

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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 follow-up survey was completed 10/4/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</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 with a physician.</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: mh1092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to medications were administered on the written order of a physician for one of six clients (client #6). The findings are:</p> <p>During an interview on 10/1/18, client #6 reported:</p> <ul style="list-style-type: none"> - he had recently been admitted to the facility - he was from Greensboro, NC - he was doing ok and he enjoyed writing bizarre letters <p>Review on 10/4/18 client #6's medications revealed the following medications were present:</p> <ul style="list-style-type: none"> - Dival Proex Sodium 500 mg tablets with instructions to administer 1 tablet each morning and 2 tablets each evening - Simvastatin 20 mg tablets with instructions to administer 1 tablet daily - Methimazole 5 mg tablets with instructions to administer 1 tablet daily - Carvedilol 3.125 mg tablets with instructions to administer 1 tablet twice daily <p>Review on 10/4/18 of client #6's record revealed:</p> <ul style="list-style-type: none"> - an FL2 dated 2/13/18 with diagnoses including Schizo-affective Disorder Bipolar type, Unspecified Personality Disorder, Substance Use Disorder in Remission - no evidence of physician's orders for the above medications <p>During an interview on 10/4/18, the Administrator reported client #6 had been admitted 10/1/18 and</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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 they did not have all his physicians orders yet.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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 367	<p>Continued From page 3</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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 367	<p>Continued From page 4</p> <p>been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure a level II incident report was completed for one 6 clients (client #4). The findings are:</p> <p>Observation and interview on 6/12/18 at approximately 2:33 PM revealed:</p> <ul style="list-style-type: none"> - surveyor approached the driveway of the facility and signaled to turn left - about 150 yards down the road , a grayish pick-up truck was in the road with hazard lights flashing - upon further observation, a person in the truck speaking to a man wearing a hat and walking with a white cane standing on the side of the road - the man with the white cane turned and walked back down the road in the direction of the facility - a man in the truck exited the truck and assisted the man with the cane out of the road - surveyor pulled into the facility driveway, parked, approached the front entrance and knocked several times; there was no answer though movement was heard inside - while looking toward the road, a fire engine approach the two men now standing on the side of the road. - fire fighters exited the fire engine and approached the men talking on the side of the road; a fire fighter escorted the man with the cane to the fire engine and had him sit on the bumper 	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
---	--

(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 367	<p>Continued From page 5</p> <ul style="list-style-type: none"> - the fire fighters looked toward the facility and one walked up the road, into the driveway and to the porch and asked the surveyor if the man with the cane belonged at the facility - surveyor reported she was not aware and again knocked at the door - a young man opened the door and when asked if he was the staff, he said he was - when asked if all his clients were accounted for, staff #1 replied they were - staff #1 then saw the fire fighter and fire engine and asked what happened - staff #1 ran back into the house and called out to the clients and asked where client #1 was - staff #1 ran back out the door and said client #1 was not present - staff #1 ran out the door, passed the surveyor and fire fighter down the driveway and down the road to client #1 who was sitting on the bumper of the fire engine - staff #1 placed his arm around client #1 and walked him back up the road and driveway and into the house - staff #1 assisted client #1 to a chair and got him a Glucerna; the time was approximately 2:55 PM - staff #1 told client #1 he had frightened him <p>Review on 9/28/18 of the Incident Reporting Improvement System (IRIS) revealed no incident report was entered into the IRIS system for the above incident.</p> <p>During an interview on 9/28/18, the Manager reported no incident reports had been generated since the survey completed 6/19/18.</p> <p>During an interview on 10/4/18, the Administrator reported no level II incident reports had been generated since the 6/19/18 survey. The</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDGEMONT ROAD WENDELL, NC 27591
---	--

(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 367	Continued From page 6 Administrator reported she thought the Qualified Professional had entered the 6/12/18 incident into the IRIS system.	V 367		