

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067168</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>EDNA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>131 SUFFOLK CIRCLE JACKSONVILLE, NC 28546</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on November 1, 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 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 10/31/18 Qualified Professional #2 stated the facility operated with three shifts: 1st 7:00 am - 3:00 pm, 2nd 3:00 pm - 11:00 pm, 3rd 11:00 pm - 7:00 am.</p>	V 114	<p style="text-align: right; color: blue; font-size: 1.2em;">DHSR - Mental Health</p> <p style="text-align: center; color: red; font-size: 1.2em;">NOV 27 2018</p> <p style="text-align: right; color: blue; font-size: 1.2em;">Lic. &amp; Cert. Section</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Loretta R. Holcomb* TITLE *QP* (X6) DATE *11-21-2018*

STATE FORM 6899 XMSY11 If continuation sheet 1 of 13

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V 114	Continued From page 1  Review on 10/31/18 of the facility's disaster drill documentation revealed no documented disaster drill for the second shift during the first quarter (January - March) of 2018 or for the 3rd shift during the fourth quarter (October - December) of 2017.  During interview on 10/31/18 Qualified Professional #2 stated drills at the facility had not always been completed as required. She could not find documentation of any drills conducted between December 2017 and February 2018. The Licensee implemented a new system to ensure the completion of drills on a set schedule.	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 recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug;	V 118		

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V 118	<p>Continued From page 2</p> <p>(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 record reviews and interviews, the facility failed administer medications as ordered by a physician for 2 of 3 audited clients (#1, #3). The findings are:</p> <ul style="list-style-type: none"> <li>-Review on 10/31/18 of client #1's record revealed:</li> <li>- 46 year old female admitted to the facility 7/27/15.</li> <li>- Diagnoses included Schizophrenia, chronic undifferentiated, Moderate Intellectual/Developmental Disability, and Seizure Disorder.</li> <li>- FL-2 signed by the physician 6/14/18 included Inderal (used to treat high blood pressure and angina) 10 mg one tablet three times daily, Depakote (anti-convulsant and mood stabilizer) 500 mg three tablets at bedtime, Keppra (anti-convulsant) 500 mg two tablets at bedtime, Zyprexa (anti-psychotic) 20 milligrams (mg) one tablet every evening, Phenobarbital (anti-epileptic) 64.8 mg two tablets at bedtime, Seroquel (anti-psychotic) 400 mg one tablet every evening, and Celexa (used to treat depression) 20 mg one tablet twice daily.</li> </ul>	V 118		



