FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: R MHL0411154 B. WING 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5001 EAST LEE STREET** THE LEE STREET HOUSE GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 5/14/2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 118 27G .0209 (C) Medication Requirements V 118 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 DHSR-Mental Health (2) Medications shall be self-administered by clients only when authorized in writing by the JUN 1 2 2019 client's physician. (3) Medications, including injections, shall be Lic. & Cert. Section 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 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR

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with a physician.

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

file followed up by appointment or consultation

TITLE Executive Director (X6) DATE

10.3.19

Nishande

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If continuation sheet 1 of 4

PRINTED: 05/15/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ R MHL0411154 B. WING 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5001 EAST LEE STREET** THE LEE STREET HOUSE GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility filed to ensure that MARs were kept up to date and medication administration was documented immediately following administration affecting 1 of 1 client (#1). The findings are: Review on 5/14/2019 of client #1's record revealed: - Admission date: 4/1/2019 - Diagnoses: Bipolar II Disorder; History of Cannabis Use Disorder; History of Alcohol Use Disorder; Mild Neurocognitive Disorder due to multiple etiologies; History of Traumatic Brain Injury; and History of Dandy Walker Malformation (brain development abnormalities which often result in problems with movement, coordination, intellect, mood, and other neurological functions); - Physicians orders for the following medications: - Risperidone 1 milligram (mg), 2 tablets every morning (QAM) and 3 tablets every evening (QPM), dated 4/1/2019; - Sertraline (Zoloft) 100 mg, 1 tablet every day (QD), dated 4/1/2019; - Benztropine (Cogentin) 0.5 mg, 1 tablet twice daily (BID), dated 4/1/2019; and

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- Valproic acid (Depakene) 250 mg/5

Review on 5/14/2019 of client #1's MARs dated

- There were three separate MARs for the month

- Two of the April MARs were printed on the

milliliters (ml) syrup, 5 ml BID.

4/1/2019 to 5/14/2019 revealed:

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R B. WING 05/14/2019 MHL0411154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5001 EAST LEE STREET** THE LEE STREET HOUSE GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on 5/14/2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 118 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 (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 with a physician.

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

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STATE FORM

(X6) DATE

TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  THE LEE STREET HOUSE  SUMMARY STATEMENT OF DEFICIENCIES GREENSBORO, NC 27406   (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 2  Pharmacy MAR form, had the correct medication administration instructions, but had multiple blanks in the boxes facility staff were supposed to initial that indicated administration of all of the medications each day;  The third April MAR was handwritten, was initialed by facility staff each day indicating the medication instructions for benztropine only indicated a once daily dose at 8:00 AM, rather than the ordered twice daily dose;  The May MAR was printed on the Pharmacy	COMPLETED		
THE LEE STREET HOUSE    SUMMARY STATEMENT OF DEFICIENCIES   GREENSBORO, NC 27406	R 05/14/2019		
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form, had the administration instructions for twice daily benztropine as ordered, but there was no documentation that the evening dose of benztropine was administered.  Interview on 4/14/2019 with client #1 revealed: - He did not know the names of his medications, but knew what they looked like; - He thought that his medications had been administered correctly every day.  Interview on 4/14/2019 with staff #1 revealed: - Client #1 was the only client at the facility; - Since client #1 was the first client admitted, there was some confusion about which of the MARs facility staff were supposed to use; - The May MAR had very dark shading across the line that facility staff were supposed to sign for client #1's 8:00 PM dose of benztropine; - He believed that client #1 had been administered all of his medications correctly.  Interview on 4/14/2019 with the Qualified Professional (QP) revealed: - There were three April MARs because the facility had to start with a handwritten form until the Pharmacy sent the printed copy; - The handwritten MAR should have indicated			

