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 MHL033-058 10/08/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 WAY FARER COURT WAY FARER COURT **ROCKY MOUNT, NC 27801** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION חו (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 This page intentionally left blank An Annual and follow up survey was completed on 10/8/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL DHSR - Mental Health REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be OCT 29 2018 provided and, at a minimum, shall consist of the following: Lic. & Cert. Section (1) general organizational orientation: (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying. reporting, investigating and controlling infectious and communicable diseases of personnel and

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

TITLE

(X6) DATE

Cynthia Lemberg MSW LCSW STRIE FORM

Compliance Specialist

DIB911

10/22/2018

PRINTED: 10/11/2018 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ R 10/08/2018 MHL033-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 WAY FARER COURT WAY FARER COURT **ROCKY MOUNT, NC 27801** PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 1 clients. This Rule is not met as evidenced by: V 108: Monarch is requesting for a waiver to 10/21/2018 Based on record review and interview the facility allow on-line training to be accepted as form of certification for CPR and First Aid to failed to ensure 2 of 5 audited staff (#1 & #4)) meet workplace safety and proficiency. were trained in first aid and cardiopulmonary resuscitation (CPR). The findings are: Compliance Specialist has submitted waiver request to DHSR. MCO approval Review on 10/8/18 of the American Red Cross is also pending. website it revealed: "...taken entirely online, these courses do not include the opportunity for your to demonstrate skill proficiency to a certified instructor, and therefore may not meet requirements for workplace safety certification..." Review on 10/8/18 of staff #1's personnel record revealed: hire date 5/21/18 an American Red Cross certificate "has successfully completed requirements for Adult...First Aid/CPR/AED Online: valid 2 year...completed 5/30/18" Review on 10/8/18 of staff #4's personnel record revealed: hire dated 10/19/17 an American Red Cross certificate "has successfully completed requirements for Adult...First Aid/CPR/AED Online: valid 2 year...completed 10/11/17" During interview on 10/8/18 the Qualified Professional reported: she has not taken the online First Aid/CPR training

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ R 10/08/2018 MHL033-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 WAY FARER COURT WAY FARER COURT **ROCKY MOUNT, NC 27801** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 2 This page intentionally left blank from her understanding the online course provides different modules to complete at the end of the online program...it notifies a person if they passed or failed V 118 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 (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 drua. (5) Client requests for medication changes or

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with a physician.

checks shall be recorded and kept with the MAR file followed up by appointment or consultation

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ R 10/08/2018 MHL033-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 WAY FARER COURT WAY FARER COURT **ROCKY MOUNT, NC 27801** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 This Rule is not met as evidenced by: Based on observation, record review and V 118: Facility will ensure that we adhere to interview the facility failed to ensure medications the medication orders policy that reflects that were administered on the written order of a we will ensure all mediation orders promote physician for one of four clients (#3). The findings accuracy and that they are executed in a timely manner as received from a person are: authorized by law to prescribe medications. Review on 10/4/18 of client #3's record revealed: All staff will have a full understanding of medication administration policy. Staff will ensure that all unused, expired or returned admitted to the facility on 10/1/08 diagnoses of Seizure Disorder and Mild medication is disposed of in a safe manner. Intellectual Developmental Disabilities Monitoring will be assigned to the RN and/or Residential Manager. The RN/Residential Manager will be responsible for ensuring FL2 dated 7/26/18: Xanax 25mg (PRN) as needed (used to treat anxiety) & ProAir 2 puffs weekly meication room check and a every 2 hours PRN (can prevent brochospasms) pharmacy review occurs per policy. Residential Team Leader will ensure Observation on 10/4/18 at 12:17pm of client #3's monitoring occurs weekly. medication box revealed: Residential Team Leader will ensure that all no Xanax needed doucmentation is obtained from the an unopened Pro-Air inhaler that was filled on prescribing physician surrounding updates clarifying discontinuation of medications. 9/23/18 Target Date: November 7, 2018. Review on 10/4/18 of client #3's August, September and October 2018 MAR revealed: the above medications were not listed on the **MARs** During interview on 10/4/18 the Residential Manager (RM) reported: he came to the facility on Mondays and Fridays he completed a "med cart check" which consisted of checking the MARs, expired medications... he thought the ProAir inhaler had been discontinued During interview on 10/4/18 the facility's

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R B. WING 10/08/2018 MHL033-058 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 145 WAY FARER COURT WAY FARER COURT **ROCKY MOUNT, NC 27801** PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 4 This page intentionally left blank. Registered Nurse (RN) reported: she came to the facility twice a month she completed a "med cart check" which consisted of reviewing the MARs the RM informed her the inhaler was discontinued in May 2018 she did not notice the Xanax was not listed on the MARs During interview on 10/8/18 the Qualified Professional reported: both medications had been discontinued she transcribed the FL2's by looking at the last MAR staff are supposed to send a discontinued order to the pharmacy once a medication had been discontinued the ProAir inhaler will be packaged and sent back to the pharmacy [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]

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DHSR - Mental Health

OCT 292018

Lic. & Cert. Section

October 22, 2018

Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718
(Phone) 919-855-3795
(Fax) 919-715-8078

RE:

Annual and Follow Up Survey completed October 8, 2018 Wayfarer Court 145 Wayfarer Court, Rocky Mount, NC 27801

MHL #033-058

Email Address: Reviews@monarchnc.org

Dear Ms. Smith,

Please find enclosed the plan of correction for the Annual Survey of the Wayfarer location completed 10/8/2018. If you need additional information related to this POC, please contact me at 704-787-4064 or at qm@monarchnc.org.

Sincerely,

Cindy Lemberg

Cindy Lemberg MSW, LCSW Compliance Specialist Monarch

