

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-126</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAILEY'S RESPITE CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>516 LEE STREET WILSON, NC 27893</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
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V 000	INITIAL COMMENTS  An annual and complaint survey was completed on December 4, 2018. The complaint was substantiated (intake #NC00144846). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5100, Community Based Respite Services for Individuals of All Disability Groups.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:  During interview on 12/3/18 the facility Supervisor stated the facility had three shifts during the week	V 114	<p><i>DHSR - Mental Health</i></p> <p><i>DEC 28 2018</i></p> <p><i>Lic. &amp; Cert. Section</i></p> <p><i>House supervisor will create a notebook with separating months. House supervisor pre-populate the forms listing which disaster &amp; fire drill will be completed on which shift. House supervisor will inform staff when they are to do drill. The drills will be done on 8a-4p 4p-12a 12a-8a 8a-8p 8p-8a on a monthly schedule depending on emergencies present. QP will monitor on a monthly basis</i></p>	<i>12/21/18</i>

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

*Kevin Bailey, Director*

TITLE

*Director*

(X6) DATE

*12/20/18*

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V 114	<p>Continued From page 1</p> <p>(Monday - Friday) 1st shift 8:00 am - 4:00 pm, 2nd shift 4:00 pm - 11:00 pm, and 3rd shift 11:00 pm - 8:00 am. There were two 12-hour shifts on the weekends (Saturday -Sunday), 8:00 am - 8:00 pm and 8:00 pm - 8:00 am.</p> <p>Review on 12/3/18 of the facility's fire and disaster drill reports for January - November 2018 revealed:</p> <ul style="list-style-type: none"> <li>- No documented fire for the weekday 2nd shift for the first quarter (January - March) 2018.</li> <li>- No documented fire or disaster drills for any weekday shift for the second quarter (April - June) 2018.</li> <li>- No documented disaster drills for the weekday second shift for the third quarter (July - September) 2018.</li> <li>- No documented fire or disaster drills for the 8:00 am - 8:00 pm weekend shift for the first quarter (January - March) 2018.</li> <li>- No documented fire or disaster drills for either weekend shift for the third quarter (July-September) 2018.</li> </ul> <p>During interview on 12/4/18 the Director/Owner stated sometimes staff worked hours other than the normal shift hours. There were brief periods when no clients were being served at the facility. She would ensure staff were re-trained regarding completion of fire and disaster drills.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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 reviews and interviews the facility failed to administer medications on the written order of a physician affecting 1 of 1 current client (client #1) and 2 of 2 former clients (FC) (FC#2 &amp; FC#3), and failed to administer medications as ordered affecting 1 of 1 current client (#1). The findings are:</p> <p>Review on 12/3/18 of client #1's record revealed: - 35 year old male, most recently admitted to the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>facility 12/2/18.</p> <ul style="list-style-type: none"> <li>- Diagnoses included Moderate Intellectual/Developmental Disability, Seizures.</li> <li>- Physician's order dated 7/6/18 for benztropine (anti-tremor, can be used to treat side effects of other medicaitons) 1 milligram (mg), one tablet twice daily as needed, and risperidone (antipsychotic) 1 milligram (mg) one tablet at bedtime.</li> <li>- Physician's orders signed 11/30/18 for benztropine 1 mg, one tablet twice daily as needed; to discontinue risperidone 1 mg, one tablet at bedtime and begin risperidone .5 mg, one tablet at bedtime.</li> <li>- No other signed physician's orders.</li> </ul> <p>Review on 12/3/18 of client #1's MARs for December 2018 revealed:</p> <ul style="list-style-type: none"> <li>- Transcribed entries for divalproex (anti-convulsant), 250 mg, three tablets at bedtime, levetiracetam (anti-convulsant) 750 mcg one tablet daily, benztropine 1 mg, one tablet twice daily, risperidone 1 mg, one tablet at bedtime, and topiramate (anti-convulsant) 100 mg, one tablet twice daily.</li> <li>- Staff initials signified benztropine was administered twice daily.</li> <li>- Staff initials signified other medications were administered as listed.</li> </ul> <p>During interview on 12/3/18 client #1 stated he took his medications daily with staff assistance. He lived in an alternative family living facility and visited the respite facility every month because he liked spending time with staff #2. He chose to go to the respite facility for his birthday in October rather than going on a cruise.</p> <p>It was unclear if client #1 had experienced any side effects of his medications (such as tremors</p>	V 118	<p>1. All medication staff will be retrained on all aspects of medication administration including checking medication in + out of facility.</p> <p>House supervisor will go through all charts @ facility and get correct order ensuring they have a doctors signature.</p> <p>3. House supervisor will check all orders &amp; parents before they are scheduled to visit the facility. All staff have been re-informed if the caregiver does not come to the facility with correct med (no doctors order) they may not stay. Bottles must match order.</p>	



