

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL088-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/05/2018
NAME OF PROVIDER OR SUPPLIER TANJER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 260 OAK PARK DRIVE BREVARD, NC 28712		
(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 and follow up survey was completed on 10/5/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000	<div style="border: 1px solid black; padding: 5px; margin-bottom: 20px;"> <p>RECEIVED</p> <p><small>By DHSR - Mental Health Lic. & Cert. Section at 9:47 am, Oct 29, 2018</small></p> </div> <p style="font-size: 2em; font-family: cursive;">See attached plan of correction</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 10/2/18 of fire and disaster drills revealed: -Drills were scheduled according to 3 shifts (7-3, 3-11, 11-7). -No documentation of disaster drills having been conducted on:</p>	V 114		10-25-18

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carla Hill

Program Director

10-25-18

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V 114	Continued From page 1 --3rd shift from July 2018 to September 2018. --1st shift from October 2017-December 2017. Interview on 10/2/18 with Client #1 and #2 revealed: -They participated in fire and disaster drills "all the time." Interview on 10/2/18 with the Residential Coordinator who was responsible for scheduling fire and disaster drills revealed: -She had scheduled monthly fire and disaster drills annually according to the 3 shift model because the facility had previously been cited. The facility had 1 live-in staff Monday - Friday and 1 live in staff for the weekends. -The disaster drills had been completed but not on the assigned shifts.	V 114			
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	V 118	<i>See attached Plan of Correction</i>	<i>10-25-18</i>	

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V 118	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 1 of 3 sampled clients (Client #1). The findings are:</p> <p>Record review on 10/2/18 for Client #1 revealed: -Admission date of 11/2/98 with diagnoses of Mild Intellectual Disability, Hypertension, High Cholesterol and Sleep Apnea. -Physician order dated 2/20/18 for Losartan HCTZ 100-25mg (high blood pressure) once daily.</p> <p>Review on 10/2/18 of MARs for August-October 2018 revealed: -Losartan HCTZ 100-25mg initialed as administered daily from 8/1/18-10/2/18. -Monthly blood pressure recorded. -Lab report collected 7/6/18.</p> <p>Observation on 10/2/18 at approximately 11am</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>revealed: Bubble pack medication card for Client #1 dispensed on 9/13/18 for Losartan HCTZ 50-12.5mg. 3 tablets had been punched out.</p> <p>Review on 10/2/18 of pharmacy delivery sheets revealed: Client #1's medication of Losartan HCTZ 50-12.5mg delivered 6/26/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 7/30/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 8/24/18, checked and signed by Resident Manager. Client #1's medication of Losartan HCTZ 50-12.5mg delivered 9/24/18, checked and signed by Resident Manager.</p> <p>Interview on 10/2/18 with Resident Manager revealed: -He was the live in worker Monday-Friday for more than a year. -He received medication deliveries from the pharmacy in the evenings. -He checked the pharmacy delivery sheets against the medications delivered. -He was not aware of Client #1's medication had changed.</p> <p>Interview on 10/2/18 with the Residential Coordinator revealed: -She was responsible for taking the residents to all doctor appointments. -Client #1 had seen the doctor on 7/13/18 but his Losartan HCTZ had remained unchanged. -Because there was no change to this medication she was not expecting a difference and had not noticed it had changed.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-She called the pharmacy to find out why they sent the wrong dosage. Pharmacist first indicated they had an order without a date and then apologized for their mistake.</p> <p>-She had taken the recording of Client #1's monthly blood pressure checks to the doctor for his review.</p> <p>Interview on 10/5/18 with the prescribing physician revealed</p> <p>-He had not ordered the change for Client #1's Losartan HCTZ which had been prescribed to control high blood pressure.</p> <p>-He had reviewed the facility's documentation of monthly blood pressure checks. He stated "[Client #1] had marginally high blood pressure during the time his dose was lower but it was not excessive. Had Client #1 received the correct dose his blood pressure would have been more in the normal range."</p> <p>-He would not have expected significant problems from the reduced dosage.</p> <p>Interview on 10/5/18 with the Program Director revealed:</p> <p>-"We should have caught this."</p> <p>-"The Residential Manager and Residential Coordinator check in medications and review for errors. The Residential Manager had caught mistakes before."</p> <p>-"Client #1 had no doctor visit to have medication changes so they weren't looking for a change."</p> <p>-"We also had our Pharmacy Consultant review and reconcile meds, MARs and orders on 7/13/18. She did not even find this error."</p> <p>Review on 10/2/18 of Plan of Protection signed by the Program Director on 10/2/18 revealed:</p> <p>"Plan of Protection for Tanger House, Immediate</p>	V 118		

