

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/14/2019
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NAME OF PROVIDER OR SUPPLIER NORTHAMPTON CHERRY	STREET ADDRESS, CITY, STATE, ZIP CODE 112 CHERRY STREET WOODLAND, NC 27897
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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 3/14/19. Deficiencies were cited. This facility is licensed for the follow service category: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.	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 with a physician.	V 118		

RECEIVED
By DHSR-Mental Health Licensure at 1:39 pm, Mar 20, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Cynthia Rodriguez, Qualificacio Professional TITLE _____ (X6) DATE 3/19/19
STATE FORM _____ ZOOM11 If continuation sheet 1 of 4

PRINTED: 03/15/2019
FORM APPROVED

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications were only administered on the written order of a person authorized by law to prescribe drugs for 1 of 3 audited clients (#5). The findings are:</p> <p>Observation on 3/13/19 at approximately 10:15am revealed client #5's medication included:</p> <ul style="list-style-type: none"> - Latuda 40mg - 1 tab daily (qd) at dinnertime - Celexa 20mg - 1 qd - Lipid 600mg 1 twice daily (bid) - Prilosec 40mg 1 bid - Desyrel 100mg 2 at hour of sleep (hs) - Aspirin 81mg - 1 qd - Klonopin - 1 three times daily (tid) - Iron 325mg - 1 tid - Depakote 250mg - 1 qhs - Depakote 500mg - 2 qhs - Crestor 40mg - 1 qhs - Cozaar 25mg - 1 qhs - Sucralfate 15mg - 1 - 4 times daily - Acetaminophen 325mg 2 tid as needed <p>(pm)</p> <ul style="list-style-type: none"> - Cogentin 1mg - 1 tid - Vitamin E 400 - 1 qd - Calcitrol 0.25mg 1 qd - Oxybutnin 5mg - 1 qhs - Ceterizine 10mg - 1 qd - Citrucel 1 tablespoon in water bid - Diclofenac 1% - apply to left ankle 4 times daily - Humalog 1000 units/ml - use for high blood sugar using enclosed sliding scale 	V 118	<p>Measures put in place to correct deficient Competency training and skills and abilities to work within the Therap System. Copies of all Medications orders were placed into Group Home until they are all Medication orders are successfully loaded into Therap.</p> <p>Measures to prevent the problem from occurring again. *Qualified Professional will put orders in Therap and the group home in a timely manner.</p> <p>Who will monitor the situation to ensure it will not occur again. *Monitoring will occur by the Qualified Professional and Vice President of Operations.</p> <p>How often the monitoring will take place. *Monitoring will take place at least weekly and as often as needed. Vice President of Operations will monitor monthly or as often as needed.</p>	3/19/19
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V 118	Continued From page 2 - Bydureon 2mg - once weekly Review on 3/13/18 of client #5's record revealed: - admission date 3/1/11 - diagnoses: Moderate Intellectual Disorder (DO); Obsessive Compulsive DO; Mood DO; Schizophrenia; Diabetes; Hypertension; Thyroid Deficiency; Arthritis; Obesity and Erosive Esophagitis - no current physicians orders on file at the facility - the last documentation of physician's orders at the facility were dated in 2017 - current physician's orders were brought to the facility later in the day During an interview on 3/13/19, staff #1 thought she had current orders in the record and had not noticed they were from 2017. During an interview on 3/13/19, the Clinical Director reported they had current orders at the main office and would send them over immediately. She also reported they were in the midst of putting all the records into an electronic format so this would soon not be an issue.	V 118		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.	V 752		

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V 752	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to ensure the water was maintained between 100-116 degrees Fahrenheit. The findings are: Observation on 3/13/19 at between approximately 10:30am and 11:00am revealed; - the water temperature in the kitchen was 90 degrees Fahrenheit. The temperature was taken 3 separate times. - the water temperature in the shower of bathroom #1 was 90 degrees Fahrenheit on 3 different occasions. (The temperature in the two bathroom sinks was 102 degrees Fahrenheit and the temperature in the second shower was 112 degrees Fahrenheit. These two temperatures were within the rule limit.) During an Interview on 3/13/19, staff #1 reported they always had a problem with the kitchen temperature being low. She reported the bathroom temperatures had not been a problem and she was not sure why the temperature in the shower was so low. During an interview on 3/14/19, the Clinical Director reported she would submit a work order to check the water heater.	V 752	Measures put in place to correct deficient Staff will contact QP as soon as they notice, or they are informed by consumers that water temperatures are not comfortable. Measures to prevent the problem from occurring again. *Qualified Professional will check water temperature bi-weekly to ensure temperature falls between and maintained at 100-116 degrees Fahrenheit. Who will monitor the situation to ensure it will not occur again. *Monitoring will occur by the Qualified Professional and Vice President of Operations. How often the monitoring will take place. *Monitoring will take place at bi-weekly and as often as needed. Vice President of Operations will monitor monthly or as often as needed.	3/19/19



PO Box 709
224 Ward Road
Windsor, North Carolina 27983
(252) 794-2385
(252) 794-1923 (fax)

FACSIMILE TRANSMITTAL SHEET

TO: Ms. Maria Ancil
FROM: NC Dept. Health & Human Services Solid Foundation

COMPANY: DATE: 3/19/19

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

TELEPHONE NUMBER: FAX NUMBER: 252-794-1923

RE: Northhampton County
MHL - Old-023 TELEPHONE NUMBER: 252-794-2385

FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Thank you and have a great day.
Plan of Correction

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

(8) 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.