STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-142	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES ALTERNATIVE FAMILY LIVING	5741 FISH HATCHERY ROAD MORGANTON, NC 28655

(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	INITIAL COMMENTS An annual survey was completed on September 26, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	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	DHSR - Mental Health OCT 19 2018 Lic. & Cert. Section	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to administer medications based on the written order of a person authorized to prescribe medications and failed to keep the MARs complete and current affecting 1 of 2 clients (Client #2). The findings are: Observations of Client #2's medication box and 2 of his medications on 9/26/18 from 2:55PM through 3:45PM revealed: - lorazepam (anti-anxiety) 0.5mg ½-1 tablet QD (daily) dispensed 8/24/18 with 11 doses out of 30 missing from the bottle - Prazosin (anti-anxiety) 1mg QHS (each bedtime) dispensed 8/24/18 Review on 9/26/18 of Client #2's record revealed: - Admission date: 6/15/18 - Diagnoses: Mild Mental Retardation (MR); Oppositional Defiant Disorder (ODD); Attention Deficit Hyperactive Disorder, Combined - Medication Orders: No physician's order for Client #2's lorazepam or Prazosin Review on 9/26/18 of Client #2's MARs revealed the lorazepam and Prazosin had not been written on the MARs for July, August and September. Interview on 9/26/18 with Staff #1 revealed: - She was unsure why Client #2's lorazepam and Prazosin had not been written on the MARs; - Staff #1 acknowledged Client #2 had been administered the aforementioned medications.	V 118	V118 - Copies of physician's order for Client #2's Lorazepam and Prazosin are attached to this report for review. Copies also placed in Client #2's records/Chart. Staff #1 retrained on Medication Administration. Copy of training Certificate attached to this report for review. Measures taken to prevent future problem occurring is staff retraining and closer Monitoring by Supervisor. QP will monitor this situation at least once a month to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-142	A. BUILDING: _____ B. WING _____	09/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE JAMES ALTERNATIVE FAMILY LIVING	5741 FISH HATCHERY ROAD MORGANTON, NC 28655

(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	Continued From page 2 Interview on 9/26/18 with the Qualified Professional (QP) revealed: - She acknowledged written medication orders had not been obtained for Client #2's lorazepam and Prazosin; - The QP stated she would ensure Staff #1 was re-trained in medication administration and licensure rule requirements.	V 118		

Certificate of Completion

is hereby granted to:

[redacted]

To certify their satisfactory completion of the
Medication Administration for Unlicensed Personnel
In Community Facilities

Laeesha Swepson BSN, RN
Laeesha Swepson BSN, RN

Location: CCHC Office
Contact Hours: 1
Agency: Community Companion Home Care
Address: 49-A State Street
Marion, NC 28752

Date: 10-12-18

Alan Hicks, NP
Community Family HealthCare, PLLC
219-A Avery Avenue
Morganton, NC 28655
Phone: 828-391-8364 Fax: 828-391-1972
DEA# MH4442074 NPI# 1720503972

PRESCRIPTION

PATIENT DEMOGRAPHICS

[redacted]

Allergies: penicillin, mixed grass pollens allergen extract

MEDICATION:
LORazepam 0.5 mg oral tablet

DATE:
Sep 26, 2018

SIG:
Take 0.5 to 1 pills by mouth QD (Daily) As Needed
collab md nr mauney

DISPENSE: **(30) Thirty**

REFILLS: **(1) One**

Dispense As Written

Substitution Permitted

Below is a micro print signature line visible under high magnification and illegible when copied.

Amazing Charts Security Prescription

This prescription has the following security features: (1) Micro print signature line legible at 5x or higher magnification and legible when copied. (2) Asterisks (**) on both sides of dispense amount and refills allowed. The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above. For questions regarding this prescription, please contact the practice.

Alan Hicks, NP
Community Family HealthCare, PLLC
219-A Avery Avenue
Morganton, NC 28655
Phone: 828-391-8364 Fax: 828-391-1972
DEA# MH4442074 NPI# 1720503972

PRESCRIPTION

PATIENT DEMOGRAPHICS

[redacted]

Allergies: penicillin, mixed grass pollens allergen extract

MEDICATION:
prazosin 1 mg oral capsule

DATE:
Sep 26, 2018

SIG:
Take 1 pill by mouth QHS (nightly) X 1 Month (30d)
collab md nr mauney

DISPENSE: **(30) Thirty**

REFILLS: **(3) Three**

Dispense As Written

Substitution Permitted

Below is a micro print signature line visible under high magnification and illegible when copied.

Amazing Charts Security Prescription

This prescription has the following security features: (1) Micro print signature line legible at 5x or higher magnification and illegible when copied. (2) Asterisks (**) on both sides of dispense amount and refills allowed. The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above. For questions regarding this prescription, please contact the practice.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

October 8, 2018

Tamora Cook, CEO
Community Companion Home Care, LLC
49-A State Street,
Marion, NC 28752

Re: Annual Survey completed September 26, 2018
Lake James Alternative Family Living, 5741 Fish Hatchery Road, Morganton, NC 28655
MHL # 012-142
E-mail Address: tamora.cook@gmail.com

Dear Ms. Cook:

Thank you for the cooperation and courtesy extended during the annual survey completed September 26, 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is November 25, 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.

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 Robin Sulfridge, Branch Manager at 336-861-7342.

Sincerely,

Dolly Van Wy

Dolly Van Wy, BA, ADN, RN
Facility Nurse Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
File