STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL016-009	A. BUILDING: _____ B. WING _____	05/31/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCHOONER SHORES	681 HIGHWAY 101 BEAUFORT, NC 28516

(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 on May 31, 2019. The complaint was unsubstantiated (Intake #NC00151696). 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		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366	DHSR - Mental Health JUN 25 2019 Lic. & Cert. Section	

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V 366	Continued From page 1 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The	V 366		

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V 366	Continued From page 2 final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level 1 and level 11 incidents. The findings are: Review on 5/28/19 of the North Carolina Incident Response Improvement System (IRIS) records	V 366		

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V 366	Continued From page 3 revealed:: - Level II incident report regarding client #5, "Date of Incident 4/18/19." - "Medication Error . . . Refusal . . . " - "Date 4/19/2019 In referring to the MAR [Medication Administration Record] it appears that [client #5] refused the medications from April 10, 2019 - April 18, 2019 (eight days) in spite of counseling by staff ..... Due to an increase in seizure activity, [client #5] was instructed to refuse the medications Lisinopril and Pravastatin by his guardian. the guardian feels that since the manufacturer of the medications changed prior to April 6, 2019 that [client #5's} seizure activity had increased and wanted to find a pharmacy that still used the previous manufacturer of the medication .....[client #5's] pharmacists indicated that not taking the Lisinopril could be detrimental to his health..... On 4/18 when staff called the pharmacist to inquire about the risk to health and safety for the medication error, the pharmacist reported it was detrimental and therefore he was taken to the Urgent Care for treatment." Review on 5/29/19 of the facility's Level I incident reports revealed no level I or II incident reports for client #5's medication refusals 4/11/19 - 4/17/19. Review on 5/28/19 client #5's record revealed: - 67 year old male admitted 6/2/14. - Diagnoses included mild Intellectual/Developmental Disability, diabetes, and seizure disorder. - Physician's orders signed 4/18/19 for lisinopril (used to treat high blood pressure) 10 milligrams (mg) 1 tablet daily, and pravastatin (can treat high cholesterol and triglyceride levels and may reduce the risk of heart attack, stroke, and related health conditions) 40 mg 1 tablet daily. - Review on 5/28/19 of client #5's April 2019 MAR	V 366	All staff at Schooner Shores Group Home will be re-trained by July 1, 2019 on Level I Incident Reporting for medication errors. All medication errors or refusals will be documented in the electronic medical record after they are reported to the persons physician or pharmacist to determine if the incident was detrimental to the person's health or not. If not, it remains a Level I. Responsible person: The Residential Manager and/or Team Leader.	

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V 366	Continued From page 4 revealed client #5 refused to take his lisinopril and pravastatin 4/10/19 - 4/18/19. During interview on 5/28/19 client #5 stated: - Staff assisted him to take his medications daily. - His sister advised him to refuse to take his lisinopril and "the other medicine" because they were causing him to have seizures. - They found a pharmacy with the medications from the previous manufacturer and his seizures stopped. During interview on 5/28/19 the Residential Manager stated: - Client #5's sister advised him to refuse to take his lisinopril and pravastatin. - Staff reported the medication refusals to the Qualified Professional, the Nurse, and to client #5's physician. - Client #5's physician became frustrated with the repeated medication refusals and eventually refused to provide further services to client #5. - A new physician was contacted and wrote a new order for the medications. - A new pharmacy was identified to fill client #5's prescriptions. - The medication refusals 4/10/19 - 4/18/19 were entered into "the system" as one incident, rather than as individual incidents. - The Licensee has transitioned to an online record system and all level I incident reports are filed electronically. During interview on 5/28/19 the Qualified Professional stated: - All level I incident reports were filed electronically. - Client #5's medication refusals 4/11/19 - 4/18/19 were reported as one level II incident in IRIS. - Client #5's initial medication refusal on 4/10/19	V 366		

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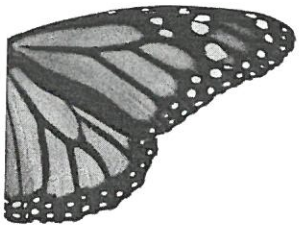
V 366	Continued From page 5 was reported as a level I incident in the Licensee's online record system. - She did not realize each medication refusal should be reported as separate events. During interview on 5/30/19 the Director of Program Operations stated client #5's medication refusals were reported as two incidents with all of the dates included. Client #5's physician was contacted each time a medication was refused and subsequently refused to provide further services to Client #5. She would make sure staff were re-trained to report each incident of medication refusal separately and to include documentation of contact with the pharmacist or physician.	V 366		

Monarch
Helping Dreams Take Flight



DHSR - Mental Health
JUN 25 2019
Lic. & Cert. Section

June 20, 2019

Connie Anderson, Facility Compliance Consulant I
Latisha Grant, Facility Compliance Consulant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual and complaint survey 5/31/19 – Schooner Shores

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me directly at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512