

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CALDWELL HOUSE**

**804 CALDWELL STREET  
STATESVILLE, NC 28677**

(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 3/25/2019. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	V 000		
V 116	27G .0209 (A) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small	V 116		

DHSR - Mental Health

APR 18 2019

Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Betsy Bennett* AP, BS  
HomeCare Management Corp. 45-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CALDWELL HOUSE**

**804 CALDWELL STREET  
STATESVILLE, NC 28677**

(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 116	<p>Continued From page 1</p> <p>locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure that medications were only dispensed by an authorized person affecting 1 of 1 client (#1). The findings are:</p> <p>Reviews on 3/18/2019 and 3/20/2019 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date: 11/15/2017;</li> <li>- Diagnoses: Impulse Control Disorder; Disruptive Behavior Disorder; History of Attention Deficit-Hyperactivity Disorder; Depressive Disorder; Mild Intellectual Disabilities; Sexual Abuse of Child; Gastroesophageal Reflux Disease; Allergic Rhinitis; Hypertension;</li> <li>- Physician's orders for the following medications: <ul style="list-style-type: none"> <li>- Omeprazole 20 milligrams (mg), 1 tablet every day (QD), dated 7/24/2018;</li> <li>- Lamotrigine (Lamictal) 100 mg, 1 tablet BID, dated 8/6/2018;</li> <li>- Lisinopril 10 mg, 1 tablet QD, dated 9/5/2018;</li> <li>- Ranitidine (Zantac) 300 mg, 1 tablet QHS, dated 5/5/2018;</li> <li>- Seroquel (quetiapine fumarate) 50 mg, 3 tablets (=150 mg) every night at bedtime (QHS), dated 2/14/2019;</li> <li>- Lexapro 5 mg, 1 tablet QHS, dated 2/14/2019.</li> </ul> </li> </ul> <p>Observation at approximately 3:08 Pm on</p>	V 116	<p>POC</p> <p>Staff #1 received medication administration training on 4-15-2016. Staff #1 was counseled on 3-18-2019 regarding the use of an AM/PM weekly pill container. AFL discontinued use of AM/PM weekly pill container on 3-18-19. Staff #1 will receive medication administration training again by 5-24-2019.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALDWELL HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 CALDWELL STREET STATESVILLE, NC 28677</b>		
(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 116	Continued From page 2  3/18/2019 revealed: - An AM/PM weekly pill container was present in client #1's medication lock box; - The pill box did not have any labelling to indicate what pills were in each individual bin; - Bubble packs and pill bottles labelled by the Pharmacy were also in the lock box; - The AM bins were filled with tablets identical in appearance to omeprazole 20 mg, lamotrigine 100 mg and Lisinopril 10 mg; - The PM bins were filled with tablets identical in appearance to ranitidine 300 mg, lamotrigine 100 mg, Seroquel 50 mg (3 tablets to = 150 mg), and Lexapro 10 mg (1/2 tablet to =5 mg).  Interview on 3/18/2019 with staff #1 revealed: - She had dispensed client #1's medications into the pill box bins; - She was not aware that she was not supposed re-dispense medications; - She would take the pill box out of client #1's medication lock box.  Interview on 3/18/2019 with the Clinical Supervisor/Qualified Professional (CS/QP) revealed: - She was not aware that client #1's medications had been re-dispensed into an unlabeled pill box; - She would discuss medication requirements related to dispensing of medication with facility staff.	V 116		
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	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**CALDWELL HOUSE**

**804 CALDWELL STREET  
STATESVILLE, NC 28677**

(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 3</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to keep MARs up to date and document administration of medications immediately after administration affecting 1 of 1 client (#1). The findings are:</p> <p>Reviews on 3/18/2019 and 3/20/2019 of client #1's record revealed: - Admission date: 11/15/2017;</p>	V 118	<p>POC</p> <p>Staff #1 received medication administration training on 5-23-2014. Staff #2 received medication administration training on 4-15-2016. Staff #1 and Staff #2 will receive medication administration retraining</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALDWELL HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 CALDWELL STREET STATESVILLE, NC 28677</b>		
(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 4</p> <ul style="list-style-type: none"> <li>- Diagnoses: Impulse Control Disorder; Disruptive Behavior Disorder; History of Attention Deficit-Hyperactivity Disorder; Depressive Disorder; Mild Intellectual Disabilities; Sexual Abuse of Child; Gastroesophageal Reflux Disease; Allergic Rhinitis; Hypertension;</li> <li>- Physician's orders for the following medications: <ul style="list-style-type: none"> <li>- Omeprazole 20 milligrams (mg), 1 tablet every day (QD), dated 7/24/2018;</li> <li>- Seroquel (quetiapine fumarate) 50 mg, 2 tablets (=100 mg) every night at bedtime (QHS), dated 5/1/2018;</li> <li>- The Seroquel dose was increased to 50 mg, 3 tablets (=150 mg) QHS on 2/14/2019;</li> <li>- Lexapro 5 mg, 1 tablet QHS, dated 2/14/2019;</li> <li>- An order for Ventolin HFA Inhaler 90 micrograms (mcg), inhale 2 puffs prior to activity, dated 9/4/2018;</li> <li>- There were no physicians' orders present for Strattera (used for treatment of ADHD) or Lithium ER (used for treatment of manic episodes) present.</li> </ul> </li> </ul> <p>Review on 3/18/2019 of client #1's MARs dated 1/1/2019 to 3/18/2019 revealed:</p> <ul style="list-style-type: none"> <li>- Two medications (Strattera 40 mg, 1 tablet QD and Lithium ER 300 mg, 1 tablet QD) were listed on the MARs;</li> <li>- Omeprazole was documented as having been administered twice daily instead of once daily as ordered;</li> <li>- Seroquel 50 mg administration instructions were for "2 tabs daily, and was signed by facility staff every day at 8:00AM and 8:00PM;</li> <li>- There was no documentation that the Seroquel dosage was changed to 50 mg, 3 tablets QHS as ordered on 2/14/2019;</li> <li>- Lexapro was not listed on the February and March MARs;</li> </ul>	V 118	<p>by 5-24-2019. Training elements consist of: MAR documentation requirements to include discontinuing medications and order changes.</p> <p>MAR updated on 3-19-19 and reflects the following corrections: - Strattera and Lithium removed from MAR. - Omeprazole changed from twice daily to once daily, as stated on medication label. - Seroquel dosage updated to reflect dosage of 50mg, 3 tablets QHS as ordered on 2-14-19. - Lexapro 10mg, 1/2 tablet</p>	



