


PRINTED: 03/05/2019  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMPBELL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 TACOMA CIRCLE ASHEVILLE, NC 28801</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
V 000	INITIAL COMMENTS  An annual survey was completed on February 14, 2019. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups-Alternative Family Living.	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	See page 2 for Plan of Correction	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Annette Kirkland* TITLE *President* (X6) DATE *3-15-19*

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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, record review and interviews the facility failed to ensure MARS were current for 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Observation on 2/13/19 at 5:20pm of the medications for Client #1 revealed: -Fish Oil (1000mg), Risperidone (.5mg), Trazodone (50mg), Risperidone (2mg), Baclofen (10mg), Melatonin (5mg), Guanfacine (4mg), Lamotrigine (100mg), Therems vitamin, and Concerta (36mg) all dispensed on 1/7/19. -Hydroxyzine 25mg, dispensed on 1/31/19, and Clindamycin dispensed on 1/28/19.</p> <p>Record review on 2/14/19 for Client #1 revealed: -Admitted on 7/18/14 with diagnoses of Oppositional Defiant Disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Mood Disorder, Autism, Moderate Intellectual Disability, mild Cerebral Palsy, partial complex Seizure disorder, acne, and insomnia. -Physician's orders dated 11/11/16 for fish oil 1000mg three times daily, Baclofen 10mg twice daily, and Therems vitamin daily. -Physician's orders dated 11/28/18 for Risperidone .5mg 2 at noon, Trazodone 50mg, one at bedtime, Risperidone 2mg, twice daily, Melatonin 5mg, 2 at bedtime, Guanfacine 4mg, daily, and Lamotrigine 100mg daily. -Physician's order dated 1/30/19 for Hydroxyzine 25mg, one three times daily. -Physician's order dated 11/28/18 for Concerta</p>	V 118	<p style="text-align: right;">Complete Date <b>May 15, 2019</b></p> <p><b>V 118 27G.0209 (C) Medication Requirements Corrective Action 3/14/2019</b></p> <ul style="list-style-type: none"> <li>• <u>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.). Client # 1.</u> <ul style="list-style-type: none"> <li>➤ <i>Qualified Professional will complete unannounced visits to Campbell Home to check and make sure MARS are documented by initials of AFL Providers at the time medications are given to Client # 1.</i></li> <li>➤ <i>A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand the importance of documenting medications on MARS after each medication is given to Client #1. QP will document on QP notes that this review of medication documentation was given.</i></li> <li>➤ <i>AFL Providers will be asked to bring medication box and MARS to office of Summerland Homes once a month for a 3 month period to check MARS for documentation and accuracy. This request will be made randomly.</i></li> <li>➤ <i>When calls are made to the office from AFL Providers or calls are made to AFL Providers from the office, a reminder will be made to AFL Providers to make sure documentation is completed after medications are given</i></li> </ul> </li> </ul>	
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V 118	<p>Continued From page 2</p> <p>36mg, one daily and one at noon. Physician's order dated 1/30/19 to discontinue the noon Concerta dose. -Physician's order dated 3/24/16 for Clindamycin 1%, apply a thin layer twice daily.</p> <p>Review on 2/13/19 of the December 2018-February 2019 MARS for Client #1 revealed: -Fish oil was not documented after the 4:00PM dose on 2/6/19. -Risperidone .5mg, Lamotrigine, Therems vitamin, and Concerta not documented after 2/6/19. -Trazodone not documented after 2/5/19. -Melatonin not documented after 2/5/19. -Guanfacine not documented after 2/9/19. -Risperidone 2mg, Baclofen, and Clindamycin not documented after the am dose on 2/6/19. -Only the 12:00pm and the 7:00pm dose of the Hydroxyzine were documented on 2/1/19. From 2/2/19-2/5/19 only the 7:00pm dose was documented. No documentation after 2/5/19. -The noon dose of Concerta continued to be documented on the February MAR.</p>	V 118	<ul style="list-style-type: none"> <li>Indicate what measures will be put in place to <u>prevent</u> the problem from occurring again <i>Close monitoring of AFL Providers' documentation of medications when given to Client #1 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i></li> <li>Indicate <u>who will monitor</u> the situation to ensure it will not occur again. <i>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</i></li> <li>Indicate how often the monitoring will take place. <i>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and MARS and medication and MARS log brought to office once a month for three months.</i></li> </ul>	
	<p>Observation on 2/13/19 at 5:30pm of the medications for Client #2 revealed: -Risperidone (1mg), Lithium (300mg), Lisinopril (5mg), Trazodone (50mg), and Cetirizine (10mg), all dispensed on 1/23/19. - Carbamazepine (200mg), dispensed on 1/25/19.</p> <p>Record review on 2/14/19 for Client #2 revealed: -Admitted on 3/1/16 with diagnoses of Attention Deficit Hyperactivity Disorder, Mood Disorder, Mild Intellectual Disability, Defiant Disorder, and Chromosome 16P11.2 deletion syndrome. -Physician's orders dated 8/8/18 for Risperidone 1mg, 1 daily, 1 at 2:00pm and 2 at bedtime,</p>	CLIENT # 2	<p>V 118 27G.0209 (C) Medication Requirements Corrective Action 3/14/2019</p> <ul style="list-style-type: none"> <li>Indicate what measures will be put in place to <u>correct</u> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). <i>Client # 2.</i> <ul style="list-style-type: none"> <li>➤ <i>Qualified Professional will complete unannounced visits to Campbell Home to check and make sure MARS are documented by initials of AFL Providers at the time medications are given to Client # 2.</i></li> <li>➤ <i>A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand the importance of documenting medications on MARS after each medication is given to Client # 2. QP will</i></li> </ul> </li> </ul>	