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V 118	<p>Continued From page 4</p> <p>or muscle spasms) necessitating administration of his benzotropine twice daily.</p> <p>Review on 12/3/18 of FC#2's record revealed:</p> <ul style="list-style-type: none"> <li>- 33 year old female, last admitted to the facility 10/18/18 and discharged 10/22/18.</li> <li>- Diagnoses included Mild Intellectual/Developmental Disability, Traumatic Brain Injury, Anxiety Disorder, not otherwise specified, Depression, Hypothyroidism, asthma, borderline diabetes, polycystic ovarian syndrome and skin neuropathy.</li> <li>- Signed physician's orders dated 8/14/18 for tapentadol (a narcotic used to treat severe pain) 250 mg one tablet every 12 hours, and dated 10/4/18 for levothyroxine (a hormone used to treat hypothyroidism) 100 mg one tablet daily.</li> <li>- No other signed physician's orders.</li> </ul> <p>Review on 12/3/18 of FC#2's MAR for October 2018 revealed:</p> <ul style="list-style-type: none"> <li>- Transcribed entries for cetirizine (antihistamine) 10 mg, one tablet daily, levothyroxine 100 mg one tablet daily, diphenhydramine (antihistamine) 25 mg one tablet as needed, olopatadine (antihistamine eye drops) .2% , instill 1 drop into each eye daily, spironolactone (diuretic, used to treat high blood pressure and fluid retention) 100 mg, one tablet every morning, tapentadol 250 mg, one tablet every 12 hours, albuterol (a bronchodilator) 2 puffs every 4 hours as needed, and fluticasone (used to prevent asthma attacks) 50 micrograms, 1 spray each nostril as needed.</li> <li>- Staff initials signified medications were administered as listed during FC#2's respite stays 10/3/18 - 10/5/18 and 10/18/18 - 10/22/18.</li> </ul> <p>Review on 12/3/18 of FC#3's record revealed:</p> <ul style="list-style-type: none"> <li>- 28 year old female last admitted to the facility 11/21/18 and discharged 11/22/18.</li> </ul>	V 118	<p>4. RN who signs off on MARs monthly will also ensure doctor's orders are signed &amp; MAR matches</p>	12/21/18

