

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/17/2018
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NAME OF PROVIDER OR SUPPLIER BENTON LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 2205 BENTON LANE GREENSBORO, NC 27455
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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 8/17/2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">AUG 31 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 with a physician.</p>	V 118		

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

[Handwritten Signature]

TITLE
[Handwritten Title]

(X6) DATE
8/30/18

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 interviews and record reviews the facility failed to ensure that a MAR of all drugs administered to each client was kept current and failed to include the name or initials of the person administering the drug affecting 2 of 3 clients (Client #1, and #2). The findings are:</p> <p>Review on 8/15/2018 of Client #1's record revealed: - Admission date of 4/22/2003 - 8/23/2017 Person-Centered Plan (PCP): - "...display self-injurious behavior, peer aggression and sometimes property destruction." - "...very manipulative and persuasive at times." - Full scale IQ (Intelligence Quotient) was 73. - Diagnoses: - Impulse Control Disorder - Mild Intellectual Disability - Autism Spectrum Disorder</p> <p>Review on 8/15/2018 of Client #2's record revealed: - Admission date of 9/5/1999 - 1/8/2018 Person-Centered Plan (PCP): -"It is important for [client # 2] to maintain his medication regimen to remain medically stable." - "...has diabetes, hypertension, and concerns with his weights." - "...has concerns with elevated potassium levels." - Full scale IQ was 63. - Diagnoses: - Psychotic Disorder, Not Otherwise Specified - Attention Deficit Disorder</p>	V 118	<p>V 118</p> <p>The Nurse will inservice staff on ensuring all medications are current on the MAR for Client #1 , #2 and all clients by initialiing the MAR after each medication administration per policy. The nursing team will monitor by checking he MAR for accuracy x3 days a week. The clinical team will monitor by completing Medication Observations x3 days a week for 1 month and thereafter on a routine basis. In the future, the nurse will ensure all medications are current on the MAR for all People Supported.</p> <p>By: 10/16/18</p>	

