

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-974	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/02/2018
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NAME OF PROVIDER OR SUPPLIER ANGEL	STREET ADDRESS, CITY, STATE, ZIP CODE 2430 UMAR COURT CHARLOTTE, NC 28215
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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>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on November 2, 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 118	<p>27G .0209 (C) Medication Requirements</p> <p>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; (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</p>	V 118	<p><i>DHSR - Mental Health</i></p> <p><i>NOV 28 2018</i></p> <p><i>Lic. & Cert. Section</i></p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to administer medications as ordered by the physician affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 11/1/18 of client #1's record revealed: -Admission date of 4/1/17 with diagnoses of Severe Intellectual Developmental Disability and Expressive Language Disorder; -Physician orders signed and dated 6/14/18, 8/1/18 and an E-Script order dated 7/30/18 for Polyethylene Glycol 3350 Powder/ Miralax with instructions to Mix 1 capful (17mg) with 8oz of water and drink by mouth daily; -On 5/29/18 facility staff signed and dated the Facility's "Medication Education Sign-Off...Client #1...Polyethylene Glycol 3350 Orders: Mix 1 capful (17gm) with 8oz water & drink by mouth once daily. By signing below, I acknowledge that I have read and understand the attached Patient Information Leaflet for the above named medication..." -6/1/18 through 8/22/18 MAR's documented client #1 was administered Miralax every other day; -8/23/18 through the month of November 2018 MARs documented Miralax being administered daily.</p> <p>Observation on 11/1/18 of client #1's Miralax bottle revealed the label documented daily administration.</p> <p>Interview on 11/1/18 with the Home Manager</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Staff took client #1 to the doctor to have her FL-2 updated and the doctor changed the order for Miralax without verbally informing the staff but instead sent the new order to the pharmacy electronically; -On 8/23/18 the pharmacy sent the facility an E-script and she immediately made staff aware of the Miralax change from three times a day to daily. <p>Interview on 11/2/18 with the acting Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Staff had been retrained in Medication Administration. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

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V 000	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on November 2, 2018. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	The following measures were put into place to correct the deficiency: The staff member received a coaching from the Residential Manager on November 12, 2018; she was retrained on proper medication procedures. There was specific emphasis on comparing the medication label to the MAR. Additionally, all staff were instructed to ask the physician for hard copies of prescriptions and to follow up with the pharmacy if medications are changed.	
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; (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	V 118	The following will prevent the problem from happening again: UMAR is working towards implementing an electronic MAR system that would prevent escripts from being sent without staff's knowledge. Also, Qualified Professional and Residential Manager will continue to provide oversight by comparing medications to the MAR on a monthly basis.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: _____ (X6) DATE: 11/20/18

STATE FORM 90011 If continuation sheet 1 of 3



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 14, 2018

Marilyn Garner, CEO
UMAR Services, Inc.
5350 77 Center Drive Suite 201
Charlotte, NC 28217

DHSR - Mental Health

NOV 28 2018

Lic. & Cert. Section

Re: Annual, Follow up and Complaint Survey completed November 2, 2018
Angel, 2430 UMAR Court, Charlotte, NC 28215
MHL #060-974
E-mail Address: marilyng@umarinfo.com
Intake #00142836

Dear Ms. Garner:

Thank you for the cooperation and courtesy extended during the Annual, Follow up and Complaint survey completed November 2, 2018. The complaint was substantiated.

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

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is December 2, 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.

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 • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 14, 2018
UMAR Services, Inc.
Marilyn Garner

- 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.**

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 Lynn Grier at (704) 596-4072.

Sincerely,



Laura S. Wallace, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Trey Suttan, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
LME/MCO
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