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Diagnoses included Severe Intellectual/Developmental Disability, Cerebral Palsy, Congenital Microcephaly, Spastic Quadriplegia, Seizure Disorder, cortical blindness, and dysphagia.</li> <li>- No signed physician's orders.</li> </ul> <p>Review on 12/3/18 of FC#3's MAR for November 2018 revealed:</p> <ul style="list-style-type: none"> <li>- Transcribed entries for clonidine (anti-hypertensive) .1 mg, two tablets in the morning and at 2:00 pm, and three tablets at bedtime, clonazepam (treats seizures, panic disorder and anxiety) .5 mg, two tablets in the morning and at noon, and one tablet in the evening, clindamycin benzoyl peroxide (topical used to treat acne) apply to affected area on face twice daily, ketoconazole 2% cream (antifungal) apply to affected area twice daily, levetiracetam (anti-convulsant) 250 mg, one tablet in the morning, two tablets at bedtime, mirtazapine (anti-depressant) 7.5 mg, one tablet at bedtime, and omeprazole (treats gastro-esophageal reflux) 20 mg, one tablet daily.</li> <li>- Staff initials signified medications were administered as listed during FC#3's most recent respite stay.</li> </ul> <p>During interview on 12/3/18 the facility Supervisor stated she could not find the missing physicians' orders though she knew she was required to have current orders on file. She was responsible for typing and printing MARs for clients prior to their admission to the facility. She did not always have current medication orders when preparing MARs. Clients' guardians brought medications to the facility. Staff who received the client for admission was responsible for checking the MAR against the pharmacy label to ensure accuracy of the MAR. She understood the requirement to</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>have current medication orders and for the orders, the MAR transcriptions, and pharmacy labels to correspond. She would get current medication orders for clients.</p> <p>During interview on 12/4/18 the Director/Owner stated she was a Registered Nurse and she understood medication requirements. The staff who received client #1 for admission on 12/2/18 failed to compare the pharmacy label to the MAR and thus was not aware of the discrepancy in the frequency of administration of his benztropine. She did not understand why there were no current physician's orders on file for the audited clients. She would make sure all staff were re-trained in medication administration, including documentation on the MARs.</p> <p>Review on 12/4/18 of the Plan of Protection written by the Director/Owner on 12/4/18 revealed: "What will you immediately do to correct the above rule violation in order to protect clients from further risk or additional harm? All staff who give medications will be re-trained in medication administration which will include from entering a consumer to be admitted, giving &amp; documenting meds [medications] to discharging consumer from respite. Immediately retrain staff on schedule &amp; complete by Friday 12/7/18. Immediately verify all doctors orders for scheduled consumers." "Describe your plans to make sure the above happens. All staff will be called &amp; made mandatory training. All doctors orders will be verified for accuracy."</p> <p>The facility failed to obtain current physicians' orders prior to respite admissions for three of three audited clients (1 current client, and 2</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>former clients). Each of the audited clients had multiple previous admissions to the facility. Facility staff prepared and printed MARs for each client prior to admission based on MARs from previous stays and without current medication orders. Without current physicians' orders, facility staff did not authoritatively verify if there were any medication changes from previous respite admissions. Medications were provided to the facility by clients' guardians at the time of each respite admission. Staff who received clients for admission were responsible for comparing the MAR to the pharmacy label to ensure the accuracy of the MAR. Medications were administered according to the MAR transcriptions, which resulted in the current client receiving one of his medications twice daily instead of twice daily as needed for side effects such as tremors and muscle spasms. Without current physicians' orders, the facility had no way of knowing if the medications were being administered as ordered. Based on the facility's failure to obtain current medication orders prior to every respite admission and the inability to ensure medications were administered as ordered, this deficiency constitutes a Type A2 violation for substantial risk of harm and must be corrected within 23 days. No administrative penalty has been assessed. If the violation is not corrected within 23 days, an administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 118		





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 13, 2018

April Bailey-Butcher, RN, Director  
Bailey's Respite Care, Inc.  
6936 Rock Ridge Sims Road  
Sims, NC 27880

Re: Annual and Complaint Survey completed 12/4/18  
Bailey's Respite Care, 516 Lee Street, Wilson, NC 27893  
MHL # 098-126  
E-mail Address: april@baileysrc.com  
Intake #NC00144846

DHSR - Mental Health

DEC 28 2018

Lic. & Cert. Section

Dear Ms. Baker-Butcher:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed December 4, 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**

- Type A2 rule violation is cited for 10A NCAC 27G .0209 Medication Requirements (v118).
- The other tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Type A2 violations must be **corrected** within 23 days from the exit date of the survey, which is December 27, 2018. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A2 violation by the 23<sup>rd</sup> day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against Bailey's Respite Care, Inc., for each day the deficiency remains out of compliance.
- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is February 2, 2019.

**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.

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**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

December 13, 2018  
April Bailey-Butcher, RN, Director  
Bailey's Respite Care, Inc.

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 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  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Sarah Stroud, Director, Eastpointe LME/MCO  
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO  
File