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V 118	Continued From page 5 Plan of Protection Resident Manager/Residential Coordinator will reconcile each resident's medication and dosage to the current MAR and physician's order. Pharmacy has been contacted and will deliver the client's correct medication immediately to be available for his AM dose. Residential Coordinator will contact the physician to review the incident. Describe the plan to ensure the above happens: The Residential Coordinator and Residential Manager will complete this reconciliation on October 2, 2018. If medication does not arrive by 10pm, the pharmacy after hours hotline will be contacted by the Residential Coordinator. Program Director will review the reconciliation with Residential Coordinator on October 3, 2018." Client #1 was administered one half the dosage of a high blood pressure medication ordered by his physician. Medications were checked upon each pharmacy delivery by Residential Manager; checked by Residential Coordinator and pharmacy consultant and the error went undetected for 63 days. As a result of the facility not follow doctor's orders, a client with medical conditions was at risk of not receiving his medications as prescribed which was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative	V 118			

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V 118	Continued From page 6 penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		

Tanjer House
MHL 088-026

Survey: 10/5/18

PLAN of CORRECTION

Type of Deficiency Found

Tag **V 114 27G.0207 Emergency Plans and Supplies** cited during October 2, 2018 survey.
Facility failed to complete fire and disaster drills quarterly on each shift.

Time Frames for Compliance

Tanjer House has implemented an annual schedule for emergency drills to be conducted on each shift quarterly. Shifts are defined as weekday (Monday – Thursday) and weekend (Friday – Sunday). This schedule will be reviewed with staff on or before November 4, 2018.

Corrective action to include:

Safety and Security Manager, Residential Coordinator, and Program Director redefined the facility shift definition to more accurately reflect the actual shift staffing pattern.

Residential Coordinator will review the posted schedule with all residential staff working at the Facility. Schedule includes month, shift for drill, and type of drill.

An email alert is sent from the **Program Director** specifying that drills are due for the particular shift. Completed drills are documented and turned in to the **Safety and Security Manager** each month. **Safety and Security Manager** will monitor receipt of documentation each month to ensure that emergency drills are completed according to Annual Emergency Drill Schedule and Emergency Drill Report. If a drill type or shift is missing as scheduled, the **Residential Coordinator** will be notified to ensure compliance with the regulation.

See attached Emergency Drill Schedule and Emergency Drill Report

Tag **V 118 27G. 0209(c) Medication Requirements** cited during October 2, 2018.
Facility failed to keep the MAR current and failed to follow the written order of a physician.

Time Frames for Compliance

Residential Coordinator, Resident Manager, and Program Director reconciled the medication bubble packs to MAR which aligned with the current physician order on October 2, 2018 and October 3, 2018.

Facility staff will be retrained in medication administration practice and recognizing medication errors by RN by November 2, 2018.

Corrective action to include:

Residential Coordinator and Program Director formalized and posted a step by step medication administration process at the facility. (See attached Medication Administration Process) This will be reviewed with all facility staff by November 2, 2018.

Residential Coordinator requested a consulting Pharmacist review for accuracy the Medication Administration Process on October 22, 2018.

Residential Coordinator has requested physician orders to be faxed to facility, in addition to the pharmacy, as continuing medications are renewed or newly ordered. Residential Coordinator requested current physician orders from pharmacy on October 22, 2018.

Facility staff and Residential Coordinator will reconcile prescription label to the current physician order and MAR upon receipt of medication from the pharmacy.

