

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2018
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NAME OF PROVIDER OR SUPPLIER OPEN ARMS FAMILY SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1649 HARPER STREET ROCKY MOUNT, NC 27801
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/26/18. Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G 5600C Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 drills were completed quarterly. The findings are:</p> <p>Review on 10/18/18 of the facility's disaster/fire log revealed:</p> <ul style="list-style-type: none"> - it was difficult to determine what type of drill & the time the drill was completed - for example on 6/19/18: it was documented a fire and tornado drill was completed at 7:30am, 	V 114		

DHSR - Mental Health
NOV 28 2018
Lic. & Cert. Section

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

[Signature]

TITLE

[Signature]

(X6) DATE

11/20/18

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V 114	Continued From page 1 4:10pm and 7:30pm, however it was difficult to determine which drill was completed at the above times - the drills were not separated and the time for each drill was not documented During interview on 10/26/18 the Licensee/Qualified Professional reported: - she had 3 shifts - she completed a fire and disaster drill at the same time - she will separate the fire and disaster drills and specify which shift it was completed on - the drills will be completed quarterly [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	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	V 118		

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V 118	<p>Continued From page 2</p> <p>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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 clients (#1, #2 & #3) medications were administered and recorded immediately after administration. The findings are:</p> <p>A. Record review on 10/18/18 of client #1's record revealed: - admitted to the facility on 8/26/16 - diagnoses of Schizophrenia Disorder; Mild Intellectual Developmental Disability; Obesity - a FL2 dated 1/11/18: Cogentin 1mg twice day; Topamax 50mg twice a day; Omeprazole 20mg everyday and Clozaril 300mg 3 tabs at bedtime - a physician order dated 7/25/18: Zoloft 100mg 1-2 tabs at bedtime</p> <p>Review on 10/18/18 of client #1s MARs revealed the following: - September 2018 medications were not initialed between 9/28/18-9/30/18 - staff had not initialed some medications on</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>10/17/18 during the day and at bedtime</p> <p>B. Record review on 10/18/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 9/9/09 - diagnoses of Schizophrenia; Intellectual Developmental Disability; Depression; Hyperlipidemia and Anxiety - a FI2 dated 3/14/18: Depakote 500mg three times a day (TID); Haldol 10mg TID; Oxybutynin 15mg bedtime & Oxybutynin 15mg bedtime <p>Review on 10/18/18 of client #2's October 2018 MARs revealed the following:</p> <ul style="list-style-type: none"> - there was no staff initials from 10/13/18 - 10/17/18 <p>C. Record review on 10/18/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 3/6/17 - diagnoses of Schizophrenia; Diabetes; Hypertension; Mild Dementia: Intellectual Developmental Disability - a FL2 dated: 2/16/18: Atorvastatin 40mg everyday; Losartan potassium 100-25m everyday; metformin 1000 everyday; Haldol 15mg three times a day; Benzotropine 1mg twice a day; Seroquel 40mg everyday; Trazadone 100mg bedtime Clonazepam .5mg twice a day and DDAVP .1mg twice a day <p>Review on 10/18/18 of client #3's October 2018 MAR revealed the following:</p> <ul style="list-style-type: none"> - staff had not initialed some medications on 10/17/18 during the day and at bedtime <p>During interview on 10/26/18 the Licensee/Qualified Professional reported:</p> <ul style="list-style-type: none"> - there was no reason why staff should not have signed the MAR 	V 118		

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V 118	Continued From page 4 - medications were administered - client #2 was on a home visit from 10/13/18-10/17/18...staff should have initialed "O" for homevisit - she reviewed the medications twice a month...the medication errors were not found [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118			

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and email completed Plan of Correction form to:

Plans.Of.Correction@dhhs.nc.gov

Provider Name:	Open Arms Family Services, Inc.	Phone:	2529555858
Provider Contact	Jannette Toomer	Fax:	2522102941
Person for follow-up:		Email:	jbtoomer@suddenlink.net
1649 Harper Street Rocky Mount, NC 27801 Provider # MHL 033-065			

Finding	Corrective Action Steps	Responsible Party	Time
V114 27G .0207 Emergency Plans and Supplies The facility failed to ensure drills were completed quarterly.	QP will create a new Fire/Disaster Form that will specify which shift the drills were completed on each quarter.	QP Jannette Toomer new form Staff quarterly drills	Implementation Date: 11/2/2018 Projected Completion: On-going
V118 27G.0209 © Medication Requirements The facility failed to ensure medications were administered and recorded immediately after administration.	QP will review all client MARs weekly to ensure that staff immediately record their initials after administration of medication.	QP Jannette Toomer	Implementation Date: 10/29/2018 Projected Completion Date: On-going Implementation Date:

OPEN ARMS FAMILY SERVICES, INC. DISASTER/EMERGENCY REPORT

Date: _____

Service Site: Open Arms Family Services, Inc.

Check One: Drill _____ Actual Emergency _____

Shift Time: 1st _____ 2nd _____ 3rd _____
Type of Drill/Emergency: **TORNADO** **HURRICANE** **FIRE**
OTHER _____

Shift Time: 1st _____ 2nd _____ 3rd _____
Type of Drill/Emergency: **TORNADO** **HURRICANE** **FIRE**
OTHER _____

Evacuation Location (Shelter): _____

Consumers Involved and Level of Assistance

1. _____

2. _____

3. _____

4. _____

Problems Identified _____

Recommendations: _____

Signature/Title

Date