

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL014-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/18/2019
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NAME OF PROVIDER OR SUPPLIER SCI-MEMORY LANE	STREET ADDRESS, CITY, STATE, ZIP CODE 2910 MEMORY LANE LENOIR, NC 28645
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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 & Follow-up survey was completed on January 18, 2019. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living-Alternative Family Living.

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 with a physician.

V 000

V 118



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

[Handwritten Signature] QM MANAGER

TITLE

(X6) DATE

2/14/19

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that medications were administered as prescribed on the written order of an authorized person affecting 2 of 2 clients sampled (Client #1 and Client #2). The findings are:</p> <p>Review on 1/18/19 of Client #1's record revealed: -an admission date of 2/11/11 -diagnoses of Post-Traumatic Stress Disorder, Intellectual Developmental Disability, Moderate and Intermittent Explosive Disorder.</p> <p>Review on 1/17/19 of Client #1's Medication Administration Records (MARs) from November 2018 through January 2019 revealed: -Benadryl 25 milligrams (mg) - 2 tablets in the morning were initialed as given every day.</p> <p>Review on 1/18/19 of Client #1's physician orders dated 3/6/18 revealed: -"Benadryl 25 mgm tablet or capsule Tremors As needed."</p> <p>Interview on 1/17/18 with the AFL provider revealed: -Client #1 took Benadryl everyday as this helped with her hands shaking.</p> <p>Review on 1/18/19 of Client #2's record revealed: -an admission date of 11/1/16 -diagnoses of Obsessive Compulsive Disorder, Intellectual Developmental Disability, Mild, Encopresis, Diabetes Mellitus, Oppositional</p>	V 118	<p>V 118 10 NCAC 27G .0209 (c) Medication Requirements</p> <p><u>Correction</u> The staff scheduled Physician visits for both Client #1 and Client #2 to review medications. The Physicians updated the Medication orders for both clients. The changes made on the Medication Orders are as follows:</p> <p>Client #1: -Benadryl 25 mgm tablet or Capsule was changed to take 25mgm Benadryl daily.</p> <p>Client #2: -Meclizine 25mg is to be given one tablet 2 times a day as needed. -Levetiracetam 250mg one tablet 2 times a day -Divalproex sodium 250mg- take one tablet in the morning and take two tablets at bedtime.</p> <p><u>Prevention</u> The QM Team monitors facilities quarterly to ensure that the homes are in compliance with licensure rules. During these visits medications will be reviewed against the medication orders. In addition to the QM reviews the QP has been given the documentation that QM uses to review medications and will review the medications at their monthly supervision meetings.</p> <p>2/14/19</p>	

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V 118	Continued From page 2 Defiant Disorder, Panic Disorder, Major Depressive Disorder, Seizure Disorder, High Cholesterol, and Acid Reflux. Review on 1/17/19 of Client #2's MARs from November 2018 through January 2019 revealed: -Meclizine 25 mg - one tablet 2 times a day was initiated as given -Levetiracetam 250 mg - one tablet 2 times a day was initiated as given -Divalproex sodium 250 mg - one tablet in the morning, and 2 tablets at bedtime were initiated as given. Review on 1/18/19 of Client #2's physician orders dated 10/26/18 revealed: -Meclizine 25 mg - one tablet 3 times a day as needed -Levetiracetam 250 mg - take by mouth -Divalproex sodium 250 mg - take 1 tablet at bedtime for 1 week, then 2 tablets by mouth at bedtime. Interview on 1/18/19 with the Qualified Professional revealed: -she visited the facility at least once a month -she reviewed the medications and the MARs during her visits -she had not noticed any concerns with the medications and/or doctor's orders for either client. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118			
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 119			

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V 119	Continued From page 3 (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. This Rule is not met as evidenced by: Based on observation, record review and interview it was determined the facility failed to ensure prescription medications were disposed of in a manner that guards against diversion or accidental ingestion for 1 of 2 clients sampled (Client #2). The findings are: Review on 1/18/19 of Client #2's record revealed: -an admission date of 11/1/16	V 119	V119 10 NCAC 27G .0209 (d) Medication Disposal <u>Correction</u> The staff for Client #2 took the following medications to the pharmacy and disposed of them on 1/18/2019. Promethazine 25mg, Aripipraxole 15mg, Ibuprofen 600mg, Meclizine 25mg. <u>Prevention</u> The QM team monitors facilities quarterly to ensure that that homes are in compliance with licensure rules. During these visits and the medication reviews expired medications will be looked for. The QP will also look for expired medications during their monthly supervision visits. 2/14/19	

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V 119	<p>Continued From page 4</p> <p>-diagnoses of Obsessive Compulsive Disorder, Intellectual Developmental Disability, Mild, Encopresis, Diabetes Mellitus, Oppositional Defiant Disorder, Panic Disorder, Major Depressive Disorder, Seizure Disorder, High Cholesterol, and Acid Reflux.</p> <p>Observation on 1/17/19 at approximately 3:00 p.m. of Client #2's medications revealed: -a box of the client's current medications with a baggie that held the client's expired medications -prescription medications in the baggie were Promethazine 25 milligrams (mg) - dispensed 11/18/16 - discard 11/18/17; Aripiprazole 15 mg - dispensed 1/12/18 - discard 1/12/19; and Ibuprofen 600 mg - dispensed 2/27/17 - discard 2/27/18 -observed underneath all the prescription bottles was a bubble packet of Meclizine 25 mg - expired 3/16/17.</p> <p>Interview on 1/17/19 with the AFL provider revealed: -the medications in the baggie and bubble pack were old and he did not give them to Client #2 anymore -he was waiting for the surveyor to say he could get rid of them.</p> <p>Interview on 1/17/19 with the Regional Director revealed: -the pharmacy would be contacted to determine the proper disposal of Client #2's medications.</p>	V 119		

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 29, 2019

Tommy Abel, Regional Director
Skill Creations, Inc.
P. O. Box 1403
Lenoir, NC 28645

Re: Annual and Follow-up Survey completed January 18, 2019
SCI-Memory Lane, 2910 Memory Lane, Lenoir, NC 28645
MHL #014-077
E-mail Address: tommy.abel@skillcreations.com

Dear Mr. Abel:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed January 18, 2019.

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be *corrected* within 30 days from the exit of the survey, which is February 17, 2019.
- Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is March 19, 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.

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.***

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

January 29, 2019
Skill Creations, Inc.
Tommy Abel, Regional Director

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 Ms. Robin Sulfridge, Branch Manager, at 336-861-7342.

Sincerely,

A handwritten signature in cursive script that reads "Sally Thayer, MSW".

Sally Thayer, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO
Brian Ingraham, Director, Vaya Health LME/MCO
Patty Wilson, Quality Management Director, Vaya Health LME/MCO
File