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STATE FORM

6899

S9Q311 document on QP notes that this review of medication documentation was given. sheet 3 of 6

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>Trazodone 50mg, one at bedtime, Lithium 300mg, 2 daily, 1 at 2:00pm, and 2 at bedtime, Lisinopril 5mg, daily, Carbamazepine 200mg 1 daily, 1 at 2:00pm, and 1 at bedtime, and Cetirizine 10mg, 1 at bedtime.</p> <p>Review on 2/13/19 of the December 2018-February 2019 MARs for Client #2 revealed: -Trazodone not documented after 2/5/19. -Cetirizine not documented after 2/5/19. -Lisinopril not documented after 2/6/19. -Risperidone, Lithium, and Carbamazepine not documented after the 2:00PM dose on 2/6/19. -The 2:00PM doses of Lithium, Risperidone, and Carbamazepine were not documented on the December MAR.</p> <p>Observation on 2/13/19 at 5:15pm of the medications for Client #3 revealed: -Trazodone (100mg), Oxcarbazepine (300mg), Quetiapine Fumar (400mg), Lamotrigine (150mg), and Guanfacine (4mg) all dispensed on 2/7/19.</p> <p>Record review on 2/14/19 for Client #3 revealed: -Admitted on 7/31/15 with diagnoses of Attention Deficit Hyperactivity Disorder, Mild Intellectual Disability, Oppositional Defiant Disorder, Post-Traumatic Stress Disorder and Bi-Polar Disorder. -Physician's orders dated 10/22/18 for Trazodone 100mg, one at bedtime, Quetiapine Fumar 400mg, 2 at bedtime, and Guanfacine 4mg, one daily. -Physician's orders dated 1/23/19 for Oxcarbazepine 300mg, 1 twice daily and Lamotrigine 150mg, one daily.</p> <p>Review on 2/13/19 of the December 2018-February 2019 MARs for Client #3 revealed:</p>	V 118	<p>➤ <b>AFL Providers will be asked to bring medication box and MARS to office of Summerland Homes once a month for a 3 month period to check MARS for documentation and accuracy. This request will be made randomly.</b></p> <p>➤ <b>When calls are made to the office from AFL Providers or calls are made to AFL Providers from the office, a reminder will be made to AFL Providers to make sure documentation is completed after medications are given</b></p> <ul style="list-style-type: none"> <li>• <u>Indicate what measures will be put in place to prevent the problem from occurring again</u> <b>Close monitoring of AFL Providers' documentation of medications when given to Client # 2 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</b></li> <li>• <u>Indicate who will monitor the situation to ensure it will not occur again.</u> <b>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</b></li> <li>• <u>Indicate how often the monitoring will take place.</u> <b>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and MARS and medication and MARS log brought to office once a month for three months.</b></li> </ul>	
		CLIENT # 3	<p>V 118 27G.0209 (C) Medication Requirements Corrective Action 3/14/2019</p> <ul style="list-style-type: none"> <li>• <u>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.).</u> <b>Client # 3.</b></li> </ul>	

