

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/01/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>G &amp; T'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2671 IDLEBROOK CIRCLE MIDWAY PARK, NC 28544</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on November 1, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 121	<p><b>27G .0209 (F) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug regimen reviews for 3 of 3 audited clients (#1, #2, #3) who receive psychotropic drugs. The findings are:</p> <p>Review on 10/30/18 of client #1's record revealed: - 33 year old male admitted to the facility on 11/21/08. - Diagnoses included Mild Intellectual/Developmental Disability, Traumatic</p>	V 121	<p><b>DHSR - Mental Health</b></p> <p><b>NOV 13 2018</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kendra Cline, BAQP* 11-8-2018

Division of Health Service Regulation

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V 121	<p>Continued From page 1</p> <p>Brain Injury, Intermittent Explosive Disorder, Chronic/occasional infections/malfunction of shunt, and Oxacillin-resistant Staphylococcus aureus.</p> <ul style="list-style-type: none"> <li>- Physician's orders, signed 3/1/18, for Prozac (anti-depressant) 20 milligrams (mg) one tablet daily, and Zyprexa (anti-psychotic) 20 mg one tablet at bedtime.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen reviews.</li> </ul> <p>Review on 10/30/18 of client #1's Medication Administration Records (MARs) for the months of August, September, and October 2018 revealed transcriptions for Prozac and Zyprexa, with staff initials to indicate administration of the medications as ordered.</p> <p>Review on 10/30/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 29 year old male admitted to the facility 3/25/09.</li> <li>- Diagnoses included Mild Intellectual/Developmental Disability, Psychotic Disorder, not otherwise specified, Autistic Disorder, Generalized Anxiety Disorder, and Intermittent Explosive Disorder.</li> <li>- Physician's orders, signed 8/8/18, for Depakote (used to treat seizure disorder and manic episodes of Bipolar Disorder) 500 mg 3 tablets at bedtime, Haldol (anti-psychotic) 10 mg one tablet at bedtime, Lamictal (used to treat seizure disorder and bipolar disorder) 150 mg one tablet twice daily, and Seroquel (anti-psychotic) 400 mg ½ tablet every morning and 1 ½ tablets at bedtime.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen</li> </ul>	V 121		

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V 121	<p>Continued From page 2</p> <p>reviews.</p> <p>Review on 10/30/18 of client #2's MARs for the months of August, September, and October 2018 revealed transcriptions for Depakote, Haldol, Lamictal, and Seroquel with staff initials to indicate administration of the medications as ordered.</p> <p>Review on 10/30/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 34 year old male admitted to the facility 6/12/12.</li> <li>- Diagnoses included Severe Intellectual/Developmental Disability, Dravet Syndrome, severe Epilepsy and history of neurosurgery (commissurotomy), Osteoporosis, Hypergonadism, and Asthma.</li> <li>- Physician's orders for Ativan (treats seizures) 2 mg/milliliter (ml), place .5 ml between cheek and gums as needed per seizure protocol, order signed 1/12/18, Risperdal (anti-psychotic) .25 mg one tablet every morning, order signed 10/19/18.</li> <li>- Drug regimen review completed 12/14/17 and signed by a pharmacist.</li> <li>- No documentation of subsequent drug regimen reviews.</li> </ul> <p>Review on 10/30/18 of client #3's MAR's for August, September and October 2018 revealed transcriptions for Ativan and Risperdal with staff initials to indicate administration of the Risperdal as ordered. Ativan, to be given as needed, had not been administered.</p> <p>During interview on 10/30/18 the Qualified Professional stated the provider changed pharmacies at the beginning of the year and the drug regimen reviews had not been done since December. She would request the new pharmacy to conduct drug regimen reviews every</p>	V 121		

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V 121	Continued From page 3 six months as required.	V 121		

Anna's Care Inc./Linda Shorts Home: Plan of Correction Form

DHSR - Mental Health

Plan of Correction

NOV 13 2018

Please complete all requested information

Lic. & Cert. Section

<b>Provider Name:</b>	Anna's Care Inc./G&T's Place		
<b>Provider Contact Person for follow-up:</b>	Kendra Cline/Qualified Professional		
<b>Address:</b>	2671 Idlebrook Circle Midway Park NC 28544 Provider # MHI.# 067-177		
	<b>Phone:</b>	910-455-6724 ext. 102	
	<b>Fax:</b>	910-346-5489	
	<b>Email:</b>	clinicalqp@annascare.com	

Finding	Corrective Action Steps	Responsible Party	Time Line
<p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication Review</b>                      This rule is not met as evidence by record reviews and interview with the facility failed to obtain regimen reviews for 3 of 3 audited clients (#1, #2, #3) who receive psychotropic drugs</p>	<p>The facility changed pharmacy's in February of 2018 and did not set up pharmacy review of psychotropic medications. The facility has contacted the new pharmacy and has scheduled regimen reviews of all individual charts receiving psychotropic medications. The review is scheduled for 11/08/2018 and further appointments will be scheduled a minimum of every six months to be completed by the pharmacist</p>	<p>Administrative and Clinical staff to include the medication technician, Facility Director and Qualified Professional</p>	<p>Implementation Date: 11/8/2018</p> <p>Projected Completion Date: 11/8/2018</p>
			Implementation Date:
			Projected Completion Date:
			Implementation Date:
			Projected Completion Date:
			Implementation Date:



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

November 7, 2018

Linda Gibson, Director  
Anna's Care, Inc.  
180 Coastal Lane  
Jacksonville, NC 28546

DHSR - Mental Health

NOV 13 2018

Lic. & Cert. Section

Re: Annual Survey completed 11/1/18  
G & T's Place, 2671 Idlebrook Circle, Midway Park, NC 28544  
MHL # 067-177  
E-mail Address: [leshorts@yahoo.com](mailto:leshorts@yahoo.com); [clinicalqp@annascare.com](mailto:clinicalqp@annascare.com)

Dear Ms. Gibson:

Thank you for the cooperation and courtesy extended during the annual survey completed November 1, 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**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 31, 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.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 7, 2018  
Anna's Care, Inc.  
Linda Gibson, Director

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 Wendy Boone, South Coastal Team Leader, at 252-568-2744.

Sincerely,



Connie Anderson  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
File