

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL014-076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HOLLY RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1417 HARPER AVENUE SW LENOIR, NC 28645</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	INITIAL COMMENTS  An annual survey was completed on 1/25/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals of all Disability Groups/Mental Illness.	V 000		
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		

DHSR - Mental Health  
FEB 20 2019  
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*Shan Alpha, MA, LP* 2-13-19

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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 observation, interview, and record review the facility failed to ensure prescription drugs were administered as ordered by the physician for 1 of 3 sampled clients (#2). The findings are:</p> <p>Review on 1/24/19 and 1/25/19 of the record for Client #2 revealed: -Admission date of 8/6/07 with diagnoses of Schizophrenia, Bipolar, Type II Diabetes, Hypertension, and Hyperlipidemia. -Physician order dated 12/17/18 for Vistaril 25mg, 1 tablet every night.</p> <p>Observation on 1/24/19 at approximately 11:55am of the medications for Client #2 revealed: -No Vistaril 25mg present in the facility.</p> <p>Review on 1/24/19 and 1/25/19 of January 2019 MAR for Client #2 revealed: -Vistaril 25mg documented as out of the medication on the 23 and 24 of January. -Note on MAR completed by Staff #1 indicating she contacted the pharmacy and the Vistaril would be sent with the monthly batch medications.</p> <p>Interview on 1/24/19 with Client #2 revealed: -He received his medications and did not recall missing any medications.</p>	V 118	<p>V118 27G.0209 © Medication Requirements On 12/16/18 the client went on Therapeutic leave with his family in Atlanta. On 12/17/18 the medication was delivered to the facility. The resident did not return to the facility until 1/09/2019. The medication was kept in the blue bin in the closet and another staff member returned the medication, without the knowledge of the QP. During the State Survey, the medication was unable to be found. After the survey, staff member Melaine Harshaw contacted Blue Ridge Pharmacy and found out that the medication had been placed in the return bin and returned to the pharmacy. Plan of Correction: Staff will check all medication that is delivered to the group home before allowing the delivery person to leave to ensure all medication has been delivered. QP will develop a spread sheet to keep a record of what medication has been delivered and what medication has been returned. Staff and QP will sign off on the spread sheet to ensure the information is accurate and the residents are receiving the appropriate medications. Staff along with the QP will check the residents medication bin 1x per week to ensure all medication is accounted for. Staff/QP will contact Blue Ridge Pharmacy immediately with any questions or concerns.</p>	

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V 118	Continued From page 2  Professional revealed: -She had been out on medical leave and not aware the Vistaril was out. -Staff should have notified her the medication was out and she would have followed up with the pharmacy to ensure the medication was available. -The pharmacy would be contacted and the medication would be available for Client #2 today.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a clean, attractive and orderly manner. The findings are:  Observation on 1/24/19 at approximately 3:25pm of the client bathroom revealed: -Handicap accessible bathroom, shower, behind seat in right hand corner an area approximately 12 inches long with mold.  Interview on 1/24/19 with Staff #1 revealed: -She was not aware of the mold issue in the bathroom. -Clients in the facility were responsible for cleaning the area. -She would ensure the mold was cleaned.	V 736	V736 27G. 0303© Facility and Grounds Maintenance Location and Exterior Requirements: Mold was found in the residents shower Plan of Correction: Staff will check the house after each resident has completed their chore to ensure the chores are being done appropriately. Staff will model the appropriate way to clean to ensure the residents know what they are supposed to do. QP will conduct a weekly inspection to ensure the facility is being cleaned and maintained appropriately. Staff will report and document all any and all issues to the maintenance man immediately to ensure the issue the problem gets taken care of promptly. Since the survey has been conducted, the QP has reported the problem to the maintenance man and	

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V 736	Continued From page 3  Interview on 1/25/19 with the Qualified Professional revealed: -The facility had an issue with moisture about a year ago and had the area in the shower re-grouted and treated. -She was not aware of the current problem with mold, but would make sure it was resolved.	V 736		
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