

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023-203</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/30/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>423 MILSAP ROAD SHELBY, NC 28150</b>		
(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 5/30/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.	V 000	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">JUL 08 2019</p> <p style="color: blue; text-align: center;">Lic. &amp; Cert. Section</p>	
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold disaster drills on each shift at least quarterly. The findings are:  Review on 5/30/19 of fire and disaster drills from May 2018-April 2019 revealed: -No documentation of disaster drills conducted on 1st shift for February-April 2019. - No documentation of disaster drills conducted on 3rd shift for November 2018-January 2019.	V 114		

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

TITLE

(X6) DATE

STATE FORM

6899

GBPZ11

If continuation sheet 1 of 5

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V 114	Continued From page 1  Interview on 5/30/19 with the Executive Director/Qualified Professional revealed: -She created a tracking system for fire and disaster drills but she doesn't utilize it. -She let staff know when disaster drills needed to be run.  This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 114		
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.	V 118		

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V 118	<p>Continued From page 2</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 interviews, the facility failed to follow the written order of a physician or keep the MARs current affecting 2 of 3 clients (Client #2 and #3). The findings are:</p> <p>Record review on 5/29/19 for Client #2 revealed: --Admission date of 6/24/18 with diagnosis of Oppositional Defiant Disorder. --Physician ordered medications included: --Concerta (ADHD) 36mg once daily ordered 3/8/19. --Risperidone (antipsychotic) 0.5mg once at bedtime ordered on 3/20/19. Review on 5/29/19 of MARs for February-May 2019 revealed: --Concerta was blank as not administered on 5/2/19 or 5/9/19. --Risperidone 0.5mg blank as not administered 5/19/19-6/1/19 with order dated 5/10/19 to "discontinue after EOGs" (end of grade testing) and begin 1mg once daily. --Risperidone 1mg was not administered at all. --Fluoxetine 20mg was initialed as administered once daily 2/21/19-3/31/19 without an order. --Amoxicillin 500mg was initialed as administered twice daily 3/11/19-3/16/19, 3/22/19 and 3/23/19 without an order.</p> <p>Record review on 5/29/19 for Client #3 revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Admission date of 6/24/18 with diagnoses of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and Marijuana Use Disorder.</p> <p>-Physician ordered medications included: --Ibuprofen 200mg 3 tabs every 6hrs as needed ordered 3/19/19 from Urgent Care for pain relief from fever. Review on 5/29/19 of MARs for March-May 2019 revealed: -No documentation of administration of Ibuprofen on the March MAR was made available.</p> <p>Interview on 5/30/19 with Staff #1 revealed: -She was the house manager and typically called in refills and kept medications in order. -She administered medications according to doctors' orders. -She followed instructions from urgent care after Client #3 was taken for flu like symptoms. She did not realize the instructions were not a doctor's order nor did she document the ibuprofen on the March MAR. She did not remember how much or how many days Client #3 received the ibuprofen.</p> <p>Interview on 5/30/19 with Executive Director/Qualified Professional revealed: -She was not aware Client #2 had run out of the 0.5mg dose of Risperidone before increasing the dose as ordered. -Client #2 had come to the facility with Fluoxetine. She was not aware she did not have an order for it. -She was not aware there was no order for Amoxicillin for Client #2. -She was with Client #3 from 8am-2pm while he was home from school 3/19/19-3/22/19. She would have Staff #1 administer ibuprofen when she came in at 2pm. -She and Staff #1 reviewed MARs and reordered</p>	V 118			

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V 118	Continued From page 4  medications. -She would need to pay closer attention to doctors orders.  This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 118			





## **PLAN OF CORRECTIONS**

**Ann's House**

**Survey took place on 5/30/2019**

### **10NCAC 27G.0207 EMERGENCY PLANS AND SUPPLIES**

A check list has been created to identify specific disaster/fire drills that are shown to completed monthly/per quarter.

QP and House manager will conduct end of the month meeting to discuss and review over drills/ and review over in home self- inventory list to assure drills and disasters are completed.

A internal Audit form will be created for the QP to monitor and track when the drills are being completed monthly and then reviewed at the end to assure any changes with policy, procedures and completing varies type of drills being used.

### **10A NCAC 27G.0209 MEDICATION REQUIREMENTS**

#### **Pharmacist / Med Review**

MT Street Pharmacy at 709 W Mt Street Kings MT NC 28086 phone number 704-739-7225 will be supporting Self Determination will meet as needed for accuracy of medication prescriptions to ensure that all medication dispense and prescribed match the recommended dosage from Mt Street Pharmacy and Facility staff, Allan Propst the pharmacist at MT Street will supporting facility to monitor and recommend any change or precaution or training necessary to increase the stability of medication mange and appropriate administer of medications.

A internal Audit form will be created for the QP to monitor and track when the Medication are needing to be refilled and review MARS sheets for the appropriate documentation. Self Determination, LLC will create a procedure for medication to eliminate any errors

## **Review of client 6 month medication**

Self Determination will implement a chart place into med room that documents consumer entry into program and the months that the 6 months review needs to occur for psychotropic med review. This will allow all staff to be aware of the review periods. QP, House Manager will indicate 3 week ahead of the review date. QP will establish appointment and let House Manager and staff to know when appointment is scheduled.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 14, 2019

Anne Jeffries, Executive Director  
Self Determination, LLC  
103 Ebenezer Road  
Kings Mountain, NC 28086

DHSR - Mental Health

JUL 08 2019

Lic. & Cert. Section

Re: Annual and Follow up Survey completed May 30, 2019  
Ann's House, 423 Milsap Road, Shelby, NC 28150  
MHL # 023-203  
E-mail Address: [jeffriesanne@yahoo.com](mailto:jeffriesanne@yahoo.com)

Dear Ms. Jeffries:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 5/30/19. Deficiencies were cited.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Re-cited standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is 6/29/19.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.


Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader at 828-665-9911.

Sincerely,



Cathy Samford  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org