

PRINTED: 01/31/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL008-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
BERTIE CAMDEN

STREET ADDRESS, CITY, STATE, ZIP CODE
**301 WEST CAMDEN STREET
WINDSOR, NC 27983**

(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
--------------------	--	---------------	---	--------------------

V 000 INITIAL COMMENTS
An annual survey was completed on January 30, 2019. A deficiency was cited.

V 000

This facility is licensed for the following service category: 10A NCAC 27G .5800C Supervised Living for Adults with Developmental Disabilities.

V 118 27G .0209 (C) Medication Requirements

V 118

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.

QJSE

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

[Signature]

TITLE
QP

(X6) DATE
2/19/2019

STATE FORM

8880 NHHZ11

If continuation sheet 1 of 2



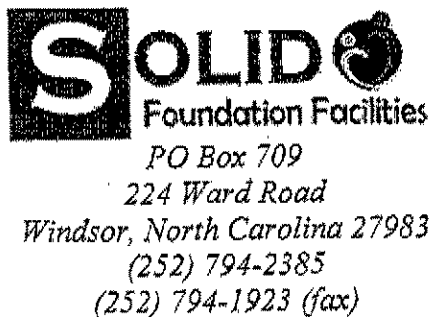
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL008-050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BERTIE CAMDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 301 WEST CAMDEN STREET WINDSOR, NC 27983
--	--

(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
--------------------	--	---------------	---	--------------------

V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three (client #1) MAR was kept current. The findings are:</p> <p>Review on 1/29/19 of client #1 record revealed: -Admission date of 3/1/11. -Diagnosis of Severe Mental Retardation.</p> <p>Review on 1/29/19 of client #1's MAR at 5:00 PM revealed the following medications were not initiated on 1/29/19 for 8:00 AM medications -Lisinopril 40 mg -Aspirin 81 mg -Fexofenadine HCL 180 mg -Magnesium Oxide 400 mg -Nifedipine ER 90 mg -Isosorbide Mononit ER 60 -Furoside 40 mg -Clopidogrel 75 mg -Viactiv Chew"</p> <p>During interview on 1/29/19 the Home Manager stated: -She was not aware the MAR had not been initiated that morning. -Another staff worked this morning and should have initialed those.</p> <p>During interview on 1/30/19 the Licensee stated: -Not aware the MAR was not initialed. -That is not common with her staff. -Will address this with the staff.</p>	V.118	<p>Measures put in place</p> <ul style="list-style-type: none"> Review of documentation errors on MAR. To review errors and proper method for documentation on MAR. Supervisors will check daily Staff training on documentation and consequences for admitted documentation. Measures put in place include follow up by supervisor and continued training to reflect oversight/error. Monitoring will occur by the AP and supervisor. Monitoring will occur daily To prevent this problem from occurring again Solid Foundation is currently transitioning to the Therap System that will assist in monitoring medications being omitted. 	
-------	--	-------	--	--



FACSIMILE TRANSMITTAL SHEET

TO: NC Health Services FROM: Solid Foundation

COMPANY: _____ DATE: _____

FAX NUMBER: 919-715-8078 TOTAL NUMBER OF PAGES (including cover) _____

TELEPHONE NUMBER: _____ FAX NUMBER: 252-794-1923

RE: Plan of Correction TELEPHONE NUMBER: 252-794-2385

FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

RECEIVED
By DHSR-Mental Health Licensure at 11:38 am, Feb 20, 2019

Confidential:

The information contained in the facsimile is sensitive, privileged, and confidential. It is intended only for the use of the individual or entity named as recipient. If the reader is not the intended recipient, be hereby notified that a dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone at once and return the original message to us as soon as possible.

10A NCAC 26B.0208 PROHIBITION AGAINST REDISCLOSURE

(a) Area or state facilities releasing confidential information shall inform the recipient that disclosure of such information is prohibited without client consent.

42 CFR 2.32 PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.