

PRINTED: 05/28/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3515 LYTHAM PLACE RALEIGH, NC 27604		
(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 and complaint survey was completed 4/4/19. The complaint (Intake # NC00144854) was not substantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	RHD has had training for all staff at the New Bailey unit centered around Diabetes Management on 4-19-19 , Training completed by our RN .	
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

DHSR-Mental Health

JUN 07 2019

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 05/28/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27804		
(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 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to assure training to meet the needs clients was provided to 3 of 3 audited staff, (#1, #2 and #3). The findings are:</p> <p>Review on 3/28/19 and 3/29/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of October 2005 - diagnoses including Schizo-affective Disorder, Mild Mental Retardation, Intermittent Explosive Disorder and Diabetes - a physician's dated 3/22/18 order to check blood glucose level daily before breakfast, lunch and dinner - a physician's order dated 3/22/18 to inject 12 units subcutaneously of Lantus via Solostar 10 pen at hour of sleep - no evidence of a physician's order for the client to check his own blood glucose level or administer his own insulin <p>Review on 3/29/19 of personnel records revealed neither audited staff #1, staff #2 or staff #3 had training in Diabetes Management.</p> <p>During an interview on 4/4/19, staff #1 reported:</p> <ul style="list-style-type: none"> - she had worked with the agency for a year and had worked at the group home 4 months - she worked with client #2 on a goal of taking his medications on time and she made sure he took his insulin on time - she would like training on diabetes 	V 108		

PRINTED: 05/28/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27804			
(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 108	Continued From page 2 During an interview on 4/3/19, staff #2 reported: - he was hired in 2014 and had worked at the group home 1 and 1/2 years - he assisted client #2 with blood sugar level check by making sure he washed his hands well - if client #2's blood sugar was too high, he would notify the Qualified Professional (QP) and the QP would give instructions - he would give client #2 something to eat if his blood sugar was too low but was not sure what to do if his blood sugar was too high - he had not had diabetes training through the agency During an interview on 3/29/19, the Residential Director reported staff received medication administration training but he was not sure if the training included a concentration on diabetes as far as checking blood sugar levels or injecting insulin.	V 108			
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.	V 118			

Division of Health Service Regulation
STATE FORM

64200

LLNN11

If continuation sheet 3 of 5

PRINTED: 06/28/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3616 LYTHAM PLACE RALEIGH, NC 27804			
(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 118	<p>Continued From page 3</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 file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure written authorization for self administered procedures for 1 of 3 clients (#2) was maintained in the record. The findings are:</p> <p>Review on 3/28/19 and 3/29/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - an admission date of October 2005 - diagnoses including Schizo-affective Disorder, Mild Mental Retardation, Intermittent Explosive Disorder and Diabetes - a physician's dated 3/22/18 order to check blood glucose level daily before breakfast, lunch and dinner - a physician's order dated 3/22/18 to inject 12 units subcutaneously of Lantus via Solostar 10 pen at hour of sleep - no evidence of a physician's order for the client 	V 118			

PRINTED: 05/28/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/04/2019
NAME OF PROVIDER OR SUPPLIER NEW BAILEY		STREET ADDRESS, CITY, STATE, ZIP CODE 3516 LYTHAM PLACE RALEIGH, NC 27604			
(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 118	Continued From page 4 to check his own blood glucose level or administer his own insulin During an interview on 3/29/19, client #2 reported he checked his blood glucose levels himself three times daily and administered his own insulin. During an interview on 3/29/19, the Qualified Professional reported she had not obtained a physician's order for client #2 to check his own blood glucose level.	V 118	RHD spoke with PCP and it was determined that client was to no longer take care of his own Diabetes Management, staff will go through one more follow up training in Diabetes Management and RHD staff will begin to administer insulin while client can still do glucose checks with staff monitoring him.	6-17-19	

Division of Health Service Regulation
STATE FORM

6504

LLNN11

If continuation sheet 5 of 5

Rex Primary Care of Holly Springs

781 Avenet Ferry Rd, Suite 206 Holly Springs, NC 27540

Phone: (919) 552-8911 Fax: (919) 552-8955

Christopher Byrd, MD
DEA-00790269
NPI-1619074804Shane Hemphill, MD
DEA-FH1101447
NPI-1093997645Shanli Grant, MD
DEA-FE3366689
NPI-1881826194Laura Williams, PA-C
DEA-MW0518564
NPI-1073624508Brittany Davis, PA-C
DEA-MD3411701
NPI-1407254113Carla Bennett, MSN, APRN, FNP-B
DEA-MB2312736
NPI-1073829481Patient Name: [REDACTED]Date of Birth: [REDACTED]Date: 6/12/19 Pharmacy: Fax: 919-878-4452**Prescriptions**

1. Staff to do insulin injection at group home.
2.
3. Patient may do his own glucose checks
4. with staff monitoring him
5.
6.

REFILLS: CL

Dispense as Written

Substitution Permitted

RHD- NC
10224 Durant Rd. Ste. 205
Raleigh, North Carolina 27614
Telephone: 919 755 1335
Fax: 919 875 4493

Resources for Human
Development

Fax

NC Dept of Health and Human Service
To: Division of Health Service ^{Re:} From: RHD (T. Hood)
Fax: 919 715 8078 Pages: 3
Phone: Date: 6/7/19
Re: cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

TO DHR

From (T. Hood) RHD

CONFIDENTIALITY NOTICE

The information contained in this facsimile is intended solely for the address (s) named above and is confidential. This information has been disclosed to you from records whose confidentiality is protected by Federal Law (Federal Regulation 42 CFR Part 2). If you are not the intended recipient, you are prohibited from reading or disclosing the information contained in this transaction. Any examination, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have