

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-070	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2019
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NAME OF PROVIDER OR SUPPLIER CRESTVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 631 CRESTVIEW DRIVE BURLINGTON, NC 27217
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on January 10, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that a 6 month medication regimen review was conducted every 6 months for clients being prescribed psychotropic medications affecting 3 of 3 audited current clients (#1 #2 #3). The findings are:</p> <p>Review on 1/9/19 of Client #1's record revealed the following information; -- Admitted to the facility on 12/3/99.</p>	V 121		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 121	<p>Continued From page 1</p> <p>-- Diagnoses include Schizoaffective Disorder - Bipolar Type, Type II Diabetes, Cerebral Aneurysm March 2015, Stage 3 Chronic Kidney Disease, Hypertension, Obesity and Acid Reflux. -- Psychotropic medications being administered to Client #1 include Lamictal and Geodon. -- The last 6 month medication regimen review was completed on 1/24/17.</p> <p>Review on 1/9/19 of Client #2's record revealed the following information; -- Admitted to the facility on 4/29/10. -- Diagnoses include Schizophrenia - Paranoid Type, Diabetes, Hypertension, History of Myocardial Infarction, Mild Mental Retardation, Hyperlipidemia and Finger Amputation. -- Psychotropic medications being administered to Client #2 include Remeron, Cogentin, Seroquel and Haldol. -- The last 6 month medication regimen review was completed on 1/24/17.</p> <p>Review on 1/9/19 of Client #3's record revealed the following information; -- Admitted to the facility on 12/3/99. -- Diagnoses include Other Schizoaffective Disorders, Gastroesophageal Reflux Disease, Constipation and Dyslipidemia. -- Psychotropic medications being administered to Client #3 include Clozaril, Depakote and Prozac. -- The last 6 month medication regimen review was completed on 1/24/17.</p> <p>Interview on 1/10/19 with the Group Home Manager revealed the following information; -- She confirmed that the 6 month medication reviews were 2 years behind. -- There had been some issues going on at the Pharmacy including the death of the Pharmacist.</p>	V 121		

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V 121	Continued From page 2 -- She would contact the Pharmacy and have them scheduled as soon as possible. *****	V 121		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court	V 291		

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V 291	<p>Continued From page 3</p> <p>or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that coordination was maintained between the facility operator and the Qualified Professionals responsible for prescription medications affecting 2 of 3 current audited clients (#1 #3). The findings are:</p> <p>1. Review on 1/9/19 of Client #1's record revealed the following information; -- Admitted to the facility on 12/3/99. -- Diagnoses include Schizoaffective Disorder - Bipolar Type, Type II Diabetes, Cerebral Aneurysm March 2015, Stage 3 Chronic Kidney Disease, Hypertension, Obesity and Acid Reflux. -- An FL-2 dated 1/8/18 with an order for Geodon 80 mg. at bedtime. -- A Physician's order for Geodon 80 mg. 2 tablets at bedtime.</p> <p>Review on 1/9/19 of Client #1's November 2018, December 2018 and January 2019 medication administration records (MARs) revealed transcriptions for and documentation that the client had been administered 2 tablets of Geodon 80 mg. at bedtime during this period.</p> <p>Interview on 1/9/19 with the Group Home Manager revealed the following information; -- Client #1's Primary Care Physician had completed the FL-2 dated 1/8/18 and had written down the dosage of Geodon incorrectly. -- Client #1's Psychiatrist prescribes the Geodon and it has been at 80 mg, 2 tablets at bedtime for</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>quite a while. -- She had not contacted the Primary Care Physician to clarify the incorrect Geodon order.</p> <p>Observation on 1/9/19 at 3:15 pm of Client #1's medications on hand revealed a supply of Geodon 80 mg. labeled to take 2 at bedtime, prescribed by Client #1's Psychiatrist.</p> <p>2. Review on 1/9/19 of Client #3's record revealed the following information; -- Admitted to the facility on 12/3/99. -- Diagnoses include Other Schizoaffective Disorders, Gastroesophageal Reflux Disease, Constipation and Dyslipidemia. -- An FL-2 dated 10/24/18 with an order for Depakote 500 mg. twice a day. -- A Physician's order for Depakote 500 mg. at bedtime.</p> <p>Review on 1/9/19 of Client #1's November 2018, December 2018 and January 2019 MARs revealed transcriptions for and documentation that the client had been administered Depakote 500 mg. at bedtime during this period.</p> <p>Interview on 1/9/19 with the Group Home Manager revealed the following information; -- Client #3's Primary Care Physician had completed the FL-2 dated 10/24/18 and had written down the dosage of Depakote incorrectly. -- Client #3's Psychiatrist prescribes the Depakote and it has been at 500 mg. at bedtime for quite a while. -- She had not contacted the Primary Care Physician to clarify the incorrect Depakote order.</p> <p>Observation on 10/10/19 at 10:10 am of Client #3's medications on hand revealed a supply of Depakote 500 mg. labeled to take at bedtime,</p>	V 291		

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V 291	Continued From page 5 prescribed by Client #3's Psychiatrist.	V 291		