

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL013-165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/14/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OLDENBURG</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1005 OKLAHOMA STREET KANNAPOLIS, NC 28083</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 5/14/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: center;"><i>DHSR - Mental Health</i></p> <p style="text-align: center;"><i>MAY 23 2019</i></p> <p style="text-align: center;"><i>Lic. &amp; Cert. Section</i></p>	7/13/19
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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><b>V 118</b></p> <p>RHA Health Services NC, LLC will ensure all medications are available to the individuals supported as prescribed by their physicians. RHA Direct Care Staff will continue to be in-serviced to notify the Nurse on Call when a medication is going to run out at minimum 3 business days prior to the last dose being administered. The Nurse on Call will reorder the medication from the pharmacy and ensure the refill is delivered to the facility immediately. If the medication has already run out or is a new prescription, the Nurse on Call will have the medication called into the back-up local pharmacy and ensure it is delivered to the facility or notify the Home Manager, QP or Regional Administrator it is ready for pick-up in order to ensure the individual does not miss a dose of medication as prescribed. This process will be monitored during the monthly Nursing Assessment. All Nursing Assessments are reviewed and trended each month during the CQI meeting.</p>	

Division of Health Service Regulation

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



TITLE

Regional Administrator

(X6) DATE

5/21/2019

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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 medications were administered as prescribed affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 5/14/19 of client #3's record revealed: -admission date of 3/1/07 with diagnoses of Bipolar Disorder, Intellectual Developmental Disability-Moderate, Recurrent Urinary Tract Infections, Allergies, Acne, Gastro Esophageal Reflux, Vitamin D Deficiency, Dermatitis, Hyperlipidemia and Dysplastic Nevus; -physician order dated 3/27/19 for Flonase 50mcg 2 sprays in each nostril twice daily.</p> <p>Observation on 5/14/19 at 3:53pm of client #3's medications on site revealed Flonase 50mcg 2 sprays in each nostril twice daily not present at the facility.</p> <p>Review on 5/14/19 of client #1's MARs from 3/1/19-5/14/19 revealed: -dosing date of 5/14 am for Flonase was initialed and circled; -instructions on the MAR form documented initials circled indicated "other;" -documentation on the back of the MAR form indicated medication Flonase was not available for 5/14 am dose.</p> <p>Interview on 5/14/19 with staff #3 revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-if medication not on site, waiting on a refill;</li> <li>-refills are sent to the main office/day program then delivered to the facility by the staff transporting clients back to the facility from the day program;</li> <li>-no medications were delivered today.</li> </ul> <p>Interview on 5/14/19 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>-used her Flonase last night;</li> <li>-did not use her Flonase this morning because was out of it.</li> </ul> <p>Interview on 5/14/19 with the Regional Administrator revealed:</p> <ul style="list-style-type: none"> <li>-will address issue immediately;</li> <li>-will contact nursing to ensure client #3 gets her medication.</li> </ul>	V 118		



May 21, 2019

Ms. Gina McLain  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR - Mental Health  
MAY 23 2019  
Lic. & Cert. Section

**RE: MHL-013-165 Oldenburg**

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Oldenburg Group Home during your annual survey visit on 5/14/19. We have implemented the POC and invite you to return to the facility on or around 7/13/2019 to review our POC item.

Please contact me with any further issues or concerns regarding the Oldenburg Group Home (MHL-013-165).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton  
Regional Administrator  
RHA Health Services, LLC  
kbenton@rhanet.org