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V 118	<p>Continued From page 3</p> <p>Review on 10/31/18 of client #1's MAR for September 2018 revealed:</p> <ul style="list-style-type: none"> <li>- Transcription for Inderal to be administered at 8:00 am, 3:00 pm and 8:00 pm.</li> <li>- Transcriptions for Depakote, Keppra, Zyprexa, Phenobarbital, Seroquel and Celexa to be administered at 8:00 am and 8:00 pm.</li> <li>- A "D" written in the staff initial boxes to indicate Inderal, Depakote, Keppra, Zyprexa, Phenobarbital, Seroquel and Celexa at 8:00 pm on 9/14/18.</li> <li>- The reverse side of the MAR included "Charting Codes . . . D - Drug not given indicate reason in Nurse's Medication Notes."</li> <li>- Handwritten note on the reverse side of the September MAR dated 9/14/8 and signed by Qualified Professional (QP) #1 "Medications NOT given at 8:00 pm as individual was in hotel due to evacuation from Hurricane Florence - Incident Report completed."</li> </ul> <p>During interview on 10/31/18 client #1 stated the group home went to a hotel in Charlotte for the hurricane. She took her medications every day and had not missed any doses.</p> <p>Review on 10/31/18 of "DHHS (Department of Health and Human Services) Incident and Death Report" signed by QP #2 9/26/18 revealed:</p> <ul style="list-style-type: none"> <li>- "Date of Incident: 9/14/18 Time of Incident: 9 pm."</li> <li>- "Briefly describe the incident . . . At 9pm, Provider attempted to administer [client #1] meds (medications) while staying at the hotel in Charlotte, NC (mandatory evacuation for Hurricane Florence. Another provider (Directors Daughter) stated; you don't have to go in the girls rooms, they have already had meds and showers; 8pm meds were missed."</li> <li>- "Provider Response . . . Describe the cause of</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>the incident . . . Relocation from Hurricane Florence confusion, out of routine, miscommunication." - "Describe how this type of incident may be prevented in the future and any corrective measures that have been or will be put in place . . . Regular dosing resumed next day. Director spoke to staff regarding shift responsibilities and assignments."</p> <p>Review on 10/31/18 of client #3's record revealed: - 48 year old male admitted to the facility 8/22/18. - Diagnoses included Schizophrenia, paranoid type, Dementia due to anoxia. - Signed physician's orders dated 8/6/18 for Flonase (used to treat allergy symptoms) 50 mcg (micrograms) 2 sprays to each nostril daily, dated 8/23/18 for Allegra (antihistamine) 180 mg one tablet daily, and dated 5/30/18 for Banophen (antihistamine) 25 mg one tablet twice daily until resolved.</p> <p>Review on 10/31/18 of client #3's MAR for October 2018 revealed: - Transcriptions for Flonase, Allegra, and Banophen. - A "D" written in the staff initial boxes to indicate Flonase was administered 10/1/18 - 10/4/18, 10/6/18 - 10/7/18, or 10/10/18 - 10/16/18; "out of medication" was handwritten on the reverse side of the MAR. - A "D" written in the staff initial boxes to indicate Allegra was administered 10/1/18 - 10/4/18, 10/6/18 - 10/8/18, and 10/10/18; "out of medication" was handwritten on the reverse side of the MAR . -A "D" written in the staff initial boxes to indicate Banophen was administered during the month of October; "PRN-out of medication" was</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>handwritten on the reverse side of the MAR . - The reverse side of the MAR included "Charting Codes . . . D - Drug not given indicate reason in Nurse's Medication Notes."</p> <p>Client #3 did not give any meaningful responses during attempted interview.</p> <p>During interview on 10/31/18 QP #2 stated the entire community was under mandatory evacuation during a recent hurricane. The clients were evacuated to a hotel in Charlotte, approximately 4 ½ hours away. Client #1 missed her 8:00 pm medications on 9/14/18 due to a miscommunication between staff while at the hotel. She learned of the missed medications when the clients returned to the facility approximately one week later. She completed a level 1 incident report but did not notify the doctor or pharmacist of the missed medications because of the amount of time between the missed doses and the clients' return to the facility. Client #3 did not seem to suffer any adverse effects from missing her medications.</p> <p>During interview on 11/1/18 QP #1 stated she was responsible for checking the MARs for accuracy and completion. She felt sure the medications had been administered as ordered, but the staff failed to document thier initials on the MARs at the time the medications were administered. Omissions of medications were medication errors. If a client missed medications she would complete a level 1 incident report and notify the physician or pharmacist.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		



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V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to store medications in a securely locked cabinet for 1 of 3 audited clients (#2), separately for external and internal use for 2 of 3 audited clients (#2, #3) and separately for each client for 3 of 3 audited clients (#1, #2, #3) and . The findings are:</p> <p>Finding #1: Review on 10/31/18 of client #2's record revealed: - 44 year old male admitted to the facility 1/19/13. - Diagnoses included Autistic Disorder, Moderate</p>	V 120		

