

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ DHSR - Mental Health	(X3) DATE SURVEY COMPLETED 05/22/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A CARING HAND

**6416 SPANISH MOSS LANE
CHARLOTTE, NC 28262**

Lic. & Cert. Section

(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 survey was completed on May 22, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals 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	V 118	<i>Then QP will make weekly contact with the A Caring Hand home. Moving forward, to ensure that the home is in compliance with all state requirements. Then QP will conduct bi-weekly visits to the home. The provider is in compliance with the provisions of 10A NCAC 27G.0209 in regards to proper documentation on the MAR. Provider attended a refresher training course on 5/31/19, to better understand the Agency protocols of documentation, physician order, and medication administration.</i>	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

085111

If continuation sheet 1 of 3

Henry Smythe

Family Service Coordinator

6-3-2019

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER A CARING HAND			STREET ADDRESS, CITY, STATE, ZIP CODE 6416 SPANISH MOSS LANE CHARLOTTE, NC 28262		
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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to maintain accurate MARs affecting 1 of 1 client (Client #1). The findings are:</p> <p>Review on 5/20/2019 of Client #1's record revealed: -Admission date of 1/18/2019; -Diagnosed with Intellectual Developmental Disability - Mild, Pica, Intermittent Explosive Disorder, and Schizophrenia; -Physician's initial order on 3/23/2018 with updated admission order on 1/18/2019 for Nystatin 100,000 gram cream apply twice daily; -May, 2019 MAR did not list administration of Nystatin 100,000 gram cream apply twice daily.</p> <p>Interview on 5/21/2019 with Client #1 revealed: -The Alternative Family Living (AFL) Provider administers Nystatin cream daily.</p> <p>Interview on 5/21/2019 with the AFL Provider revealed: -Nystatin cream is administered daily to Client #1; -It was a mistake of the pharmacy not to list the Nystatin cream and an oversight that the mistake was not detected; -Will add the Nystatin cream to the May, 2019 MAR moving forward.</p> <p>Interview on 5/22/19 with the Qualified Professional revealed: -Will reach out to the AFL Provider as soon as</p>	V 118	<p>The provider will follow rule already mentioned by:</p> <ul style="list-style-type: none"> - Administering all prescribed, as well as non-prescribed medication as prescribed on the physician order. - Provider will only administer medication that's written on the MAR. <p>On 5-21-19, AFL Provider wrote the Nystatin Cream on the MAR as prescribed. Provider will continue to administer the Nystatin Cream, document it on the MAR, and initial it. The QP is now monitoring the home bi-weekly.</p>		

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V 118	Continued From page 2 possible to correct the May, 2019 MAR to add Nystatin cream and will provide more oversight supervision and support moving forward. Observation on 5/21/2019 at approximately 6:20pm of Client #1's medication revealed: -Tube of Nystatin cream 100,000 grams dispensed 3/21/2019.	V 118	QP visited the home on 5/22/19, and verified that the Nystatin cream was written on the MAR.		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 23, 2019

Mr. Tyrone Miller
The Unique Caring Network, Inc.
7128 Albemarle Road
Charlotte, NC 28227

DHSR - Mental Health

JUN 06 2019

Lic. & Cert. Section

Re: Annual Survey completed May 22, 2019
A Caring Hand, 6416 Spanish Moss Lane, Charlotte, NC 28262
MHL # 060-1371
E-mail Address: tmiller@uniquecaringnetwork.com

Dear Mr. Miller:

Thank you for the cooperation and courtesy extended during the annual survey completed May 22, 2019.

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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is July 21, 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.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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 23, 2019
Mr. Tyrone Miller
The Unique Caring Network, Inc.

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, Team Leader at 704-596-4072.

Sincerely,



Eileen Sanchez, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: gmemail@cardinalinnovations.org
QM@partnersbhm.org
Pam Pridgen, Administrative Assistant