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Intermittent Explosive Disorder - Schizoaffective Disorder (Bipolar Type) - Mild Intellectual Disorder <p>- Review on 8/14/2018 of physician's orders for client #1 revealed: -On 2/28/2018 the physician ordered: - Januvia 100 mg take 1 tablet every morning. - losartan 25 mg take 1 tablet at bedtime. - niacin ER (Extended Release) 500 mg take 1 tablet at bedtime. - Nexium 40 mg 1 capsule by mouth daily. - simvastatin 20 mg 1 tablet by mouth at bedtime. - Metformin 1000 mg 1 tablet twice a day (morning and 5 pm). -On 3/9/2018 the physician ordered: - Lorazepam .5 mg 1 tablet twice a day.</p> <p>Review on 8/14/2018 of client #1's MAR from 6/1/2018-8/14/2018 revealed the following: -No staff initials and no documentation on the following date for Januvia 100 mg at 8 am: 6/27/2018. - No staff initials and no documentation on the following date for losartan 25 mg at 8 pm: 6/13/2018. - No staff initials and no documentation on the following date for niacin ER 500 mg at 8 pm: 6/13/2018. - No staff initials and no documentation on the following date for Nexium 40 mg at 8 pm: 6/13/2018, 7/16/2018 and 7/17/2018. - No staff initials and no documentation on the following date for simvastatin 20 mg at 8 pm: 6/13/2018. - No staff initials and no documentation on the following date for Metformin 1000 mg at 5 pm: 7/25/2018.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - No staff initials and no documentation on the following date for Lorazepam .5 mg at 4 pm: 8/14/2018. - Review on 8/14/2018 of physician's orders for client #2 revealed: <ul style="list-style-type: none"> -On 2/28/2018 the physician ordered: <ul style="list-style-type: none"> - aspirin 81 mg take 1 tablet daily. - docusate 100 mg take 1 capsule twice a day. - ferrous sulfate 325 mg take 1 tablet twice a day. - furosemide 20 mg take ½ tablet (10 mg) every morning. - Metformin 1000 mg take 1 tablet twice a day. - Osy-Calc/Vitamin D 500 mg take 1 tablet daily. - pioglitazone 30 mg take 1 tablet daily. - Seroquel ER 150 mg take 1 tablet twice a day. -On 3/9/2018 the physician ordered: <ul style="list-style-type: none"> - clonazepam 1 mg take 1 tablet 3 times a day. <p>Review on 8/14/2018 of client #2's MAR from 6/1/2018-8/14/2018 revealed the following:</p> <ul style="list-style-type: none"> - No staff initials and no documentation on the following date for aspirin 81 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for docusate 100 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for ferrous sulfate 325 mg at 8 am: 7/28/2018 and 7/25/2018. - No staff initials and no documentation on the following date for furosemide 20 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for Metformin 1000 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for Osy-Calc/Vitamin D 500 mg at 8 am: 7/25/2018. 	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - No staff initials and documentation on the following date for pioglitazone 30 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for Seroquel ER 150 mg at 8 am: 7/25/2018 and 8/1/2018. - No staff initials and no documentation on the following date for clonazepam 1 mg at 8 am: 7/25/2018. - No staff initials and no documentation on the following date for clonazepam 1 mg at 12 pm: 7/23/2018, 7/24/2018, 7/30/2018 and 7/31/2018. - Clonazepam 1 mg given three times a day at 8 am, 12 pm and 4 pm had a fourth row on July 2018 MAR and fourth row signed by staff on the following dates: <ul style="list-style-type: none"> - 7/1/2018 to 7/3/2018 - 7/5/2018 to 7/20/2018 - 7/23/2018 - 7/24/2018 <p>Interview on 8/16/2018 and 8/17/2018 with the nurse revealed:</p> <ul style="list-style-type: none"> - 8/16/2018 interview: <ul style="list-style-type: none"> - The nursing department clerk checks the MARs weekly. - "She's (nursing department clerk) supposed to look at these every week and bring it to the nurses attention if something doesn't look right." - Multiple blanks on the MARs, "I feel like they are being given, she's (staff #1) just not documenting correctly." - "[Staff #1's] keys have been pulled for thirty days which means she can't give meds for thirty days." - Client #2's clonazepam being signed four times a day in July 2018: "that doesn't make sense; I don't know why they did that." - "There's an internal investigation that started yesterday (with staff #1)." 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> - "She (staff #1) doesn't grasp the concept of giving medications properly." - 8/17/2018 interview: "On Fridays I will be looking myself to make sure there is no holes (on Mars) and if so it will be addressed with that staff on Friday." - Interview on 8/16/2018 with the Home Manager (HM): - "It is a failure to document and meds have been given." - Client # 2's clonazepam being signed four times a day in July 2018: "not sure why it's like that." - When giving the medications "[Staff #2] is not focused." - "I have showed her (staff #2) how to do her job and feel she is not focused. Her attention span I don't think she has a long one." - Interview on 8/16/2018 with staff #1: - Worked seven days on and seven off. - Hours during the weekdays worked: from 6 am- 9 am and returns at 3 pm for the night. - Hours worked on the weekend: - Saturday: 7 am- 11 pm - Sunday: 6:30 am-10 pm - "I administer meds when they get home." - "I am sure there has been (blanks on MARs). On mine yes." 	V 118		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

August 28, 2018

Ms. Shelia Shaw
RHA Health Services NC, LCC
1701 Westchester Dr., Suite 940
High Point, NC 27262

Re: Annual Survey completed August 17, 2018
Benton Lane, 2205 Benton Lane, Greensboro, NC, 27455
MHL # 041-608
E-mail Address: sshaw@rhanet.org

Dear Ms. Shaw:

Thank you for the cooperation and courtesy extended during the annual survey completed August 17, 2018.

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 October 16, 2018.

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.

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

DHSR - Mental Health

AUG 31 2018

Lic. & Cert. Section

August 22, 2018
Ms. Shelia Shaw
RHA Health Services NC, LLC

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 Barbara Perdue at (336) 861-6283.

Sincerely,



Angela C. Medlin, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO
Trey Suttan, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO

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