

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
THE MANOR AT RIVERBROOKE

STREET ADDRESS, CITY, STATE, ZIP CODE
**2917 FAIRWAY DRIVE
RALEIGH, NC 27603**

(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 10/16/18. Deficiencies were cited.

V 000

The facility is licensed for a 10A NCAC 27G. 5600A Supervised Living for Mentally Ill Adult.

V 115 27G .0208 Client Services

V 115

10A NCAC 27G .0208 CLIENT SERVICES
(a) Facilities that provide activities for clients shall assure that:
(1) space and supervision is provided to ensure the safety and welfare of the clients;
(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and
(3) clients participate in planning or determining activities.
(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.
(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.
(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.
(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.

AS of 12/10/18
Manor at Riverbrooke
will implement a plan
activity schedule and
will ensure that the
clients are accessing
the community throughout
the week.

DHSR - Mental Health
DEC 18 2018
Lic. & Cert. Section

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

TITLE
DIRECTOR

(X6) DATE
12-13-18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MANOR AT RIVERBROOKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
---	--

(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 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to ensure activities were planned and provided for five of five clients (#1,#2, #3, #4, #5). The findings are:</p> <p>During interviews on 10/16/18 clients #1, #2, #3, #4 and #5 stated:</p> <ul style="list-style-type: none"> -Some of them attend day programs during the day. -The ones who do not attend day programs are home all day unless they have a doctor appointment. -Staff did not have transportation to take them out in the community. -The weekends, they sometimes go to the store, but not activities. <p>During interview on 10/16/18 Staff #1 stated:</p> <ul style="list-style-type: none"> -The licensee would take clients to the doctor. -Did not have transportation to take clients out in the community. -The weekend worker would sometimes take them out to the store. -The clients that do not go to day programs stay home all day. <p>During interview on 10/16/18 the Licensee stated:</p> <ul style="list-style-type: none"> -The clients go out to their day programs and to the store. -The clients do not go out every weekend, but some days. 	V 115		
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</p>	V 118	<p>AS of 12/10/18 Manor at Riverbroke will ensure that all</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MANOR AT RIVERBROOKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
---	--

(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 118	<p>Continued From page 2</p> <p>only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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 medications for one of threes (#1) audited clients medication was administered on the written order of a physician order. The findings are:</p> <p>Review on 10/16/18 of client #1's record revealed:</p>	V 118	<p>Medications are administered as prescribed by physician or prescriber. No changes will be made to any medication without an order by the physician or prescriber.</p>	
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER THE MANOR AT RIVERBROOKE	STREET ADDRESS, CITY, STATE, ZIP CODE 2917 FAIRWAY DRIVE RALEIGH, NC 27603
---	--

(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 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admission date of 5/19/18. -Diagnoses of Schizophrenia, Diabetes Type II, Depression, Anxiety, Hypertension and Neuropathy. -A physician order dated 5/4/18 and 7/7/18 "Risperidone 3 mg BID (twice a day)" <p>Further review on 10/16/18 of client #1's record revealed a note from client #1's daughter dated 5/16/18 for staff "Give 2 mg of Risperidone BID in juice because 3 mg makes her appear over medicated."</p> <p>During interview on 10/16/18 staff #1 stated:</p> <ul style="list-style-type: none"> -Client #1's daughter instructed them to give the Risperidone 2mg BID. -Had been giving client #1 2 mg BID at the request of her daughter. -Not sure if anyone had spoke to the doctor about this. -Thought because daughter was her legal guardian, they did not need a doctor order to do so. <p>During interview on 10/16/18 the Licensee stated:</p> <ul style="list-style-type: none"> -Staff had been giving client #1 2mg of Respirodne because of her legal guardian/daughters request. -Had mentioned it to the doctor, but not sure why he did not change it. 	V 118		

Plan of Correction

10A NCAC 27G .0208 (c), CLIENT SERVICES (V115): As of 12/10/18. Manor @Riverbooke has implemented a plan activity schedule and will ensure that the client is accessing the community throughout the week.

10A NCAC 27G.0209 (C) Medication Requirements (V118): As of 12/10/18. Manor at Riverbrooke will ensure that all medications are administered as prescribed by physical or prescriber. No changes will be made to any medication without an order by the physical or prescriber.

Facility Staff Completing this form:

Olapade Oyejorwa / Director

Name/Title

12-12-18

Date

Grace Oyejorwa

Name/Title

12-12-18

Date