

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

MHL060-570

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

B. WING

(X3) DATE SURVEY
COMPLETED

05/08/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HALL

6426 THERMAL ROAD

CHARLOTTE, NC 28211

(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 survey was completed on May 8, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Individuals with Intellectual Developmental Disabilities.</p>	V 000	V12	July 7, 2019
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p>ISP was scheduled and held while QP was on maternity leave. Upon her return, QP went over participant's goals and completed task analysis. The participant's guardian at DSS had changed from the time of his plan to the time his task analysis had been completed. QP presented task analysis to Participant for signature, but failed to send to guardian.</p> <p>The following measure will be put into place to correct and prevent the deficient area: QP received retraining on Treatment Plan requirements. Regular quarterly audits of Participant files by QP and Quality Management will ensure signatures are obtained within required timeframe.</p> <p style="text-align: center;">DHSR - Mental Health JUN 03 2019 Lic. & Cert. Section</p>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

[Signature], Quality Management 5/30/19

6899

1YVK11

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained for the treatment plan affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 5/8/19 of client #2's record revealed: - Admission date of 2/28/16; - Diagnoses of Mild Intellectual Developmental Disability, Intermittent Explosive Disorder, Sexual Abuse (victim), Anxiety Disorder and Sensorineural hearing loss; - 31 year old male; - Residential treatment plan dated 3/1/19 however the plan had no written consent/agreement by the responsible party.</p> <p>Interview on 5/8/19 with the Group Home Manager revealed: - Client #2's legal guardian was present at the treatment plan meeting, however was not sure the reason the legal guardian had not signed the residential treatment plan;</p>	V 112	<p>V17</p> <p>Staff should have sent the expired pack back but failed to do so. They did however notice that it was about to expire and ordered a new pack. The participant seldom takes this medication. The last dosage was given when he had to attend his father's funeral. Instead of staff punching the pill out of the new pack they accidentally punched it out of the old since it had not been sent back.</p> <p>The following measure will be put into place to correct and prevent the deficient area: A staff meeting was held by the QP on May 16, 2019 to review all medication requirements, including the process for auditing and disposing of expired medications. The Manager will continue to monitor the medication administration process on a weekly basis by looking for expired medications and ensuring the medications match the MAR. The QP will continue to provide monthly oversight to the Manager/DSPs.</p>	July 7, 2019
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased</p>	V 117		

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V 117	<p>Continued From page 2</p> <p>or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p> <p>(C) the current dispensing date;</p> <p>(D) clear directions for self-administration;</p> <p>(E) the name, strength, quantity, and expiration date of the prescribed drug; and</p> <p>(F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure all prescription medications available for administration were not expired for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 5/8/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/15/05; - Diagnoses of Mild Intellectual Developmental Disability and Obsessive Compulsive Disorder; - 63 year old male. <p>Observation on 5/8/19 at approximately 11:00am</p>	V 117		

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V 117	<p>Continued From page 3</p> <p>of medication containers for client #1 at the facility revealed:</p> <ul style="list-style-type: none"> - Opened bubblepack with medication Xanax 1mg 1 tablet every day as needed dispensed 12/14/17 with an expiration date of 12/14/18; - Unopened bubblepack Xanax 1mg 1 tablet every day as needed dispensed 5/7/18 with an expiration date of 5/7/19; - Group Home Manager pulled the expired medications out of client #1's medication box. <p>Review on 5/8/19 of client #1's March, April and May 2019 MAR's revealed:</p> <ul style="list-style-type: none"> - Xanax 1mg 1 tablet every day as needed had been administered to client #1 in March 2019 from the opened bubblepack which had expired on 12/14/18. <p>Interview on 5/8/19 with the Group Home Manager revealed:</p> <ul style="list-style-type: none"> - She reviewed MAR's and medications but was unaware the medications had expired; - She would send client #1's expired medications to the pharmacy for disposal. 	V 117	<p>V18</p> <p>Staff did administer the shampoo 2X per week; however, not on the correct days per the prescription. The lotion was also administered but staff failed to document properly on the MAR. Staff failed to discontinue the Bactrim cream; Group Home Manager stated that Southern Pharmacy failed to note the end date on the label and the MAR.</p> <p>The following measure will be put into place to correct and prevent the deficient area: A staff meeting was held by the QP on May 16, 2019 to review all medication requirements, including the process for discontinuing medications, proper documentation on the MAR and administering according to the MAR. The Manager will continue to monitor the medication administration process on a weekly basis. The QP will continue to provide monthly oversight to the Manager/DSPs</p>	July 7, 2019
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</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>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:</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 file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medication administration records (MAR's) were kept current affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 5/8/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 1/15/05; - Diagnoses of Mild Intellectual Developmental Disability and Obsessive Compulsive Disorder; - 63 year old male. <p>Review on 5/8/19 of client #1's March, April and May 2019 MAR's revealed:</p> <ul style="list-style-type: none"> - Ketoconazole 2% shampoo ordered 2/27/19 to be applied topically two times a week on Tuesday and Friday, however no documentation the 	V 118		

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V 118	<p>Continued From page 5</p> <p>shampoo had been administered on 3/5/19, 3/28/19, 4/2/19 and 5/2/19; - Moisturizer Lotion ordered 1/25/18 to be applied topically nightly, however no documentation the moisturizer had been administered on 3/13/19, 4/24/19, 4/25/19 and 4/30/19; - Bacitracin cream 500mg ordered 1/26/19 to be applied topically two times daily, from 1/26/19 through 2/5/19, however the MAR's documented the medication had been administered March 1-31, 2019, April 1-23, 2019 and discontinued April 23rd.</p> <p>Interview on 5/8/19 with the Group Home Manager revealed: - Client #1 may have been on therapeutic leave during the times the MAR's were not documented for the shampoo and lotion; - Staff should have stopped administering client #1's medication Bacitracin on 2/5/19 but staff did not.</p>	V 118		



May 30, 2019

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

DHSR - Mental Health

JUN 03 2019

Lic. & Cert. Section

Re: UMAR Services, Inc. Plan of Correction: Hall Group Home

To Whom It May Concern:

Please accept this Plan of Correction in response to the Survey on May 8, 2019 for the Hall Group Home. Please review the attached Plan of Correction at your convenience and let me know if you have any questions.

Respectfully,

Kim Jonas
Director of Quality Management and Training

