

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-402</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/29/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COMMONWEALTH GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3601 COMMONWEALTH AVENUE CHARLOTTE, NC 28205</b>
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V 000	INITIAL COMMENTS  A complaint survey was completed on 5-29-19. The complaint was substantiated ( #NC00150820). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose primary Diagnoses is a Developmental Disability.	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	V 118		

DHSR-Mental Health

JUN 12 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE

*Hyacinth Corp. QPBS Program Manager*

6/5/2019

Division of Health Service Regulation

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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 record review, observation and interviews the facility failed to ensure that medications were administered according to physicians orders, effecting 1 of 1 audited clients (client #1). The findings are:</p> <p>Review on 5-29-19 of client #1's record revealed: -Admitted 1-1-11 -Diagnoses of Major Depression, recurrent, Generalized Anxiety Disorder, Intermittent Explosive Disorder, Attention Deficit/Hyperactivity Disorder, Pervasive Disorder, Non Specified, Mild Mental Retardation, Rule Out Personality Disorder with Borderline features, Cerebral Palsy, Obesity.</p> <p>Review on 5-29-19 of client #1's MAR for Jan, Feb, march, and April 2019 revealed: -Jan, Feb, and March 2019 Hydroxyzine Pamoate 25 mg documented as been given at 7 AM. -April 2019 Hydroxyzine Pamoate 25 mg documented as been given at 7 PM.</p> <p>Review on 5-29-19 of Client #1's physician order dated 2-27-19 revealed: -Hydroxyzine Pamoate 25 mg one tablet each night at bedtime.</p> <p>Review on 5-29-19 of final report from hospital and electronically signed by physician revealed: -"Active inpatient medications...Hydroxyzine</p>	V 118	<p>All doctor's orders and/or prescriptions will be followed as written. If a time change is ordered, medication will be given at the correct time. Incident reports were completed and the pharmacy was contacted about this particular medication. Group Home Manager and staff were all refreshed on medication administration and changing/adding/discontinuing orders.</p>	4/1/2019
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V 118	<p>Continued From page 2</p> <p>Pamoate 25 mg per 1 capsule ORAL qhs (each night at bedtime)."</p> <p>-"Patient summary...presents the emergency department on 2/23 after being found to be more agitated at her group home. Patient has required multiple hospitalizations for similar issues over the past year. per report, group home states patient has become more agitated and expressing suicidal ideation."</p> <p>Observation on 5-29-19 at approximately 11:00 am revealed:</p> <p>-Client #1 screaming at staff and running around outside the facility.</p> <p>-Client #1 was screaming at staff "I can't take it anymore because of you!", "You cussed me out!" (No cursing from staff noted).</p> <p>Interview on 5-29-19 with client #1's mother/legal guardian revealed:</p> <p>-Client #1 had been in the hospital and they changed her Hydroxyzine Pamoate 25 mg from the AM to the PM on 2-27-19.</p> <p>-The facility continued to give client #1 the Hydroxyzine Pamoate 25 mg in the AM for the month of march 2019.</p> <p>-The mother/legal guardian had called the facility manager but was told the pharmacy already filled the prescription with an am time designated.</p> <p>-She had called the pharmacy herself and knew that the medication could be changed.</p> <p>-When client #1 took the medicine in the morning, "it makes you sleepy, she was sleeping all the time."</p> <p>-Client #1 was sleeping 19 1/2 hours a day and then complained about hallucinations, which she never did before.</p> <p>-Client #1 was supposed to be discharged due to her behaviors, but she thought it was the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>medications causing the behaviors.</p> <ul style="list-style-type: none"> <li>- "The psychiatrist says she has a personality disorder."</li> <li>- "The medication error played a part in her discharge."</li> <li>- The facility had changed the medication and she was getting it correctly now.</li> </ul> <p>Interview on 5-29-19 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- She does remember client #1's mother wanting the medication changed, but they have to follow the medication orders.</li> </ul> <p>Interview on 5-29-19 with the shift lead revealed:</p> <ul style="list-style-type: none"> <li>- As far as she knew the medications were administered correctly and she checks the medication book regularly.</li> </ul> <p>Interview on 5-29-19 with the facility manager/Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>- She had not been at the facility very long.</li> <li>- When client #1 came out of the hospital she did call the pharmacy about the medication change and was told the medication had been filled and insurance wouldn't pay to get it filled again.</li> <li>- She sent a staff member to the pharmacy and she was told the same thing.</li> <li>- She know now that she should have talked to the pharmacist and could have changed the medication.</li> </ul> <p>Interview on 5-29-19 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- She couldn't remember if there had been a problem with her medications and to "ask my caregivers."</li> </ul> <p>Interview on 5-29-19 with the supervisor revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 had been taking the Hydroxyzine Pamoate 25 mg in the AM for approximately 1</li> </ul>	V 118		
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V 118	Continued From page 4  year. -The medication was not what was increasing her behaviors. -The medication should have been changed to PM when client #1 came out of the hospital.	V 118		



June 5, 2019

Patricia Work  
Facility Survey Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: MHL #060-402

Dear Ms. Work,

Attached please find the Corrective Actions noted on the Statement of Deficiencies resulting from the recent Division of Health Service Regulation complaint survey completed on May 29, 2019 at the Commonwealth Group Home, located at 3601 Commonwealth Avenue, Charlotte, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact Stephanie Camp by phone at (704) 924-0028 or through e-mail at [stephanie.camp@eastersealsucp.com](mailto:stephanie.camp@eastersealsucp.com).

Respectfully submitted,

A handwritten signature in black ink that reads "Stephanie K. Camp QP BS".

Stephanie K. Camp, QP, BS  
Residential Program Manager  
Easterseals UCP

DHSR-Mental Health

JUN 12 2019

Lic. & Cert. Section