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V 120	<p>Continued From page 7</p> <p>Intellectual/Developmental Disability, pre-diabetes.</p> <ul style="list-style-type: none"> <li>- Physician's orders dated 2/8/18 for Ativan (anti-anxiety); dated 6/25/18 for Vitamin D3 (treats vitamin D deficiency); dated 8/2/18 for Lipitor (used to treat high cholesterol); dated 9/11/18 for Urecholine (treats urinary and bladder problems), Colace, Claritin (antihistamine), Melatonin (promotes sleep), Zyprexa, Paxil (treats depression, anxiety disorders, and obsessive-compulsive disorder), Miralax (laxative), Inderal, and Depakene (anticonvulsant and mood stabilizer); dated 9/18/17 for Nizoral shampoo (treats fungal infections), and Ketoconazole cream (anti-fungal).</li> <li>- Signed physician's orders for over the counter antacid, antihistamine, laxative, pain reliever, triple antibiotic ointment to be administered on an as needed basis.</li> </ul> <p>Observation of client #2's bedroom on 10/31/18 at approximately 2:30 pm revealed the following over the counter topical medications in an open, unsecured plastic bin on top of client #2's chest of drawers:</p> <ul style="list-style-type: none"> <li>- Germ Shield, an antimicrobial wound gel for use on minor cuts, scrapes, burns, and skin irritations.</li> <li>- Hydrocortisone Cream, a topical used to treat redness, itching and discomfort of skin conditions.</li> <li>- Gold Bond with Lidocaine, a cream for the temporary relief of pain and itching due to minor burns, cuts, scrapes, insect bites, and minor skin irritations.</li> <li>- Scalpicin, used to treat and prevent dry, rough, scaly, itchy skin caused by conditions such as eczema and keratosis.</li> <li>- Gold Bond Anti-Itch Cream, used to treat pain and itching due to minor burns and skin irritations such as eczema and poison ivy.</li> </ul>	V 120		



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V 120	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- 2 tubes of anti-itch cream.</li> <li>- All of the over the counter medications appeared to be unused.</li> </ul> <p>Observation at 2:45 pm on 1/31/18 of client #2's medications on hand revealed Ketoconazole cream stored in client #2's medication box with his oral medications.</p> <p>During interview on 10/31/18 staff #1 stated client #2's parents purchased the over the counter medications for him.</p> <p>Review on 10/31/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 48 year old male admitted to the facility 8/22/18.</li> <li>- Diagnoses included Schizophrenia, paranoid type, Dementia due to anoxia.</li> <li>- Signed physician's orders dated 1/31/18 for Prilosec (treats heartburn); dated 3/26/18 for Flovent HfA (treats asthma); dated 4/9/18 for Linzess (treats irritable bowel syndrome with constipation); dated 5/7/18 for Lasix (diuretic), Vitamin D3; dated 7/24/18 for Eucerin Crème (relieves dry skin); dated 8/6/18 for Flonase (prevents asthma attacks); dated 8/23/18 for Allegra (antihistamine), Colace, and Miralax; and dated 9/26/18 for Lexapro (treats depression and generalized anxiety disorder), Cogentin (anti-tremor), Clozaril (anti-psychotic), Depakote, and Lithobid (treats bipolar disorder).</li> <li>- Signed physician's orders for over the counter antacid, antihistamine, laxative, pain reliever, triple antibiotic ointment to be administered on an as needed basis.</li> </ul> <p>Observation at 2:00 pm on 10/31/18 of client #3's medications on hand revealed Eucerin Crème stored in client #3's medication box with his oral medications.</p>	V 120		

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V 120	<p>Continued From page 9</p> <p>Review on 10/31/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 46 year old female admitted to the facility 7/27/15.</li> <li>- Diagnoses included Schizophrenia, chronic undifferentiated, Moderate Intellectual/Developmental Disability, and Seizure Disorder.</li> <li>- Signed physician's orders dated 7/17/18 for Norvasc (treats high blood pressure and angina), Colace (laxative), Zestril (treats high blood pressure); dated 7/26/18 for Depakote (anticonvulsant and mood stabilizer), Keppra (anticonvulsant), and Phenobarbital (anti-epileptic); dated 9/25/18 for Zyprexa (antipsychotic), Inderal (used to treat high blood pressure and angina), Seroquel (anti-psychotic), and Celexa (used to treat depression).</li> <li>- Signed physician's orders dated 3/9/18 for over the counter antacid, antihistamine, laxative, pain reliever, triple antibiotic ointment, and cough medicine to be administered on an as needed basis.</li> </ul> <p>Observation of the facility's medication closet on 10/31/18 at approximately 2:45 pm revealed a plastic box contained 3 unopened bottles of Depakene Syrup 250 milligrams/5 milliliters (mls), take 20 mls twice daily labeled by the pharmacy for administration to client #2 and multiple unopened bottles of various over the counter liquid medications including Milk of Magnesia (antacid and laxative), Pepto Bismol (anti-diarrheal), and cough syrup, individually labeled by the pharmacy for administration to each client in the facility (#1, #2, and #3).</p> <p>Observation at approximately 2:30 pm on 10/31/18 of the facility's medication closet</p>	V 120		

