

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL025-221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2018
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NAME OF PROVIDER OR SUPPLIER BLESSED HAVEN	STREET ADDRESS, CITY, STATE, ZIP CODE 1025 PLYMOUTH DRIVE NEW BERN, NC 28562
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on September 7, 2018. Deficiencies were 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p>DHSR - Mental Health</p> <p>NOV 15 2018</p> <p>Lic. & Cert. Section</p>	

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

TITLE

(X6) DATE

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V 121	<p>Continued From page 5</p> <p>Disease (COPD).</p> <ul style="list-style-type: none"> - No documentation of drug regimen reviews completed every 6 months by a pharmacist or physician. <p>Review on 9/6/18 of Client #3's drug regimen as documented on the MAR for September 2018 revealed:</p> <ul style="list-style-type: none"> - Risperidone (generic for Risperdal) an anti-psychotic. - Clozapine (generic for Clozaril) an anti-psychotic. - Benztropine (generic for Cogentin) used to treat side effects of other drugs. - Divalproex (generic for Depakote) an anticonvulsant. - Trelegy Ellipta, used to treat COPD. - Atenolol (generic for Tenormin) an anti-hypertensive. - Lisinopril (generic for Zestril) an anti-hypertensive. - Polyethylene Glycol, a laxative. - Aspirin used to prevent and manage heart disease. - Vitamin D3. <p>During interviews on 9/6/18 and 9/7/18 the Owner/Licensee stated she thought the drug regimen reviews had been completed and were filed in the clients' records. She would have the pharmacist or physician complete drug regimen reviews every 6 months as required.</p>	V 121	<p>Pharmacist has provided site with drug review on 10th of sept. for all consumers</p> <p>#1 #2 #3</p>	
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Review on 9/6/18 of Client #1's record revealed: - 28 year old female admitted to the facility 9/10/17. - Diagnoses included Moderate Intellectual/Developmental Disability, Psychotic Disorder, Sickle Cell Anemia. - Individual Support Plan (ISP) from the Local Management Entity (LME) effective 4/1/18 included assessment of Client #1's needs and long range outcomes that addressed maintenance of health and well-being, improved activities of daily living, increased independent living skills, increased academic skills, improved communication and social skills, remaining safe in all settings, and increased community inclusion through volunteer opportunities and social activities. - "Residential Supports Level 2 4/1/2018-3/31/2018 (ISP Program)" created 4/1/18, with "Goal/Service," short range goals that corresponded with the long range outcomes included in the ISP developed by the LME Care Coordinator. - No strategies to achieve the short range goals.</p> <p>Review on 9/6/18 of Client #2's record revealed: - 29 year old male admitted to the facility December 2013. - Diagnoses included Autism, Severe Intellectual/Developmental Disability, Seizure Disorder. - ISP from the LME effective 8/1/18 included assessment of Client #2's needs and long range outcomes that addressed maintenance of personal care, increased social skills, participation in daily living activities, support while eating meals, remaining safe while accessing the community, and maintenance of health and</p>	V 112	<p><i>Better Connection working on putting short term goals into new system will let me know when done for all clients #1 #2 #3</i></p>	

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V 112	Continued From page 2 well-being. - "Residential Supports Level 2 8/1/18-7/31/19 (ISP Program)" created 8/1/18, with "Goal/Service," short range goals that corresponded with the long range outcomes included in the ISP developed by the LME Care Coordinator. - No strategies to achieve the short range goals. Review on 9/6/18 of Client #3's record revealed: - 53 year old male admitted to the facility 2/9/09 - Diagnoses included Moderate Intellectual/Developmental Disability, Schizophrenia, paranoid type, Hypertension, Seizure Disorder, Chronic Obstructive Pulmonary Disease. - ISP from the LME effective 11/1/17 included assessment of Client #3's needs and long range outcomes that addressed completion of daily living needs and participation in community integration activities. - "Residential Support Level 1 11/1/17-10/31/18 (ISP Program)" created 11/1/17, with "Goal/Service," short range goals that corresponded with the long range outcomes included in the ISP developed by the LME Care Coordinator. - No strategies to achieve the short range goals. Interview on 9/6/18 the Qualified Professional stated they had recently converted to electronic record keeping. The ISP's had been entered into the software and printed. She understood the requirement for strategies to be included in the ISPs.	V 112		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 121		

*BCI
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#2
#3*

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V 121	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Folic Acid a B vitamin. <p>Review on 9/6/18 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - 29 year old male admitted to the facility December 2013. - Diagnoses included Autism, Severe Intellectual/Developmental Disability, Seizure Disorder. - No documentation of drug regimen reviews completed every 6 months by a pharmacist or physician. <p>Review on 9/6/18 of Client #2's drug regimen as documented on the MAR for September 2018 revealed:</p> <ul style="list-style-type: none"> - Quetiapine (generic for Seroquel) an antipsychotic. - Mirtazapine (generic for Remeron) an antidepressant. - Lorazepam (generic for Ativan) used to treat anxiety disorders. - Guanfacine (generic for Tenex) used to treat symptoms of Attention Deficit Hyperactivity Disorder. - Imipramine (generic for Tofranil) an anti-depressant. - Oxcarbazepine (generic for Trileptal) an anti-convulsant. - Vimpat an anti-convulsant. - Levothyroxine (generic for Synthroid) used to treat hypothyroidism. - Polyethylene Glycol, a laxative. - Vitamin D2. <p>Review on 9/6/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> - 53 year old male admitted to the facility 2/9/09. - Diagnoses included Moderate Intellectual/Developmental Disability, Schizophrenia, paranoid type, Hypertension, Seizure Disorder, Chronic Obstructive Pulmonary 	V 121	<p>Pharmacist provided site with drug review documents per Sept 10 consume # 3</p>	

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V 121	<p>Continued From page 3</p> <p>REQUIREMENTS (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 every 6 months for 3 of 3 audited clients who received psychotropic drugs. The findings are:</p> <p>Review on 9/6/18 of Client #1's record revealed: - 28 year old female admitted to the facility 9/10/17. - Diagnoses included Moderate Intellectual/Developmental Disability, Psychotic Disorder, Sickle Cell Anemia. - No documentation of drug regimen reviews completed every 6 months by a pharmacist or physician.</p> <p>Review on 9/6/18 of Client #1's drug regimen as documented on the MAR for September 2018 revealed: - Aripiprazole (generic for Abilify) an anti-psychotic. - Clonidine (generic for Catapres) used to treat high blood pressure.</p>	V 121	<p><i>Drug Review given on Sept 10th for all three clients #1 #2 #3</i></p>	