

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 4/15/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Development Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills quarterly on each shift. The findings are:</p> <p>Review on 4/11/19 of the facility fire and disaster drills from 4/2018-12/2018 revealed: -No first shift fire drill for the quarter 7/2018-9/2018. -No third shift disaster drill for the quarter of</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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 114	Continued From page 1 7/2018-9/2018. Interview on 4/11/19 with the Program Specialist revealed: -Two drills were conducted on 2nd shift during the quarter of 7/2018-9/2018. -The timing was off for these two drills. -The House Manager was new and during this period was early in her training. -The drills are currently being conducted on each shift.	V 114		
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	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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 2</p> <p>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 observation, interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 2 of 3 audited clients (#2, #3). The findings are:</p> <p>Observation on 4/9/19 at approximately 9:20am of the medications for Client #2 included: -Aripiprazole 10mg 1 tablet daily. -Fluticasone 50mcg, 120 dose 1 spray each nostril 2 times daily. -Junel 1/20 tablet take 1 daily. -Lamotrigine 150mg 1 tablet 2 times daily. -Sertraline 50mg 1 tablet at daily.</p> <p>Review on 4/9/19 of the record for Client #2 revealed: -Admission date of 7/8/17 with diagnoses of Intellectual Developmental Disorder Mild to Moderate, Cerebral Palsy, Reflux and Bipolar Disorder with psychosis. -Physician order dated 12/27/18 for Aripiprazole 10 mg daily, Fluticasone 50mcg 1 spray each nostril daily, Junel 1/20 tablet daily, Lamotrigine 150mg 1 tablet 2 times daily. -Physician order dated 1/24/19 to wean Omeprazole by taking every other day for 2 weeks then stop.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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>Review on 4/9/19 and 4/11/19 of the MAR for January 2019-April 2019 for Client #2 revealed: -No documentation on 4/9/19 morning medications for Aripiprazole, Fluticasone, Junel, Lamotrigine or Sertraline administration. -Documentation of Omeprazole administration 1/25/19-1/31/19 and 2/1/19-2/16/19.</p> <p>Observation on 4/9/19 at approximately 9:42am included: -Atorvastatin 10mg 1 tablet daily. -Buspirone 5 mg 3 tablets 2 times daily. -Calcium 600mg, D3 400 IU, 1 tablet daily. -Estradiol 2mg ½ tablet daily. -Famotidine 20mg 1 tablet daily. -Fluvoxamine 50mg 1 tablet daily. -Hydrochlorot 25 mg 1 tablet daily. -Lorazepam 0.5mg 1 tablet daily. -Restasis Emu 0.05% instill 1 drop each eye 2 times daily. -Vitamin B12 1000mg 1 tablet daily. -Peg 3350 17gm in 8 ounces of liquid daily.</p> <p>Review on 4/9/19 of the record for Client #3 revealed: -Admission date of 1/6/07 with diagnoses of Moderate Intellectual Developmental Disability, Anxiety, Explosive Disorder, Disruptive Behavior Disorder, Seizure Disorder and Expressive Language Disorder. -Physician orders dated 12/27/18 for Buspirone 5mg 3 tablets daily, Calcium 600mg, D3 400IU 1 tablet daily, Estradiol 2 mg ½ tablet daily, Famotidine 20mg 1 tablet daily, Fluvoxamine 50mg 1 tablet daily, Hydrochlorot 25mg 1 tablet daily, Lorazepam 0.5mg 1 tablet daily, Restasis Emu 0.05% instill 1 drop each 2 times daily, Vitamin B12 1 tablet daily and Peg 3350 17gm in 8 ounces of liquid daily. -Physician order dated 6/18/19 for Atorvastatin</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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> <p>10mg 1 tablet daily. -Physician order dated 1/22/19 to discontinue Prilosec and start Famotidine 20mg at bedtime.</p> <p>Review on 04/9/19 and 4/11/19 of the 1/1019-4/1019 MAR for Client #3 revealed: -No documentation on 4/9/19 morning medications for Atorvastatin, Buspirone, Calcium/D3, Estradiol, Famotidine, Fluvoxamine, Hydrochlorot, Lorazepam, Peg 3350, Restasis or Vitamin B12 administration. -Prilosec (omeprazole) documented as being administered 2/16/19-2/19/19.</p> <p>Interviews on 4/9/19 with Client #2 and Client #3 revealed medications were received.</p> <p>Interview on 4/9/18 with Staff #1 revealed: -The staff had 24 hours to sign off on the MAR. -All medications were administered.</p> <p>Interview on 4/11/19 with the Program Specialist revealed: -The pharmacist had recommended several changes in medications. -During a recent review of medication she became aware of the errors and communicated with the physician to ensure the clients did not have any side effects related to the errors. -She checks the medications 2 times each month. -The registered nurse (RN) was based out of another location and was on site once a month for medication reviews.</p> <p>Interview on 4/15/19 with the RN revealed: -The MAR should be signed at the time of administration. -She did not inform the staff the MAR could be signed within 24 hours.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-023	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/15/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
---	---

(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	Continued From page 5 -She would do an in-service with staff to ensure documentation was being recorded accurately. -	V 118		