensure correct medication is given.</p> <p>-Describe your plans to make sure the above happens. 1. Staff will be retrained in MAR. 2. Administration will monitor MAR 2X weekly."</p> <p>Client #2 had a dignoses of Schizoaffective Disorder, Moderate Mental Retardation and Diabetes Type II insulin dependent. Client #2 reported having some psychotic symptoms including responding to internal stimuli at which point the Physician made changes to his psychotropic medication discontinuing the Geodon 80mg and Cogentin 1mg and prescribing Invega 9mg. The facility continued to administer the Geodon 80mg and Cogentin 1mg for a period of 7 days along with the Invega 9mg placing him</p>	V 118		
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V 118	Continued From page 5 at risk for abnormal heart rhythm and increased blood sugars which could be detrimental to health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day is imposed for failure to correct within 45 days.	V 118		
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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

August 21, 2018

Jaime McNeill
Duplin Sampson Group Homes, Inc.
P.O. Box 1190
Clinton, NC 28329

Re: Annual Survey completed 08/15/18
Sampson Group Home, 300 Jacobs Street, Clinton, NC 28328
MHL # 082-042
E-mail Address: duplinsampsonhomes@earthlink.net

Dear Ms. McNeill:

Thank you for the cooperation and courtesy extended during the annual survey completed 08/15/18.

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

- Type B rule violation is cited for **10A NCAC 27G .0209 Medication Requirements (V118)**.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is 09/29/18. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against Duplin Sampson Group Homes, Inc. for each day the deficiency remains out of compliance.

What to include In the Plan of Correction

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

08/21/18

Ms. McNeill

Duplin Sampson Group Homes, Inc.

- 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 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 at 252-568-2744.

Sincerely,



Emily Stanley, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO
Sarah Stroud, Director, Eastpointe LME/MCO
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO
File

204 Faison Hwy.
PO Box 1190 - mailing
Clinton, NC 28329
910-592-8395
910-596-0005 Fax
duplinsampsonhomes@earthlink.net



Fax

To: Emily Stanley From: J. McNeill
 Fax: _____ Pages: (Includes cover) 9 w/cover
 Phone: _____ Date: 8/30/18
 Re: MHL 082-042 cc: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• Comments: _____

Date Faxed: _____

Faxed by: _____

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