

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/08/2019
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DHSR - Mental Health

MAY 22 2019

Lic. & Cert. Section

NAME OF PROVIDER OR SUPPLIER JOYCE ROBINSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3306 HENDRICK CHAPEL LANE CHARLOTTE, NC 28216
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(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 & follow-up survey was completed on 5/8/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000	V118 -Direct Support Provider (DSP) did administer atorvastation 20 mg, flonase 50mcg and Eucrisa 2% cream as prescribed on April 29th and 30th. -The DSP will complete the April MAR for individual #1 including a late entry note indicating the medications were administered as prescribed.	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</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</p>	V 118	<p>-A copy of the MARs with the late entry note will be given to the QA Associate Director.</p> <p>-The RN will complete quarterly medication reviews including review of MARs, physicians orders and bottles to ensure MARs and will address any concerns with DSP and QP. The DSP will follow through with all concerns or requests to ensure medication requirements are being met.</p> <p>-The QP will review MARs monthly and will complete additional medication reviews as needed.</p> <p>-The DSP will stay focused and avoid distractions while administering medications until the MAR is complete after administering the medications.</p> <p>-The DSP will communicate with DDR's QP or RN about any questions or concerns with Medications, Physican orders and MARs on a regular basis.</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

Quenia Fox QA Associate Director

5/17/19

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure the MAR was kept current and medications administered were recorded immediately after administration affecting 1 of 2 clients(#1). The findings are:</p> <p>Review on 5/7/19 of client #1's record revealed: -admission date of 1/1/10; -diagnoses of Depression Disorder, Intellectual Developmental Disability-Moderate, Eczema, Seasonal Allergies and High Cholesterol; -physicians' orders dated 5/23/17 for atorvastation(generic for Lipitor) 20mg one tablet at bed and Flonase 50mcg one spray each nostril twice daily; -physician's order dated 9/27/18 for Eucrisa 2% cream apply to affected area twice daily.</p> <p>Observation on 5/8/19 at 4:00pm of client #1's medications on site revealed: -atorvastation 20mg one tablet at bed dispensed 4/25/19; -Flonase 50mcg one spray each nostril twice daily dispensed 1/12/19; -Eucrisa 2% cream apply to affected area twice daily dispensed 5/7/19.</p> <p>Review on 5/7/19 and 5/8/19 of client #1's MARS from 3/1/19-5/8/19 revealed the following dosing dates left blank with no explanation: -4/29 and 4/30 at 8pm for atorvastation 20mg</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>one tablet at bed; -4/29 and 4/30 at 8am/8pm for Flonase 50mcg one spray each nostril twice daily; -4/29 and 4/30 at 8am/8pm for Eucrisa 2% cream apply to affected area twice daily.</p> <p>Interview on 5/8/19 with client #1 revealed she got her medications daily.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

May 13, 2019

Diana Fox
DDR, Inc.
6824 Wilgrove Mint Hill Road
Charlotte, NC

DHSR - Mental Health

MAY 22 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey completed 5/8/19
Joyce Robinson Home, 3306 Hendricks Chapel Lane, Charlotte, NC 28216
MHL # 060-1020
E-mail Address: dianafox@ddrinc.org

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed May 8, 2019. A deficiency was cited.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report

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

- Re-cited standard level deficiencies were cited.

Time Frames for Compliance

- The re-cited standard level deficiencies must be corrected within 30 days from the exit date of the survey, which is June 7, 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.***

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

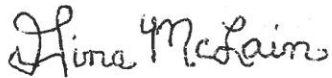
May 13, 2019
Diana Fox
DDR, Inc.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: gmemail@cardinalinnovations.org
File