

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUEST #539	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
---	--

(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 on September 25, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for All Disability Groups-Alternative Family Living.</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 file followed up by appointment or consultation</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: MHL023-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUEST #539	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
---	--

(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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications were administered as ordered and failed to ensure MARs were current for 2 of 2 clients (#1, #2). The findings are:</p> <p>Record review on 9/21/18 and 9/24/18 for Client #1 revealed: -Admission date of 10/28/16 with diagnoses of Psychotic Disorder, Depressive Disorder, Mild Mental Retardation, Personality Disorder, and sexual dysfunction. -Physician's order dated 5/13/18 for Buspirone 10mg, 1 three times daily. -Physician's order dated 8/26/18 for Benztropine Mesylate 2mg, 1 twice daily. -No physician's order prior to 8/26/18 for Benztropine Mesylate.</p> <p>Review on 9/21/18 and 9/24/18 of the July 2018-September 2018 MARs for Client #1 revealed: -Buspirone administration documented at 8:00AM, 12:00 Noon, and 4:00PM. -The PM dose of Benztropine Mesylate was not documented as administered during the month of July 2018.</p> <p>Interview on 9/21/18 with Client #1 revealed: -She received her medication daily, every morning and every night. -She confirmed that she took 2 of the Buspirone in the morning and that the medication helps to</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUEST #539	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
---	--

(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>calm her down.</p> <p>Record review on 9/21/18 and 9/24/18 for Client #2 revealed: -Admission date of 10/28/16 with diagnoses of Infantile Autism, Profound Mental Retardation, Fragile X Syndrome, and limited communication skills. -Physician's order dated 6/27/17 for Polyethylene Glycol (Miralax), 1 capful (17g) in 8 ounces of water and drink 1-2 times daily. There was no physician's order for the Polyethylene Glycol to be administered PRN (as needed).</p> <p>Review on 9/21/18 of the July 2018-September 2018 MARs for Client #2 revealed: -Polyethylene Glycol was not administered daily. The medication was indicated to be a PRN medication.</p> <p>Interviews on 9/21/18 and 9/24/18 with the AFL Provider revealed: -Client #2 had not needed the Miralax recently. They were now better able to manage her constipation with diet and water consumption. She monitored Client #2 for bowel movements. Client #2 would indicate to her if her stomach hurt. Client #2 had more gas issues now as opposed to constipation and took a PRN medication for that. -She did not realize that the physician's order failed to indicate that it was a PRN but would get that clarified with the physician. -She had spoken to Client #1's physician who indicated to her that the noon dose of the Buspirone could be given prior to or after her time at the day program as long as she was getting 3 daily. -She indicated that she administered the AM and noon dose of the Buspirone for Client #1 at</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-205	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUEST #539	STREET ADDRESS, CITY, STATE, ZIP CODE 539 APRIL DRIVE SHELBY, NC 28152
---	--

(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>8:00AM, even though it was ordered three times daily.</p> <ul style="list-style-type: none"> -She was adamant that she had administered the Benztropine twice daily in July. -Client #1 knew her medication pretty well and would have come to her if that had been missed. Furthermore, there would have been changes with Client #1 if the Benztropine had not been administered correctly. -Client #1 was doing very well. Previously she had some behavioral issues at her day program but there were less now. Her medication regimen was working very well for her. -There had been no incidents for either client. <p>Interview on 9/24/18 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -He was newly in the position as QP. -He was not aware that the AFL provider was not following the physician orders as written. -He had started on site visits to the home. -He had reviewed the MARs and medications when on site. -The prior QP had provided medication oversight, however, he did not know how the MAR documentation had been missed. -He could not locate a prior order (dated earlier to 8/26/18) for the Benztropine for Client #1. 	V 118		



October 15, 2018

Kem Roberts

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Re: Response for Annual Survey completed September 25, 2018

Quest #539, 539 April Drive, Shelby, NC 28152

MHL #023-205

Dear K. Roberts:

On September 25, 2018 an annual Survey was completed at 539 April drive, Shelby, NC 28152. At the time of this review, the following rule was not met: V 118 27G .0209 (C) Medication Requirements/10A NCAC 27G .0209. The following measures will be taken to correct the cited deficiencies:

- 1. Physician's order dated 5/13/18 for Buspirone; 10mg, 1 three times daily/ Buspirone administration documented at 8:00AM, 12:00 Noon, and 4:00PM.**

The assigned QP will conduct a monthly medication review, at which time they will review the client file and ensure that the appropriate prescription are in the client's file. The QP will ensure that all medications/prescripts match the MAR/bottle. The AFL provider will consult with the client's doctor/PA to determine the dosage and times of day that this medication should be administered. The doctor/PA will make the final determination and the QP will be responsible for obtaining a copy of the revised prescription if any changes were made to the current orders, etc. QP will consult with the client during monthly supervision to address the client's medications and times of administration.

2. **Physician's order dated 8/26/18 for Benztropine Mesylate 2mg, 1 twice daily; The PM dose of Benztropine Mesylate was not documented as administered during the month of July 2018.**

The assigned QP will conduct a monthly medication review, at which time they will review the client file and ensure that the appropriate prescription are in the client's file. In the event that a script is not in the file, the QP will contact the client's pharmacy to obtain a copy of the prescription. Also, the assigned QP will review the client's MAR's at least monthly. The QP will inquire about any discrepancies with the MAR, such as, dates and times that are not initialed, refusal, etc. If the MAR reflects any discrepancies, the QP will follow up with the agencies nurse to work towards determining the cause of the discrepancy (medication change, orders changed, etc).

3. **Physician's order dated 6/27/17 for Polyethylene Glycol (Miralax), 1 capful (17g) in 8 ounces of water and drink 1-2 times daily. There was no physician's order for the Polyethylene Glycol to be administered PRN (as needed); Review on 9/21/18 of the July 2018-September; Polyethylene Glycol was not administered daily per the order on file.**

The assigned QP will request that the AFL provider consult with the client's doctor/PA to address the client's needs and to determine if the medication should be administered as written, or if the medication can be administered PRN or discontinued. The doctor/PA will make the final determination. The assigned QP will obtain a copy of the updated prescription reflecting the revised orders or the discontinued order, etc. When the assigned QP reviews the providers MAR, (2 times per month) they will ensure that the medication is being administered per the written orders/prescription. Any discrepancies will be brought to the nurse's attention. The QP will contact the client's pharmacy to revise the MAR, as needed based on the new or revised prescription.

The clients' files will be updated accordingly. All deficiencies will be corrected within 60 days of the review. In Addition, the Residential provider will be required to retake the agencies medication training to ensure that she understands the required protocol in terms of administering medications. If you have any additional questions, please feel free to contact me at 704-537-4730.

Regards,

Amy Laughead, MS, QP
Chief development Officer