

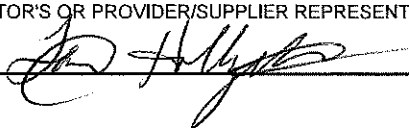
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-279</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/30/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROBESON #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>104 EAST GERTRUDE STREET FAIRMONT, NC 28340</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 30, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised living for Adults with Developmental Disabilities.</p>	V 000	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>RECEIVED</b></p> <p><small>By DHSR - Mental Health Lic. &amp; Cert. Section at 2:20 pm, Jan 28, 2019</small></p> </div>	
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 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>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 11/14/18
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## Appendix 1-B: Plan of Correction Form

Plan of Correction	
<p><b>Please complete <u>all</u> requested information and mail completed Plan of Correction form to:</b></p>	<p><b>In lieu of mailing the form, you may e-mail the completed electronic form to:</b></p>
<p><b>Provider Name:</b> RHA HEATH SERVICE Inc. LLC</p>	<p><b>Phone:</b> 910-739-1468</p>
<p><b>Provider Contact Person for follow-up:</b> Vanessa Burden, Director of Operation Tammie Hollingsworth, Administrator</p>	<p><b>Fax:</b> 910-739-6134</p> <p><b>Email:</b> Vanessa Burden vburden@rhanet.org Tammie Hollingsworth tammie.hollingsworth@rhanet.org</p>
<p><b>Address:</b> 104 EAST GERTRUDE STREET FAIRMONT, NC 28340</p>	<p style="text-align: center;"><b>Provider # MHL078-279</b></p>
<p><b>Finding</b></p> <p><b>V118 27G.0209 (C) MEDICATION REQUIREMENTS-</b> The facility failed to ensure medications were administered as ordered by the physician affecting 1 of 3 clients audited.</p>	<p style="text-align: center;"><b>Corrective Action Steps</b></p> <p>1. The LPN will conduct monthly checks to ensure medication is given correctly. RN will re-in-services staff on documentation and ensure staff reads the MARS when giving out medication. When medication have perimeters and you have to follow the guidelines. LPN and QP will conduct bi-monthly checks on ensuring the MARs are documented correctly.</p>
<p><b>V120 27G.0209 (E) MEDICATION REQUIREMENTS-</b> Based on observation, record reviews, and interviews the facility, failed to store medications in a refrigerator used for food items in a separate and locked container for two of three audited clients</p>	<p style="text-align: center;"><b>Responsible Party</b></p> <p>Kola Oxendine, LPN</p> <p style="text-align: center;"><b>Time Line</b></p> <p>Implementation Date: <b>November 5, 2018</b></p> <p>Projected Completion Date: <b>November 30, 2018</b></p>
<p>1. Administrator completed on site</p> <p>2. The LPN will ensure medication is in separate, locked component or container and refrigerator if needed as ordered by the physician.</p> <p>3. Monitoring of all medication will be completed during the nursing house assessment monthly.</p>	<p style="text-align: center;"><b>Responsible Party</b></p> <p>Tammie Hollingsworth, Administrator</p> <p style="text-align: center;"><b>Time Line</b></p> <p>Implementation Date: <b>November 5, 2018</b></p> <p>Projected Completion Date: <b>November 30, 2018</b></p>

<p><b>V291 27G. 5603 SUPERVISED LIVING-OPERATIONS-</b> Based on record reviews, observations, and interviews, the facility failed to coordinate professional services for 3 of 3 clients audited.</p>	<ol style="list-style-type: none"> <li>1. Administrator will ensure coordination between the Psychologist and the Qualified Professional at the home. The QP will re in-service all staff on documenting on the Behavior Support Plan including interventions and triggers.</li> <li>2. Administrator along with the Behavior Analyst will ensure the staff are aware of the Behavior Support System, which includes documentation, reporting, and interventions and that specific protocol is being followed</li> <li>3. The Maintenance Coordinator corrected the chimes on site.</li> <li>4. The QP, Home Manager and Administrator will monitor the Behavior Support Plans quarterly to ensure coordination of client's treatment be completed.</li> </ol>	<p>Sharon Wooten, Home Manager Rashida Prather, QP  Tammie Hollingsworth, Administrator  Delano Townsend, Maintenance Coordination</p>	<p>Implementation Date: <b>November 5, 2018</b></p> <p>Projected Completion Date: <b>November 30, 2018</b></p>
<p><b>V525 27E. 0104 (e17) CLIENT RIGHTS-</b> Base on record reviews and interviews, the facility failed to maintain documentation in a log of restrictive interventions to include all required information</p>	<ol style="list-style-type: none"> <li>1. Administrator along with the Behavior Analyst will ensure the staff are aware of the Behavior Support System, which includes restrictive intervention documentation. Management was re in-serviced on the importance of maintaining documentation.</li> <li>2. The QP, Home Manager, and Administrator will monitor the Restrictive Intervention Log quarterly.</li> </ol>	<p>Rashida Prather, QP  Nesheil Blue, QP  Tammie Hollingsworth, Administrator</p>	<p>Implementation Date: <b>November 5, 2018</b></p> <p>Projected Completion Date: <b>November 30, 2018</b></p>