Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL012-019	A. BUILDING: _____ B. WING _____	R 06/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCI-EMERGENT NEED RESPITE CENTER	101 POPLAR STREET MORGANTON, NC 28655

(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 follow up survey was completed on 6/6/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for All Disability Groups.	V 000	DHSR - Mental Health JUN 18 2019 Lic. & Cert. Section	
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 with a physician.	V 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Danielle Allen, QM Manager | TITLE | (X6) DATE: 6/13/19

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure all medications were administered only on the written order of a physician and the Medication Administration Record (MAR) was kept current affecting one of one client (Client #1). The findings are: Review on 6/5/19 of Client #1's record revealed: -admission date of 6/5/19. -diagnoses of Personality Disorder, Moderate Intellectual Developmental Disorder, Cerebral Palsy, BiPolar Disorder, Depressive Disorder, Epilepsy and non-epileptic seizures, Mild Intermittent Asthma, Panic Disorder and Post-Traumatic Stress Disorder. -a hospital discharge summary - admission date of 5/15/19, discharge date of 6/5/19. Observation on 6/5/19 at approximately 3:25 p.m. of Client #1's medications revealed: -Ferrous Sulfate - 325 milligrams (mg) - one daily - dispensed - 5/10/19 -Dicyclomine - 10 mg - one tablet, 2 times a day - dispensed 5/10/19 -Advair Diskus - 250 micrograms (mcg) - 50 mcg - inhale one puff - 2 times a day - dispensed 5/10/19 -Melatonin - 3 mg - two tablets at bedtime - dispensed 5/10/19 -Cyclobenzaprine HCL - 10 mg - one daily - dispensed 2/14/19 -Ondansetron - 4 mg - one tablet daily every 8 hours as needed - dispensed 3/25/19 and 4/18/19 -Saline Nasal Spray - one spray in each nostril 2	V 118		

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V 118	Continued From page 2 times a day as needed - dispensed 2/18/19 -all the medications were dispensed prior to the client's most recent hospital stay. Review on 6/5/19 of Client #1's MAR dated June 2019 revealed: -all the above medications were listed, however none had been administered Review on 6/5/19 of Client #1's discharge summary "Final report" from the hospital dated 6/5/19 revealed: -the above medications were not listed as being discontinued. Review on 6/5/19 of Client #1's hospital report (untitled) dated 5/15/19 revealed: -"My Medicine List..." -"stop taking the following medications" -Ferrous Sulfate - 325 mg - one daily -Dicyclomine - 10 mg - one tablet, 2 times a day -Advair Diskus - 250 mcg - 50 mcg - inhale one puff - 2 times a day -Melatonin - 3 mg - two tablets at bedtime -Cyclobenzaprine HCL - 10 mg - one daily -Ondansetron - 4 mg - one tablet daily every 8 hours as needed -Saline Nasal Spray - one spray in each nostril 2 times a day as needed -the hospital report was not signed by the physician. Interview on 6/5/19 with the facility Administrator revealed: -the observed medications for Client #1 were from her previous facility prior to her being hospitalized. -the doctor at the hospital changed a lot of her medications and they had been sent to the pharmacy.	V 118		

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V 118	Continued From page 3 -he was going to pick up all of her current medications from the pharmacy this evening as soon as they were ready. -when asked if any of the above observed medications in the box for Client #1 would be administered today, he said "Yes, they'll administer those that need to be administered." Observation on 6/6/19 at approximately 9:30 a.m. revealed: -the medications in Client #1's box all had dispense dates of 6/5/19. -the medications were correct according to the current orders dated 6/5/19. -the medications observed on 6/5/19 at approximately 3:25 p.m. were not in the client's box or in the medication cabinet. Review on 6/6/19 of Client #1's MAR for June 2019 revealed: -all the medications listed were current and initialed as given according to the physician's order. Interview on 6/6/19 with the facility Administrator revealed: -he placed the medications the client was no longer taking in his office, in a locked drawer. -that was where they would stay until the pharmacy representative came to destroy them. Interview on 6/6/19 with the Qualified Professional revealed: -she was able to find the list of the above medications that had been discontinued during the hospital stay. -there was no physician signature on the document that was provided. -there were additional pages to the document that had the medications listed.	V 118		

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V 118	Continued From page 4 -the document was not signed by the physician.	V 118	V 118 10 NCAC 27G .0209 (c) Medication Requirements Correction The admission process has been evaluated and the process has been modified to ensure that physician orders are correct and complete prior to admission. When a client is scheduled to be admitted to the facility upon discharge from a hospital, the Facility Administrator will send all medication information (discharge papers, medication orders, prescriptions, etc.) to the SCI RN for review. The SCI RN will review the documentation to ensure we have all necessary documentation and that the documentation is correct and complete, including physician signatures. If any of the necessary documentation reflects a discrepancy and/or is incomplete, the SCI RN will contact the discharging hospital and coordinate with their medical staff to clarify / obtain the necessary correct documentation. The SCI RN will then follow-up with the Facility Administrator to ensure all necessary documentation is received prior to the client being admitted to the facility. Prevention The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules. A member of the QM Team will review the physician orders, MAR's, and mediations quarterly.	6/10/19

Skill Creations, Inc.
Community Operations Division
Mountain Regional Office
50 S. French Broad Avenue Suite 251
Asheville, North Carolina 28801
Telephone: (828)232-0091
"Creating Life Skills For Those We Serve"

June 13, 2019

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

RE: Annual and Follow Up Survey 6/6/19
SCI-Emergent Needs Respite Center
101 Poplar St., Morganton, NC 28655
MHL # 012-019

Dear Ms. Thayer,
Please find enclosed the Plan of Correction for the deficiency cited from the annual and follow up surveys of SCI-Emergent Needs Respite Center completed on 6/6/19:

- V 118
  10A NCAC 27G .0209 (C) Medication Requirements

  The admission process has been evaluated and the process has been modified to ensure that physician orders are correct and complete prior to admission.
  - When a client is scheduled to be admitted to the facility upon discharge from a hospital, the Facility Administrator will send all medication information (discharge papers, medication orders, prescriptions, etc.) to the SCI RN for review.
  - The SCI RN will review the documentation to ensure we have all necessary documentation and that the documentation is correct and complete, including physician signatures.
  - If any of the necessary documentation reflects a discrepancy and/or is incomplete, the SCI RN will contact the discharging hospital and coordinate with their medical staff to clarify / obtain the necessary correct documentation.
  - The SCI RN will then follow-up with the Facility Administrator to ensure all necessary documentation is received prior to the client being admitted to the facility.

  The QM Team monitors facilities quarterly to ensure that homes are in compliance with licensure rules. A member of the QM Team will review the physician orders, MAR's, and mediations quarterly.

Please contact me at 828-232-0091 or danielle.allen@skillcreations.com with any questions or if further information is needed.

Sincerely,
Danielle Allen
Danielle Allen
QM Manager