


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601378	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/15/2018
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NAME OF PROVIDER OR SUPPLIER DOROTHY HARDISON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4337 SAWMILL TRACE LANE CHARLOTTE, NC 28213
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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	INITIAL COMMENTS An annual survey was completed on 11-15-18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence for All Disability Groups.	V 000	V118: There is a Dr. order dated 4/30/18 for Clobetasol apply twice daily as needed, and Metformin 500 mg daily. When Clobetasol was administered PRN it was only once a day. The DSP understand this order to mean administer as needed up to twice a day. When the medication was administered, once dose was sufficient. The DSP will discuss this with the doctor and will get clarification in writing from the Dr. about the administration of this prn medication. DSP will provide a copy of a new medication order or signed Dr. note that explains if this medication should be administered once or twice a day as needed to the QA associate director.	
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		

DHSR - Mental Health
DEC 03 2018
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE GA Associate Director	(X6) DATE 11/27/18
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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 and interview the facility failed to medications were administered according to physicians order and the MAR was accurate, effecting one of three clients (client #2). The findings are:</p> <p>Review on 11-14-18 of client #2's physicians order revealed: - Clobetasol apply twice daily as needed signed 4-30-18, Metformin 500 mg daily.</p> <p>Review on 11-14-18 of September 2018 MAR at the office revealed: -Clobetasol administered once a day -Metformin not signed as being administered at all September 1-9, signed every other day after that.</p> <p>Review on 11-14-18 of copy of September MAR at the facility revealed: -Metformin had been signed on the copy for September 1-9.</p> <p>Review on October and November MAR's revealed: -metformin signed as being administered every other day.</p> <p>Interview on 11-14-18 with the AFL (alternative family living) provider revealed: -The doctor had told her to start giving the metformin every other day since client #2 was doing so well.</p>	V 118	<p>The Dr. order for Metformin is for 500mg daily. The September, MAR was not signed off as being administered at all from September 1-9, and was signed every other day after that. After submitting the original MAR to DDR, the DSP realized that there was a documentation error for metformin on September 1-9th and initialed the copy of the MAR. DSP will initial the original MAR using late entry procedures. A copy of the corrected MAR will be given to the QA associate director.</p> <p>During a doctor's appointment on September 11th, the Dr. changed metformin from daily to every other day. The DSP received a print out from the doctor with this change but overlooked getting the order signed. The DSP will get a copy of the current signed order with the change in administration. A copy of the Dr. order will be submitted to the QA associate director.</p>	

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V 118	Continued From page 2 -She couldn't produce the doctor's order with the new order Interview on 11-15-18 with the Quality Assurance director revealed: -They would make sure that there was a signed order for all changes.	V 118	The DDR RN will complete monthly medication reviews for all three individuals residing in this home for the next 6 months. The RN will discuss any concerns with the QP and DSP. After 6 months the RN will determine how often medication reviews will be completed. A copy of the medication review for the next 6 months will be given to the QA associate director. The DDR RN will provide medication administration training to the DSP. A copy of the training certification will be given to the QA associate director. The DSP will notify the QP when there are any medication changes and will provide a copy of any updated medication orders or medical notes to the QP. The QP will continue to monitoring services quarterly or more often as needed.	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 21, 2018

DHSR - Mental Health

DEC 03 2018

Lic. & Cert. Section

Ms. Diana Fox, Quality Assurance
Developmental Disabilities Resources, Inc.
6824 Wilgrove-Mint Hill Road
Charlotte, NC 28227

Re: Annual Survey completed 11-15-18
Dorothy Hardison Home, 4337 Sawmill Trace Lane, Charlotte NC 28213
MHL # 060-1378
E-mail Address: dianafox@ddrinc.org

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual survey completed 11-15-18.

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 gaps cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 1-15-19.

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.

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 21, 2018
Ms. Diana Fox
Developmental Disabilities Resources, Inc.

- 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,



Patricia Work
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
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