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V 118	<p>Continued From page 4</p> <p>-Trazodone, Oxcarbazepine, and Quetiapine not documented after 2/5/19. -Lamotrigine and Guanfacine not documented after 2/6/19.</p> <p>Client #1 was non-verbal and could not be interviewed.</p> <p>Interview on 2/14/19 with Client #2 revealed: -He received his medications daily. He took medicines in the morning, at 2:00PM and at night. -He had never missed his medications. -During the last week he had been administered his medications on the normal schedule. -He had also received his 2:00PM medications at school or at home.</p> <p>Interview on 2/14/19 with Client #3 revealed: -He received his medications daily. He took medicines in the morning and at night. -He had never missed his medications. -During the last week he had been administered his medications on the normal schedule. -The AFL provider always ordered his medications before they ran out.</p> <p>Interview on 2/13/19 and 2/14/19 with the AFL Providers revealed: -Recently the AFL providers had shifted the medication administration responsibilities between themselves. -AFL Provider #1 indicated that he took full responsibility for failing to complete the documentation for medication administration. He indicated that he was behind on the charting. -He was adamant that all medications had been administered as prescribed. -Normally, the MAR was kept in each client's medication box. However, the February sheets were left out and were overlooked.</p>	V 118	<p><i>Qualified Professional will complete unannounced visits to Campbell Home to check and make sure MARS are documented by initials of AFL Providers at the time medications are given to Client # 3.</i></p> <ul style="list-style-type: none"> <li>➤ <i>A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand the importance of documenting medications on MARS after each medication is given to Client # 3. QP will document on QP notes that this review of medication documentation was given.</i></li> <li>➤ <i>AFL Providers will be asked to bring medication box and MARS to office of Summerland Homes once a month for a 3 month period to check MARS for documentation and accuracy. This request will be made randomly.</i></li> <li>➤ <i>When calls are made to the office from AFL Providers or calls are made to AFL Providers from the office, a reminder will be made to AFL Providers to make sure documentation is completed after medications are given</i></li> <li>• <u>Indicate what measures will be put in place to prevent the problem from occurring again</u> <i>Close monitoring of AFL Providers' documentation of medications when given to Client # 3 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i></li> <li>• <u>Indicate who will monitor the situation to ensure it will not occur again.</u> <i>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</i></li> <li>• <u>Indicate how often the monitoring will take place.</u> <i>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and MARS and medication and MARS log brought to office once a month for three months.</i></li> </ul>	

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S9Q311

If continuation sheet 5 of 6

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V 118	<p>Continued From page 5</p> <p>-When a client received medications at school they normally documented an "S". They had to re-do the December MAR and accidentally left off the 2:00 medications for Client #2.</p> <p>-The clients always received their medications and without medications there would have been significant behaviors.</p> <p>Interview on 2/14/19 with the Qualified Professional revealed:</p> <p>-She was onsite monthly to the home.</p> <p>-The AFL providers had always been up to date on their MARs. She was not sure what had happened for the month of February. She believed that they got sidetracked with their documentation but didn't know why.</p> <p>-She stated that "there was no way that the clients had missed their medications."</p> <p>-She had no reason to believe that medications were missed for a week. These providers were efficient and organized.</p> <p>-There had been no incidents or behaviors during the last week to indicate a client was without their medications.</p>	V 118		

Summerland Homes, Inc.  
73 Kennedy Road Annex  
Post Office Box 160  
Weaverville, NC 28787  
Phone (828) 645-7272 / Fax (828) 658-3434

FAX COVER SHEET

DATE: 3-15-19

TIME: 2:58 pm

TO: Mental Health Licensure & Certification

Department: \_\_\_\_\_

Fax Number 919-715-8078

FROM: Annette Kiskland

Total number of pages, including cover sheet: 8

Comments: Campbell Home MHL 011-379

Annual Survey

*If you are not receiving clearly, or have not received all pages, please contact Summerland Homes, Inc., at 828-645-7272.*

FOR RETURN FAX, DIAL: 828-658-3434

**Confidential Information to Follow**

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March 15, 2019

Certified Mail 7018 0680 0001 5632 1514  
and Via FAX 919-715-8078

Ms. Kem Roberts  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
18 Umstead Drive  
Raleigh, NC 27699-2718

RE: Campbell Home Annual Survey Completed February 14, 2019  
MHL # 011-379  
201 Tacoma Circle, Asheville, NC 28801 – Buncombe County

Dear Ms. Roberts:

Please find included with this letter the Plan of Correction for deficiencies you found while conducting the annual survey for the Campbell Home completed on February 14, 2019.

Please let me know if this Plan of Correction for the Campbell Home meets compliance with the State of North Carolina Division of Health Service Regulation Section. Thank you for your expertise in assisting us to provide excellent care through our facilities.

Sincerely,

A handwritten signature in black ink, appearing to read "Annette Kirkland".

Annette Kirkland  
President

Attachment