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V 120	Continued From page 10  revealed a sign taped on the inside of the door specified topical medications were to be stored separately from oral medications.  During interview on 10/31/18 Qualified Professional #1 stated: - Client #2's mother purchased the over the counter creams and gave them to the client. - The box containing the unopened liquid medications was the facility's "overflow" supply and contained medications for each of the clients. - She didn't realize the topical meds were stored with the orals; she didn't realize they shouldn't be stored together.  During interview on 11/1/18 Qualified Professional #2 stated they would separate the medications by client and type (topical or oral).	V 120		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION 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.	V 121		



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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 121	<p>Continued From page 11</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews for 2 of 3 audited clients (#2 and #3) who received psychotropic drugs. The findings are:</p> <p>Review on 10/31/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 44 year old male admitted to the facility 1/19/13.</li> <li>- Diagnoses included Autistic Disorder, Moderate Intellectual/Developmental Disability, pre-diabetes.</li> <li>- Signed physician's orders dated 9/11/18 for Zyprexa (anti-psychotic) 15 milligrams (mg) one tablet three times daily, Paxil (treats depression, anxiety disorders, and obsessive-compulsive disorder) 20 mg one tablet twice daily, and Depakene (anticonvulsant and mood stabilizer) 250 mg/milliliter (ml) 20 ml twice daily; and dated 2/8/18 for Ativan (anti-anxiety) 2 mg one tablet once or twice prior to dental appointments.</li> <li>- Drug regimen review signed by the pharmacist and dated 12/14/17.</li> <li>- No documentation of subsequent drug regimen reviews by the physician or pharmacist.</li> </ul> <p>Review on 10/31/18 of client #2's MARs for August - October 2018 revealed transcriptions for Zyprexa, Paxil, Depakene and Ativan with staff initials to indicate administration of the medications as ordered.</p> <p>Review on 10/31/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 48 year old male admitted to the facility 8/22/18.</li> <li>- Diagnoses included Schizophrenia, paranoid type, Dementia due to anoxia.</li> <li>- Signed physician's orders dated 1/31/18 for 9/26/18 for Lexapro (treats depression and generalized anxiety disorder) 20 mg one tablet at</li> </ul>	V 121		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL067168</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>EDNA'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>131 SUFFOLK CIRCLE JACKSONVILLE, NC 28546</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 121	<p>Continued From page 12</p> <p>bedtime, Clozaril (anti-psychotic)100 mg one tablet every morning, four tablets at bedtime, Depakote (anti-convulsant and mood stabilizer) 500 mg two tablets at bedtime, and Lithobid (treats bipolar disorder) 300 mg one tablet twice daily with food.</p> <ul style="list-style-type: none"> <li>- Drug regimen review signed by the pharmacist and dated 12/14/17.</li> <li>- No documentation of subsequent drug regimen reviews by the physician or pharmacist.</li> </ul> <p>Review on 10/31/18 of client #3's MARs for August - October 2018 revealed transcriptions for Lexapro, Clozaril, Depakote and Lithobid with staff initials to indicate administration of the medications as ordered.</p> <p>During interview on 11/1/18 Qualified Professional #2 stated the Licensee 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 six months as required.</p>	V 121		

