

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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>A complaint and follow up survey was completed on October 9, 2018. The complaint was substantiated (intake #NC00142587). Deficiencies were 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		
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</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility staff failed to ensure Medical Administration Records (MARs) were kept current and failed to administer medications on the written order of an authorized person for 1 of 3 clients (#1). The findings are:</p> <p>Review on 10/8/18 of client #1's record revealed: -An admission date of 5/15/18 -Diagnoses of Unspecified Impulse Control Disorder, Mild Intellectual Disability Disorder, Oppositional Defiant Disorder, and Obesity -An assessment dated 5/15/18 noting "will spit, slam doors and hit staff, has a history of verbal and physical aggression, destroys property, has few coping skills, needs supervision due to elopement tendencies, has lived in a variety of 24 hour facilities prior placement was a Murdoch, has 5 assault charges, needs boundaries, behavior expectations, structured activities, is manipulative and will tell lies." -A treatment plan dated 9/1/17 noting "will complete her daily routines with verbal reminders, enhance her ability to care for her home, maintain safety and follow a budget, will develop social skills and learn new ways to cope with stressors, enhance social skills with family, friends and members of her community, will enhance social. Communication and task completion skills, improve her ability to follow instructions in the community based activities, will enhance her ability to cope with stress, resolve problems and</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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>resolve problems as they arise, recognize triggers, de-escalation techniques needs to work on listening to others, appropriately greet others, use polite manners and respect other's spaces, will learn how to choose healthy foods, washing hands prior to meal prep, will develop stranger awareness skills, pedestrian safety and making safe choices, will learn how to appropriately handle her emotions engage in social settings with peers and develop coping skills. "</p> <p>Further review on 10/8/18 of client #1's record revealed: -Physician's orders, dated 7/25/18, for the following medications: Seroquel 200mg, one by mouth every day; Seroquel 50mg, one by mouth every morning and one by mouth every evening; and Lorazepam 1mg, one by mouth at 14:30 (2:30pm). -Physician's orders, dated 8/9/18, discontinuing Seroquel 50mg, one by mouth every morning and Seroquel 200mg, one by mouth every evening, and Lorazepam 1pmg, one by mouth at 14:30 -Physician's orders, updated on 8/9/18, for medication changes for Seroquel 200mg, one by mouth every morning, Seroquel 300mg, one by mouth every evening; and Lorazepam, 0.5pm, one by mouth at 2:30pm and one by mouth at 8:00pm</p> <p>Review on 10/8/18 of client #1's MARs, from 8/1/18 to 8/31/18, revealed: -A black marker had been used to mark through the following on the MARs: 8/1/18 to 8/9/18 for the 2:30pm dose of Lorazepam 0.5mg and underneath, a hand written note "start date 8/9/18". The marker covered the initials of the facility staff which had administered the medications from 8/1/18 to 8/9/18.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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> <ul style="list-style-type: none"> - A black marker had been used to mark through the following on the MARs: 8/1/18 to 8/9/18 for the Seroquel 200mg and underneath, a hand written note "start date 8/10/18". The marker covered the initials of the facility staff which had administered the medications from 8/1/18 to 8/9/18. - A black marker had been used to mark through the following on the MARs: 8/1/18 to 8/10/18 for the and underneath, a hand written note "start date 8/9/18". The marker covered the initials of the facility staff which had administered the medications from 8/1/18 to 8/9/18. <p>Review of the facility's Medication Discrepancies on 8/8/18 and 8/9/18, dated 9/27/18, to the Local Management Entity (LME) revealed: -" ...There were two different MARs with two different dates. The first one said 8-1-18 and the other said 8-190-18. The Team Lead (TL) did not removed the old MAR and staff did not pay attention when signing all the MARs ...all staff that had errors were wrote up and/or suspended for failing to follow policies on how to properly document the medications administered to the client (#1)"</p> <p>Interviews on 8/8/18 with facility staff revealed: -Had administered the medications as ordered from the MARs on 8/1/18 to 8/13/18 -Had never seen the MARs with the black marker over their initials.</p> <p>Interview on 10/8/18 with the Former Team Lead (FTL) revealed: -She now worked at a sister facility -She transported all the clients to their medical appointments -The physician filled out the form -Once the medical appointment ended, the forms</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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 4</p> <p>were taken and given to the Qualified Professional (QP).</p> <ul style="list-style-type: none"> -The QP made sure the medications were filled according to the physician's orders -She would not know whether the physician's orders had changed as the QP was given the paperwork -Thought the QP would make sure the pharmacy had the physician's orders as "I did not. Once I give [the QP] the paperwork, I don't know what happens ..." -The QP would ensure the MARs were changed if there was a medication change. -Had been trained in Mediation Administration <p>Interview on 8/9/18 with the QP revealed:</p> <ul style="list-style-type: none"> -When clients are transported to the physician's office, facility staff the appointment summary. -She reviewed the appointment summary and made sure the pharmacy filled the prescription and printed off a new MAR if there was a change in medications -It was the facility staff's responsibility to ensure they were administering the medications on the new MAR forms. -"[The FTL] did not take out the old MAR and staff continued to document the medication administration on the old form. Staff should have paid attention. It was [the FTL]'s responsibility to tell staff of any medication changes. She was supposed to, but did not. She is no longer the Team Lead at the facility ..." <p>Interview on 8/9/18 with the Registered Nurse/Licensee (RN/L) revealed:</p> <ul style="list-style-type: none"> -She had trained some of the staff on medication administration as she is a Registered Nurse (RN). -Some staff had been trained by an outside agency's RN -There were 2 different MARs, the first one was 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-223	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HOME CARE SOLUTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 187 SCOTLAND RIDGE DRIVE WINSTON SALEM, NC 27107
--	--

(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 5</p> <p>from 8/1/18 to 8/31/18 and the second one was from 8/10/18 to 8/31/18.</p> <p>-The FTL did not remove client #1's old MAR and replace it with the new one.</p> <p>-"Staff did not pay attention and just kept popping pills. I have retrained [the FTL] on Medication Administration"</p> <p>-Stated the way the QP marked the MARs was correct.</p> <p>-"You write discontinued over the initials where the medications were administered ...you mark through it and initial it ...you do not have to mark the back of the MAR ..."</p> <p>-Stated she planned to retrain all the other staff on Medication Administration.</p>	V 118		