AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL020034 NAME OF PROVIDER OR SUPPLIER AUTUMN HALLS OF UNAKA #2 STREET ADDRESS, CITY, STATE, ZIP CODE 14949-B JOE BROWN HIGHWAY MURPHY, NC 28906 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTION (CAC) DEFICE MUST BE PRECEDED BY FULL PREFIX (Division of Health Service Regu				DUOD	FU	RM APPROV
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	This Rule is not me	et as evidenced by: view and interviews the facility		director in or 90 over polici 8 Director m Staff WD + St good common	net with
	Based on record re	dications were administered		(8) DR WO 451	4 to ensure
	as ordered and fail	ed to ensure MARs were		Statt wo	inication
	current for 1 of 3 au	idited clients (#1). The	-	Corville	
	findings are:			9000	that
		www.sa-Client#1 royogled		OCCUPATION /	xders
	Record review on 9	0/11/18 for Client #1 revealed: 12/15/06 with diagnoses of		medication	manuel.
1	-Admission date of	ilepsy, Personality Disorder,		Mald all.	•
1.5	and Borderline Inte	ellectual Functioning.		onto MAR a Designated to in office to orders that theolid da filed.	-0. Put 9/14/18
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	medications for Cli	ent #1 revealed:		140 Affice 1	al a med
1	dispensed on 8/16	Omg (seizures) tablets		that !	Chura
	-Phenytoin 100mg	(seizures) tablets dispensed		Orders T.	il then
	on 9/2/18.			+ Checke du	
		and an for		0-100	Clark
	Review on 9/10/18	3 of the physician orders for			1 low worder
	Client #1 revealed	dated 5/7/18 for Phenytoin,		10 Notebook of Started Orders don't 8	+ avodicina
	100mg Monday at	nd Friday and 200mg Sunday,		(1) CHarled	so that
	Tuesday, Wednes	sday, Thursday and Saturday.		For flato	ct 10st
	-Physician's order	dated 7/17/18 for an increase		mrders don't 8	5 - 5 (-10:1/)
	in Phenytoin to 20	00mg daily. Lab work ordered		locu nextet	SON Carriey
	on this date also	noted in the documentation by ote in record documented by the		4 document Ch	range Callet
	the physician. No	hat the physician's office called		orders don't & documentated shows any Ch	. 0
	the facility on 7/2	5/18 and advised the facility to		1 200	
	implement the 20	Omg daily dose that was signed		who-Director	-Staff
	by the PA (Physic	cian's Assistant) on //1//18.		Who - bit with	wnite
	-Physician's orde	r dated 8/16/18 to increase the		SH + WA help	The Miles
	Phenytoin to 300	mg dally.		monitoring ->	Jelly
	-Physician's orde	er dated 4/16/18 for			0

PRINTED: 09/28/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING MHL020034 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14949-B JOE BROWN HIGHWAY **AUTUMN HALLS OF UNAKA #2** MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 | Continued From page 2 V 118 Carbamazepine 200mg three times daily. -Physician's order dated 7/25/18 to decrease Carbamazepine 200mg to twice daily. -Physician's order dated 8/16/18 to increase the Carbamazepine 200mg back up to three times daily and then this medication was again reduced to twice daily on 8/30/18. Review on 9/10/18 of the July 2018-September 2018 MARs for Client #1 revealed: -Phenytoin administration continued at the original dose until 8/16/18 when the dose was increased to 300mg daily. The 300mg dose of Phenytoin was administered as 100mg three times daily. -Phenytoin was not increased to the interim dose of 200mg daily as ordered for late July and early August. -Carbamazepine increase to three times daily that was ordered on 8/16/18 was only documented as administered from 8/16/18-8/20/18. From 8/21/18-8/29/18 the Carbamazepine was only

Division of Health Service Regulation

2018.

documented twice daily.

charted twice daily.

Client #1 revealed:

-The directions for administration of Phenytoin on the September MAR indicated that Phenytoin was to be administered "three tablets daily by mouth 8/16/18 new order". The Phenytoin 100mg was

-Due to the failure to accurately document medication administration for Client #1, it could not be determined if he received the Phenytoin and Carbamazepine as ordered by the physician.

Review on 9/11/18 of the "Seizure Tracker" for

-June 2018 2 seizures, July 2018 3 seizures. August 2018 2 seizures, and 0 for September

Interview on 9/10/18 with Client #1 revealed:

PRINTED: 09/28/2018 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 09/13/2018 MHL020034 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 14949-B JOE BROWN HIGHWAY **AUTUMN HALLS OF UNAKA #2** MURPHY, NC 28906 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 3 -He received his medications daily and was taken to his medical appointments by the facility staff. -He stated that he thought his medication for the seizures had been increased. -He indicated that his seizures had improved. Interviews on 9/11/18 and 9/12/18 with the Physician's Assistant for Client #1 revealed: -The lower the Phenytoin level the higher the risk for seizures. -She indicated that the drop in the Phenytoin level could be the result of the amount of protein he consumed, interactions with other drugs and how the drug is absorbed into his blood stream. She

-The normal level of Phenytoin should be between 10 and 20.

related to the drop in Phenytoin.