ANNUAL EMERGENCY DRILL SCHEDULE

JANUARY: Weekday staff: Fire Drill and Natural Disaster Drill (snow and ice)

FEBRUARY: Weekend staff: Fire Drill and Violent/Threatening Behavior Drill

MARCH: Weekday staff: Fire Drill and Bomb Threat Drill

APRIL: Weekend staff: Fire Drill and Utility Failure Drill

MAY: Weekday staff: Fire Drill and Medical Emergency Drill

JUNE: Weekend staff: Fire Drill and Natural Disaster Drill (tornado)

JULY: Weekday staff: Fire Drill and Violent/Threatening Behavior Drill

AUGUST: Weekend staff: Fire Drill and Carbon Monoxide Drill

SEPTEMBER: Weekday staff: Fire Drill and Utility Failure Drill

OCTOBER: Weekend staff: Fire Drill and Medical Emergency Drill

NOVEMBER: Weekday staff: Fire Drill and Natural Disaster Drill
(hurricane/flooding)

DECEMBER: Weekend staff: Fire Drill and Bomb Threat Drill

SHIFTS:

MONDAY – THURSDAY (WEEKDAY)

FRIDAY – SUNDAY (WEEKEND)

*Revised 10/26/18
Lynn Brewer
Residential Coordinator*



Emergency Drill Report	
Document: # Si2505	Issue Date: 10/25/07
Revision 5, 10/25/18	Page 1 of 1
Approved By: Safety Committee	Author: C.Merrill, Revised: J. Compton



(Circle One)

DATE: _____ DAY OF WK: _____ TIME: _____ AM PM

LOCATION AND SHIFT (Check location and shift that applies)

TVS MAIN SITE SHIFT: 1st 2nd 3rd

FISHER ROAD SHIFT: WEEKDAY (Mon - Thurs) WEEKEND (Fri - Sun)

TANJER HOUSE SHIFT: WEEKDAY (Mon - Thurs) WEEKEND (Fri - Sun)

AREA(S) AFFECTED BY DRILL: _____

RESPONSE TIME: _____

CONDITIONS (Weather, etc.): _____

TYPE OF DRILL (Check One)

FIRE

WEATHER EMERGENCY (Describe): _____

VIOLENT OR THREATENING BEHAVIOR (Describe): _____

BOMB THREAT

UTILITY FAILURE

MEDICAL EMERGENCY (Describe): _____

SPECIAL NOTES (Hazards recognized, unusual delays, recommended procedural changes, etc): _____

CORRECTIVE ACTION: _____

PERSONS INVOLVED: (Group Homes Only) _____

Submitted By: _____ Printed _____ Signature _____

Title: _____

Reviewed by the Safety Manager: _____ Signature _____ Date _____

DISTRIBUTION: Original to Safety Manager
Copy to Services Director or Residential Coordinator

Tag V114 276.0207

MEDICATION ADMINISTRATION PROCESS

1. One resident at a time to allow for privacy
2. Access MAR on computer or on phone
3. Medication prescription label will be checked against the MAR for accuracy
4. After medication is reconciled with the MAR, medication will be punched into the med cup
5. Repeat the process for each medication to be administered.
6. Help resident identify or understand why they taking each medication
7. Observe resident swallow medication
8. Document in the MAR
9. REPEAT entire process with next resident

DOCUMENT on one resident at a time.

10/25/18

Tag V118 276.0209 (c)



October 25, 2018

Cathy Samford
Facility Compliance Consultant I
NC DHHS
Mental Health Licensure and Certification Section
1800 Umstead Drive, Williams Building
Raleigh, NC 27603

Re: Annual Survey completed on November 30, 2017
MHL#: 088-026
Tanjor House

Dear Ms. Samford,

Enclosed you will find the Plan of Correction to the address the Type B rule violation and the standard level deficiency cited at the annual survey completed on October 5, 2018. If you need additional information please let me know.

We welcome you back at anytime.

Sincerely,

A handwritten signature in black ink that reads "Carla Hill". The signature is written in a cursive style with a large initial "C" and a stylized "H".

Carla Hill
Program Director