Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411154	A. BUILDING: ______ B. WING ______	R 05/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEE STREET HOUSE	5001 EAST LEE STREET GREENSBORO, NC 27406

(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 and follow up survey was completed on 5/14/2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411154	A. BUILDING: ___ B. WING ___	R 05/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEE STREET HOUSE	5001 EAST LEE STREET GREENSBORO, NC 27406

(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 1	V 118		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility filed to ensure that MARs were kept up to date and medication administration was documented immediately following administration affecting 1 of 1 client (#1). The findings are:

Review on 5/14/2019 of client #1's record revealed:
- Admission date: 4/1/2019
- Diagnoses: Bipolar II Disorder; History of Cannabis Use Disorder; History of Alcohol Use Disorder; Mild Neurocognitive Disorder due to multiple etiologies; History of Traumatic Brain Injury; and History of Dandy Walker Malformation (brain development abnormalities which often result in problems with movement, coordination, intellect, mood, and other neurological functions);
- Physicians orders for the following medications:
  - Risperidone 1 milligram (mg), 2 tablets every morning (QAM) and 3 tablets every evening (QPM), dated 4/1/2019;
  - Sertraline (Zoloft) 100 mg, 1 tablet every day (QD), dated 4/1/2019;
  - Benztropine (Cogentin) 0.5 mg, 1 tablet twice daily (BID), dated 4/1/2019; and
  - Valproic acid (Depakene) 250 mg/5 milliliters (ml) syrup, 5 ml BID.

Review on 5/14/2019 of client #1's MARs dated 4/1/2019 to 5/14/2019 revealed:
- There were three separate MARs for the month of April;
- Two of the April MARs were printed on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411154	A. BUILDING: ______ B. WING ______	R 05/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEE STREET HOUSE	5001 EAST LEE STREET GREENSBORO, NC 27406

(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 2	V 118		

Pharmacy MAR form, had the correct medication administration instructions, but had multiple blanks in the boxes facility staff were supposed to initial that indicated administration of all of the medications each day;
- The third April MAR was handwritten, was initialed by facility staff each day indicating the medications were administered, but the administration instructions for benztropine only indicated a once daily dose at 8:00 AM, rather than the ordered twice daily dose;
- The May MAR was printed on the Pharmacy form, had the administration instructions for twice daily benztropine as ordered, but there was no documentation that the evening dose of benztropine was administered.

Interview on 4/14/2019 with client #1 revealed:
- He did not know the names of his medications, but knew what they looked like;
- He thought that his medications had been administered correctly every day.

Interview on 4/14/2019 with staff #1 revealed:
- Client #1 was the only client at the facility;
- Since client #1 was the first client admitted, there was some confusion about which of the MARs facility staff were supposed to use;
- The May MAR had very dark shading across the line that facility staff were supposed to sign for client #1's 8:00 PM dose of benztropine;
- He believed that client #1 had been administered all of his medications correctly.

Interview on 4/14/2019 with the Qualified Professional (QP) revealed:
- There were three April MARs because the facility had to start with a handwritten form until the Pharmacy sent the printed copy;
- The handwritten MAR should have indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0411154	A. BUILDING: ______ B. WING ______	R 05/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LEE STREET HOUSE	5001 EAST LEE STREET GREENSBORO, NC 27406

(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 3	V 118		

that client #1 was to receive an 8:00 PM dose of benztropine;
- The QP had sent the Pharmacy-provided MARs to the facility and told facility staff to use them;
- There may have been some confusion about which of the April MAR forms that facility staff were supposed to use;
- The May MAR had very dark shading over the 8:00 PM benztropine signature/initial blocks, so it would be difficult to see if facility staff signed them;
- Client #1 had been administered all of his medications correctly.

Interview on 5/14/2019 with the Director revealed:
- He did not realize that there were blanks left on client #1's April MARs;
- After looking at the MARs, he could see that there would be confusion about which MAR to use;
- Client #1 had "definitely" been administered all of his medications correctly;
- The facility staff worked with the QP to make sure that client #1's MARs were correct.