

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
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NAME OF PROVIDER OR SUPPLIER CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 4/15/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups/Intellectual Development Disabilities.	V 000	DHSR - Mental Health MAY 17 2019 Lic. & Cert. Section	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: 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	V 114	The Program Specialist will in-service the Home Manager on the Fire Drill Schedules and holding Fire and Disaster Drills on each shift quarterly. The Program Specialist/Safety Chairperson will monitor on a monthly basis to ensure Fire/ Disaster Drills are completed per the Fire Drill Schedule. In the future, the Program Specialist will ensure Fire and Disaster Drills are completed at least quarterly for each shift.	6/14/19

Division of Health Service Regulation

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

Rurray Rominger

TITLE

Regional Administrator

(X6) DATE

5/19/19

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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		

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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	<p>Nursing conducted an in-service training on 4/25/19 to reinforce the "med-checker" tool, in which a second med-certified staff person reviews the med-pass to ensure that all medications are administered according to physician's orders and all applicable documentation is complete, at the time of the med-pass.</p> <p>In the future, a med-checker will be assigned by the Home Manager for each medication administration. Home Manager will provide oversight to ensure that the med-checker protocol is enforced and medication is being administered/documentated as ordered.</p> <p>Nursing to provide in-service training to Home Manager, specifying that new medication orders are to be immediately filled and physician's orders promptly translated to the MAR.</p> <p>In the future, the QP will provide oversight to ensure that all physician's orders are correctly translated to the MAR and medication is administered as prescribed.</p>	<p>05/15/19</p> <p>05/15/19</p>

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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		

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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 1/10/19-4/10/19 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		

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL100-023	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/15/2019
NAME OF FACILITY CALLOWAY COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 35 CELO STREET BURNSVILLE, NC 28714	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0111	Correction	ID Prefix V0113	Correction	ID Prefix V0540	Correction
Reg. # 27G .0205 (A-B)	Completed	Reg. # 27G .0206	Completed	Reg. # 27F .0103	Completed
LSC	04/15/2019	LSC	04/15/2019	LSC	04/15/2019
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

<input type="checkbox"/> REVIEWED BY STATE AGENCY	<input type="checkbox"/> REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Sherry Waters</i>	DATE 4/26/19
<input type="checkbox"/> REVIEWED BY CMS RO	<input type="checkbox"/> REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/26/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		