

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/11/2019
NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786		
(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

DHSR - Mental Health

MAY 16 2019

Lic. & Cert. Section

Division of Health Service Regulation

<p>V 000 INITIAL COMMENTS</p> <p>An annual survey was completed on 4/11/19. 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.</p> <p>V 119 27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p style="text-align: center; color: blue;">DHSR - Mental Health</p> <p style="text-align: center; color: red;">MAY 16 2019</p> <p style="text-align: center; color: blue;">Lic. & Cert. Section</p>	<p>V 000</p> <p>V119 (D) Medication Disposal</p> <ul style="list-style-type: none"> The following prescription medication for client #2 was sent back to the pharmacy: It was placed in the return bin on 4.10.19 and returned to Blue Ridge Pharmacy on 4.19.19. (Miconazole Nitrate 2% cream) *Nystatin cream USP, 1000,000 units per gram) The prescription that the reviewer wrote down is incorrect. Client never had a Nystatin Cream. This was in powder form. The group home coordinator has a copy of the order from the doctor as well as the MAR for this medication. The following non-prescription medication for client #2 was disposed of in the secure garbage on 4.11.19 (Hydrocortisone 1% and the Generic brand antacid) Appendix 40-C: Daily medication check is used to give more specific directions for routine checks of medications within the home. Plan of Correction <p>The Group Home Coordinator checks the medications twice per month and the Group Home direct support supervisor checks the medications twice per day. Training on procedures for medication checks with the Group Home Coordinator as well as the Group Home supervisors will be conducted via in-service with the Director of Services on 5.15.19. Training will include: procedures for ensuring complete checks of medications are performed on a routine basis. The Director of Services will check this procedure during the Quarter Supervision visits within the home.</p>
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Division of Health Service Regulation

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

TITLE

(X6) DATE

Carol Sorell

Director of Services, QP

5-7-19

STATE FORM

6899

ISSL11

If continuation sheet 1 of 5

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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interview the facility failed to dispose of medications that were no longer in use by the client and medications that were expired affecting one (Client #2) of three audited clients.</p> <p>The findings are:</p> <p>Observations on 4/10/19 at approximately 10:30 a.m. of Client #2's current medication boxes revealed: -Miconazole Nitrate 2% - apply to affected areas 2 times a day - dispense date 7/18/18; -Hydrocortisone 1% - over the counter anti- itch cream - expired 2/2019; -Nystatin Cream USP, 100,000 Units Per Gram - apply to affected area 2 times a day as needed - expired 3/4/19.</p> <p>Observation on 4/10/19 at approximately 12:00 p.m. of the medication closet revealed: -over-the-counter stock medications; -generic brand Antacid tablets - expired 2/2019.</p> <p>Review on 4/10/19 of Client #2's physician orders revealed: -7/18/18 -Miconazole Nitrate 2% - apply to affected areas 2 times a day for 10 days; -12/19/18 - Hydrocortisone 1% - anti- itch cream - apply to affected area 2 times a day as needed; -12/19/18 - Nystatin Cream USP, 100,000 Units Per Gram - apply to affected area 2 times a day as needed.</p> <p>Review on 4/10/19 of Client #2's Medication Administration Record for March and April 2019 revealed:</p>	V 119		

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V 119	Continued From page 2 -Nystatin Cream USP, 100,000 Units Per Gram was applied 9 times after it was expired (3/5/19, 3/6/19, and 4/1/19 through 4/7/19); -Miconazole Nitrate 2% and Hydrocortisone 1% had not been applied. Interview on 4/10/19 with the Group Home Coordinator revealed: -the Miconazole Nitrate 2% cream for Client #2 probably remained in his current medications in case it was needed again; -she realized a new order would be necessary if the client did need the cream in the future; -she did not realize the Hydrocortisone, Nystatin Cream or Antacid tablets had expired; -she put all the medications in a plastic bag to send back to the pharmacy for disposal.	V 119		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:	V 290	V290 Supervised Living-Staff <ul style="list-style-type: none"> Client Rights committee has approved of client #1 to have 2 hours of unsupervised time while at the group home. Plan of Correction <ul style="list-style-type: none"> QP will write in Client #1 plan (pcp) to add a goal that states she will independently maintain her unsupervised privileges up to two hours while at the group home. The plan will be uploaded into the Alpha system for approval by the utilization management team at VAYA. The staff will continue to write in the time in the supervised leave log book the dates and time this service will be utilized. 	

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V 290	<p>Continued From page 3</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home without supervision for specified periods of time affecting one of three audited clients (Client #1) The findings are:</p> <p>Review on 4/10/19 of Client #1's record revealed: -62 years old;</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>-admitted 7/1/14; -diagnoses of Moderate Intellectual Developmental Disability, Anxiety Disorder, Depression, Dyslipiderna, Dementia of Alzheimer's Type, B-12 Deficiency and Menopause; -"Request for Committee Approval of Supervision Release" signed by the Qualified Professional and dated 4/2/18 included the client demonstrated competencies of being permitted a maximum of two hours of unsupervised time in the group home without staff contact; -this form also included three rights committee signatures in approval of unsupervised time; -Person-Centered Profile, completed 6/5/18 and signed by the client 6/25/18 included "What's important to...[Client #1] states the following are still important to her: Having supervisory release...;" -there were no goals or strategies for unsupervised time.</p> <p>Interview on 4/10/19 with Client #1 revealed: -she could stay home by herself for two hours; -this did not happen very often.</p> <p>Interview on 4/10/19 with the Group Home Coordinator revealed: -Client #1 was approved for 2 hours of unsupervised time at home; -she did not utilize this much as she usually liked to go whenever there was an outing.</p> <p>Interview on 4/10/19 with the Qualified Professional revealed: -Client #1 was approved for unsupervised time in the home; -she thought this was in the client's treatment plan.</p>	V 290		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 1, 2019

Carol Sorrells, QP, Director of Services
The ARC of Haywood County, Inc.
407 Welch Street
Waynesville, NC 28786

DHSR - Mental Health

MAY 16 2019

Re: Annual Survey completed April 11, 2019
Maple Street Home, 75 Maple Street, Waynesville, NC 28786
MHL # 044-034
E-mail Address: csorrells@arcofhaywood.org

Lic. & Cert. Section

Dear Ms. Sorrells:

Thank you for the cooperation and courtesy extended during the Annual survey completed April 11, 2019.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 10, 2019.

What to include in the Plan of Correction

- 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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 1, 2019
The ARC of Haywood County, Inc.
Carol Sorrells, QP, Director of Services

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Ms. Sonia Eldridge, Mountains Team Leader, at 828-200-6605.

Sincerely,

A handwritten signature in cursive script that reads "Sally Thayer, MSW".

Sally Thayer, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: dhhs@vayahealth.com
Leza Wainwright, Director, Trillium Health Resources LME/MCO