

JAN 07 2019

PRINTED: 12/21/2018
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2018
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NAME OF PROVIDER OR SUPPLIER
THE THOMPSON HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**1509 BRAY DRIVE
CHARLOTTE, NC 28214**

DHSR - Mental Health

JAN 07 2019

(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 survey was completed on 12/18/18. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.	V 000	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS Correction: Therapeutic Services Group (TSG) will require staff to retake Medication Administration Training and receive ongoing training with the onsite nurse and monitoring specialist. AFL Contractor will receive one on one training and education on how to Manage Medication, Doctor's Orders and Discontinue notices. Prevention: TSG will ensure the AFL Contractor obtain and keep all current prescriptions, orders, and discontinue orders for all medications the individual is prescribed. All copies will be maintained in the Home binder located at the residence and the TSG binder located at the Main Office. TSG will take measures to ensure AFL Contractor is trained individually and in a group with all AFL Contractors to increase education and maintenance of all documentation required for compliance. Who Will Monitor: The Qualified Professional, Monitoring Specialist and onsite Nurse will monitor documentation at both locations and observe Medication and Doctor's Orders monthly or as needed to ensure compliance.	
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		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Natalia Will

BAWDDP Residential Director

January 4, 2019

Division of Health Service Regulation

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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 records review, observations and interviews, the facility failed to ensure medications were discontinued per physician's order and the MAR had instructions for administering the medications affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 12/17/18 of client #1's record revealed: -admission date of 3/8/16 with diagnoses of Cerebral Palsy, Hypothyroidism, Diabetes, Gastroparesis, Sleep Apnea, Obesity and Lactose Intolerant; -physicians' orders dated 1/3/17 for the following medications: Acetazolamide 250mg one tablet 3 times a week (Monday, Wednesday and Friday), Senna Lax 8.6mg one tablet daily prn(as needed), Potassium CL ER 20meq one tablet three times daily and Furosemide 80mg one tablet twice daily; -physicians' orders dated 3/5/18 for Polyethylene Glycol 3350 NF powder 17 grams daily and Doc-Q-lace 100mg one tablet twice daily prn; -physician's order dated 1/22/18 for Citrucel one tablet daily as needed; -physicians' discontinue orders for the following medications: Potassium CL ER 20meq one tablet three times daily dated 10/30/18, Polyethylene Glycol 3350 NF powder 17 grams daily dated 10/12/18, Furosemide 80mg one tablet twice daily dated 10/13/18 and Doc-Q-lace 100mg one tablet twice daily prn dated 10/13/18.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>Observation on 12/18/18 at 8:58am of client #1's medications on site revealed: -Acetazolamide 250mg one tablet 3 times a week not on site; -Senna Lax 8.6mg one tablet daily prn not on site; -Citrucel one tablet daily as needed not on site.</p> <p>Further review on 12/18/18 of client #1's record revealed no physicians' discontinue orders for the following medications: -Acetazolamide 250mg one tablet 3 times a week -Senna Lax 8.6mg one tablet daily prn; -Citrucel one tablet daily as needed.</p> <p>Review on 12/17/18 and 12/18/18 of client #1's MARs from 10/1/18 until 12/18/18 revealed the following: -Acetazolamide 250mg one tablet 3 times a week not listed on the 12/2018 MAR and not documented as administered from 12/1-12/18; -Potassium CL ER 20meq one tablet three times daily no dosing instructions listed in the 10/2018 MAR, documented as administered three times daily from 10/1-10/31; -Senna Lax 8.6mg one tablet daily prn no dosing instructions listed on the 10/2018 MAR, documented as administered on 10/6, 10/14, 10/20, 10/25, 10/30, not listed on the 11/2018 MAR and the 12/2018 MAR; -Polyethylene Glycol 3350 NF powder 17 grams daily no dosing instructions listed on the 10/2018; -Citrucel one tablet daily as needed no dosing instructions listed on the 10/2018 MAR and the 11/2018, medication not listed on the 12/2018 MAR; -Furosemide 80mg one tablet twice daily no dosing instructions listed in the 10/2018 MAR, documented as administered twice daily; -Doc-Q-lace 100mg one tablet twice daily prn no dosing instructions listed in the 10/2018 MAR.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Interview on 12/18/18 with client #1 revealed: -had a lot of his medications discontinued; -trying to wean down his medications; -doing well off the medications; -goes to the doctor regularly.</p> <p>Interview on 12/18/18 with staff #1 revealed: -thought she had all the discontinue orders; -doctor has discontinued several of client #1's medications; -will make sure she obtains all medication discontinue orders.</p>	V 118		

TSG Therapeutic Services Group, LLC

January 4, 2019

NCDHHS
Division of Health Service Regulation
Mental Health Licensure and Certification Section
Attn: Gina McLain
Facility Compliance Consultant I

Re: Annual Survey completed December 18, 2018
The Thompson Home, 1509 Bray Drive, Charlotte NC 28214
MHL # 060-1238

Dear Ms. McLain,

Thank you for the services you rendered on 12/18/18 located at the Thompson Home. You noted an area of deficiency that was in need of correction and we have responded expeditiously. Please find enclosed a copy of your letter to ensure correct identification. The summary state of deficiencies and the plan of correction.

We believe that this will conclude all necessary corrections. However, if you find that there is something else that needs our attention, Please do not hesitate to call me at 704-321-1635.

Sincerely,

A handwritten signature in black ink that reads "Natara Williams" followed by the initials "BA/ODD/P".

Natara Williams
Director of Residential Services

DHSR - Mental Health

JAN 07 2019

Lic. & Cert. Section



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

December 27, 2018

DJ Denosky, Program Director
Therapeutic Services Group, LLC
5309 Idlewild Road North
Charlotte, NC 28227

Re: Annual Survey completed 12/18/18
The Thompson Home, 1509 Bray Drive, Charlotte, NC 28214
MHL # 060-1238
E-mail Address: ddenosky@tsgclt.com

Dear Ms. Denosky:

Thank you for the cooperation and courtesy extended during the annual survey completed December 18, 2018. A deficiency was cited.

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

- Standard level deficiency was cited.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit date of the survey, which is February 16, 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.

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 27, 2018
DJ Denosky
Therapeutic Services Group, LLC

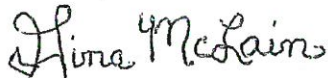
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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,



Gina McLain
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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