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PRINTED: 05/15/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ R MHL0411154 B. WING 05/14/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5001 EAST LEE STREET** THE LEE STREET HOUSE GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 | Continued From page 3 V 118 that client #1 was to receive an 8:00 PM dose of benztropine; - The QP had sent the Pharmacy-provided MARs to the facility and told facility staff to use them; - There may have been some confusion about which of the April MAR forms that facility staff were supposed to use; - The May MAR had very dark shading over the 8:00 PM benztropine signature/initial blocks, so it would be difficult to see if facility staff signed them; - Client #1 had been administered all of his medications correctly. Interview on 5/14/2019 with the Director revealed: - He did not realize that there were blanks left on client #1's April MARs; - After looking at the MARs, he could see that there would be confusion about which MAR to use; - Client #1 had "definitely" been administered all of his medications correctly; - The facility staff worked with the QP to make sure that client #1's MARs were correct.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ R B. WING\_ 05/14/2019 MHL0411154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5001 EAST LEE STREET** THE LEE STREET HOUSE GREENSBORO, NC 27406 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 Pharmacy MAR form, had the correct medication administration instructions, but had multiple blanks in the boxes facility staff were supposed to initial that indicated administration of all of the medications each day; - The third April MAR was handwritten, was initialed by facility staff each day indicating the medications were administered, but the administration instructions for benztropine only indicated a once daily dose at 8:00 AM, rather than the ordered twice daily dose; - The May MAR was printed on the Pharmacy form, had the administration instructions for twice daily benztropine as ordered, but there was no documentation that the evening dose of benztropine was administered. Interview on 4/14/2019 with client #1 revealed: - He did not know the names of his medications, but knew what they looked like; - He thought that his medications had been administered correctly every day. Interview on 4/14/2019 with staff #1 revealed: Client #1 was the only client at the facility; - Since client #1 was the first client admitted, there was some confusion about which of the MARs facility staff were supposed to use; - The May MAR had very dark shading across the line that facility staff were supposed to sign for client #1's 8:00 PM dose of benztropine; - He believed that client #1 had been administered all of his medications correctly. Interview on 4/14/2019 with the Qualified Professional (QP) revealed: - There were three April MARs because the facility had to start with a handwritten form until the Pharmacy sent the printed copy; - The handwritten MAR should have indicated

Division of Health Service Regulation



DHSR-Mental Health

JUN 1 2 2019

Lic. & Cert. Section

## **Outward Bound Community Services**

624 E Guilford College Rd

Greensboro, NC 27409

Plan of Correction

May 31, 2019

NC DHHS-DHSR conducted an annual on-site review/survey at the administrative offices of Outward Bound Community Services-(The Lee Street House, LLC, MHL 041-11154) This plan of correction is being implemented in order to immediately rectify identified standard level deficiencies associated with providing residential care to each and every individual served by the agency.

## Summary of out of compliance findings:

10A NCAC 27G .0209 Medication Requirements

- (C) Medication Administration:
- (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 with a physician.



## **Description of corrective actions:**

Within the next sixty days all staff providing services at The Lee Street Home will receive additional Medication Administration training and quarterly training thereafter to ensure all Medication Administration Records are completed daily as staff administers and that such Medication Administration Records will be completed on different shifts as well as ensure each and every individual served medications are administered properly daily on all shifts. All staff providing services at The Lee Street House will also ensure they are aware and knowledgeable of the use of the MAR and the proper administration of medications.

As a part of the re-training and as it relates to adequate record keeping an in-service sign in to include the trainer as well as all staff's credentials along with the identified training certificate will be completed and placed into the agency's training file to further show proof that such medication administration trainings have been identified, discussed and reviewed and become a part of each employees personnel file.

#### Timetable for implementation and completion:

OBCS Administrative and Clinical management will conduct a staff meeting with all staff members to discuss and review the nature of the issues that arose and or required a plan of correction from NC DHHS-DHSR.

The plan of correction will be submitted to NC DHHS-DHSR on Monday, 6/3/2019 for approval.

# Time table for completion of corrective action:

Corrective action will be completed by July 31, 2019

# <u>Person responsible for ensuring the plan of correction is followed and implemented:</u>

Group Home Manager will schedule MAR Review/Checks on different shifts weekly. Qualified Professional will collaborate with Group Home Manager to approve as well as to ensure such MAR Review/Checks are scheduled on different shifts weekly and to ensure overall compliance as it relates to meeting all local, state and federal mandates relevant to providing services to the population being served.

Qualified Professional and Group Home Manager will be responsible for ensuring the plan of correction regarding Med Administration will be implemented as written.