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALDWELL HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 CALDWELL STREET STATESVILLE, NC 28677</b>		
(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 5</p> <ul style="list-style-type: none"> <li>- Ventolin HFA inhaler was not listed on the Mars.</li> </ul> <p>Observation at approximately 3:08Pm on 3/18/2019 of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>- Omeprazole 20 mg was filled on 2/21/2019 with administration instructions of 1 tablet QD;</li> <li>- There were two bottles of Seroquel, one filled on 2/11/2019 with administration instructions of 50 mg 2 tablets QHS, and the other filled on 2/19/2019 with administration instructions of 100 mg 1 tablet QHS;</li> <li>- A bottle of Lexapro 10 mg was filled on 3/12/2019 with administration instructions of ½ (=5 mg) tablet QHS;</li> <li>- There was no Strattera or Lithium present;</li> <li>- There were two bottles of Ventolin HFA 90mcg with administration instructions of 2 puffs prior to activity, which were filled on 9/4/2018 and 12/12/2018.</li> </ul> <p>Interview on 3/18/2019 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- He thought the names of his medications were Seroquel and Lithium;</li> <li>- He could not remember the names of the rest of his medications;</li> <li>- He thought that his medications were administered correctly by facility staff.</li> </ul> <p>Interview on 3/20/2019 with the Pharmacist revealed:</p> <ul style="list-style-type: none"> <li>- The Pharmacy had been filling medication orders for the facility since early in 2018;</li> <li>- The Pharmacy did not have any prescriptions on file for Lithium for client #1;</li> <li>- Client #1 had been prescribed Strattera on 2/15/2018, but the medication had not been filled since May of 2018 because there were no more refill orders for the medicine.</li> </ul> <p>Interview on 3/18/2018 with staff #1 revealed:</p>	V 118	<p><i>by mouth QHS, added.</i></p> <ul style="list-style-type: none"> <li><i>- Ventolin HFA inhaler added to MAR with administration instructions of 2 puffs prior to activity.</i></li> </ul>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL049-140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/25/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALDWELL HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 CALDWELL STREET STATESVILLE, NC 28677</b>		
(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 6</p> <ul style="list-style-type: none"> <li>- The MARs were printed out by the Licensee agency;</li> <li>- He thought that any corrections that needed to be made on the MARs were done at the Licensee office;</li> <li>- Client #1's MARs should not have listed Strattera or Lithium;</li> <li>- Staff #1 and staff #2 took client #1 to doctors' appointments;</li> <li>- The doctors' did not provide facility staff with a copy of medication orders;</li> <li>- Medication orders were sent directly to the pharmacy by the doctors.</li> </ul> <p>Interview on 3/18/2019 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's Seroquel dose was increased to 150 mg at bedtime following his appointment on 2/14/2019;</li> <li>- Client #1 had been administered his medications correctly despite the MARs being incorrect;</li> <li>- Staff #2 went by the medication label administration instructions instead of the MAR;</li> <li>- Client #1's doctor sent prescriptions to the pharmacy electronically instead of giving them to the facility staff.</li> </ul> <p>Interview on 3/18/2019 with the Clinical Supervisor/Qualified Professional (CS/QP) revealed:</p> <ul style="list-style-type: none"> <li>- The CS/QP printed off client #1's MARs from a file that the former QP had on her computer;</li> <li>- The CS/QP would try to get the MAR file from the former QP in order to make corrections;</li> <li>- The Licensee agency did have a nurse of staff who could assist with oversight of the medication as the CS/QP had not received medication administration training;</li> <li>- S far as the CS/QP knew, client #1 was getting the correct medications and dosages every day.</li> </ul>	V 118	<p>Implement a reference for APLs to post in clear sheath with MARs to ensure physician's order and medication label match. This reference tool to be completed by 5-24-2019.</p> <p>CS/QP to ensure reference tool is present and next to MAR as part of monthly AFL supervision requirements.</p> <p>CS/QP will receive medication administration training by 5-24-2019.</p> <p>CS/QP counseled on 3-26-2019 regarding monthly AFL monitoring. Reviewed QP responsibilities to verify MAR as part of monthly supervision requirements.</p>		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

### CALDWELL HOUSE

804 CALDWELL STREET  
STATESVILLE, NC 28677

Division of Health Service Regulation