-The Phenytoin levels for Client #1 were 2.5 on 7/17/18, 1.7 on 8/15/18 and 16 on 8/30/18.

added that his level had been stable but that the high level of Carbamazepine could have been

- -There would have been an increase in the Phenytoin level if the 200mg daily dose had been implemented.
- -She indicated that Client #1's level of Phenytoin was lower than the therapeutic range and if the 200mg dose increase was not implemented then he "stayed 2 weeks longer at the sub-therapeutic range".
- -She indicated that if his seizures did not double or triple and remained "relatively stable" then there was no harm. She added that 2-3 seizures was the baseline for Client #1.
- -"It is better to be in a therapeutic range."
- -She stated that because Client #1 stayed in a sub-therapeutic range for a shorter time frame there was less risk to him and that the risk would have been greater if he had gone longer at the lower dose.

-Levels were now normal.

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL020034 B. WING 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14949-B JOE BROWN HIGHWAY **AUTUMN HALLS OF UNAKA #2** MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 4 V 118 -She indicated that as long as Client #1 received 300mg daily there was no problem administering the 100mg tablet three times per day. She stated that maintenance doses could be divided. Interview on 9/11/18 with Staff #1 revealed: -He indicated that he and the Director administered the medications for Client #1. -He indicated that he remembered the increase to 200mg of Phenytoin for Client #1 and that they gave that dose increase and then increased the medication again to the 300mg dose. Interviews on 9/11/18 and 9/13/18 with the Director revealed: -Medications were administered by either her or her husband. -She was responsible for the oversight of medication administration. -She updated the MARs as needed and when changes occurred. -She reviewed the records every 6 months to make sure she had physician orders for all medications -She reviewed each client's medications with the PA at each medical appointment. -She indicated that she had implemented the increase of Phenytoin to 200mg in July. -She stated that she remembered having the discussion with the PA in July about increasing the Phenytoin and decreasing the Carbamazepine. She indicated that she had made the error on the MAR but felt that Client #1 had received the medication correctly. -She stated that she administered the 300mg of

Phenytoin in three separate does and thought that administration was correct. She stated that in September she was giving Client #1 300mg but

-She stated that there were a lot of changes all at

forgot to put the noon dose on the MAR.

					FORM APPROVED
Division o	f Health Service Regu	ation	T WOUND HE FOR	PONCTOLICTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C A. BUILDING:	COMPLETED	
	MHL020034		B. WING	09/13/2018	
		STREET AL	ODRESS, CITY, STATE	E ZIP CODE	1 100
NAME OF PF	ROVIDER OR SUPPLIER		JOE BROWN HIG		
AUTUMN I	HALLS OF UNAKA #2	,,,,,	, NC 28906		
			ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETE
V 118	Continued From page	e 5	V 118		
	with".	d it was "a lot to keep up			
	-She indicated that s her records in order mistakes.	he tried "really hard" to keep but that she does make			
	Review on 9/13/18 o	f the Plan of Protection			
	revealed:	the Director on 9/13/18			
	 -What will you imme above rule violations from further risk or a 	diately do to correct the in order to protect clients			
	"Fix medication adm	inistration record for the ssue immediately. Review all			
	MARs with orders w	eekly. Call Doctor's office medications and always get			
	clarity if unsure-imm	ediately. When medication new medication sheet			
	immediately." -Describe your plans happens:	s to make sure the above			
	"Start immediately to consumers weekly.	o review all MARs on This would include reviewing			
	unclear call dr. offic	om physicians. If something is e and get clarity. Document e or other trained staff in			
	medication adminis	tration double check the next week. Have nurse			
	complete refresher week."	course with director within a			
	prescribed two med	sed with Epilepsy and dications for the control of his			
	discovered by his n	ow Phenytoin level was nedical provider in July,			
	order to increase th	e to his medication regimen in ne Phenytoin level back to y failed to implement the initial			
	increase of Phenyt	oin ordered in July and failed			

Division of Health Service Regulation STATE FORM

to accurately document the administration of his

SC4Z11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:		(X3) DATE SURVEY COMPLETED 09/13/2018	
	MHL020034		B. WING			
	OVIDER OR SUPPLIER ALLS OF UNAKA #2	14949-B	ADDRESS, CITY, STATE 3 JOE BROWN HIG		1 00	71372016
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
s c c c c c c c c c c c c c c c c c c c	dropped slightly lower determined on 7/17/18 Phenytoin level was backlient #1 remained in a Phenytoin longer than which put him at an increizure activity which viealth and safety. This type B rule violation. I orrected within 45 day enalty of \$200.00 per	than the already low level than the alleady low level than the already low	V 118	DEL MICHOLINE		

AUTUMN HALLS OF UNAKA 14949 JOE BROWN HIGHWAY

MURPHY, NC 28906

DHSR - Mental Health

828-835-8103

OCT 02 2018

Lic. & Cert. Section

September 28, 2018

I received this on September 28, 2018 and have completed the plan. I am putting it back in the mail on this date as well. If this plan is not sufficient, please contact me at the number listed above and let me correct it.

Sincerely,

Shelly Debty

They A. May 9/28/18