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

### Plan of Correction

Please complete all requested information

<b>Provider Name:</b> Anna's Care/Edna's Place		<b>Phone:</b> (910) 455-6724 ext. 102
<b>Provider Contact</b> Anna's Care, Inc.		<b>Fax:</b> (910) 346-5489
<b>Person for follow-up:</b> Kendra Cline/Qualified Professional		<b>Email:</b> <a href="mailto:clinicalqp@annascare.com">clinicalqp@annascare.com</a>
Loretta P. Holcomb/Qualified Professional		<a href="mailto:qp3@annascare.com">qp3@annascare.com</a>
<b>Address:</b> 131 Suffolk Circle, Jacksonville, NC 28546		
<b>Provider #</b> MHL # 067 - 168		

Finding	Corrective Action Steps	Responsible Party	Time Line
<b>V 114 – 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES.</b>  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift.	New Disaster/Fire Drill Calendars have been written and implemented to be held quarterly for each shift as of 3-2018  Monthly follow-up of each shift for Drills to be completed before the end of the month to be completed by the QP, and HR.  Monthly Mandatory Meeting for all Providers and for all shifts will cover required Drills	Anna's Care Agency Director HR QP	Implementation Date: 11-13-2018
			Projected Completion Date: 11-13-2018
<b>V 118 – 10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> This Rule is not met as evidenced by: Based of record, reviews and interviews, the facility failed administer medications as ordered by a Physician for 2 of 3 audited clients (#1, and #3)	During every shift exchange, the Providers will check to ensure that the MAR's are completed and signed  Monthly Mandatory Meeting for all Providers and for all shifts will cover medication requirements to include filling out the MAR's as Physician has ordered. (Training Providers completed on 11-13-2018)  MAR's will be checked for omissions and errors minimally weekly by the QP	All Providers QP	Implementation Date: 11-13-2018
			Projected Completion Date: 11-13-2018
<b>V 120- 10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> Medication storage This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to store medications in a securely locked cabinet for 1 of 3 audited clients (#2), separately for external and internal use for 2 of 3 audited clients (#2, #3)	All medications will be separated by medications of each client and by each medication type (topical, inhalents, and oral medications).  Each client has a specific container for each medication (topical, inhalents, and oral medications) prescribed for them and is labeled as such. QP completed 11-09-2018. Educated Providers on 11-13-2018.  The Providers will ensure that after administering the medications, that they are stored back in the correct containers.	All Providers QP	Implementation Date: 11-02-2018
			Projected Completion Date: 11-13-2018



<p>and separately for each client for 3 of 3 audited clients (#1, #2, and #3)</p>	<p>QP will continue to provide random checks to ensure compliance.</p> <p>All over the counter medication for client #2, purchased by his parents that was stored on his bedroom nightstand unsecured has been removed as of 11-02-2018</p>		<p>Implementation Date: <b>11/8/2018</b></p> <p>Projected Completion Date: <b>11/8/2018</b></p>
<p>V 121 – 10A NCAC 27G .0209 <b>MEDICATION REQUIREMENTS</b> <b>(f) Medication Review</b> This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews for 2 of 3 audited clients (#2 and #3) who received 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>	

# Anna's Care, Inc



*Making A Difference In Family Living*  
180 Coastal Lane, Jacksonville, NC 28546  
Office (910) 455-6724 ♦ Fax (910) 346-5489

November 21, 2018

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

To: Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Re: Annual Survey Corrections  
Edna's Place 131 Suffolk Circle, Jacksonville, NC 28546  
MHL # 067-168

DHSR - Mental Health

NOV 27 2018

Lic. & Cert. Section

Good afternoon. Please find the Plan of Correction for Edna's Place for the Annual Survey that was completed on 11-01-2018. If further assistance is required, please feel free to call us at 910-455-6724.

Sincerely,

Loretta P. Holcomb

QP

Edna's Place/Anna's Care, Inc.



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

Re: Annual Survey completed 11/1/18  
Edna's Place 131 Suffolk Circle, Jacksonville, NC 28546  
MHL # 067-168  
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