

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhl025-020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  04/25/2019
NAME OF PROVIDER OR SUPPLIER  SPENCER'S PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 NINTH STREET NEW BERN, NC 28560			
(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 survey was completed on April 25, 2019. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	In response to citations issued during annual survey at Spencer's Place on 4/25/2019:  Documentation of medication administration on the MAR shall occur immediately upon completion of the medication pass by documenting the name and initials of the person that administers the medication.		
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	The Residential Manager is responsible for weekly reviews of the medication closet, to include reviewing the MARs.  All staff at Spencer's Place will be retrained on documenting on the MAR by July 15, 2019. Responsible person: Residential Manager and/or Team Leader.		

DHSR - Mental Health

JUL 02 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

OTP611

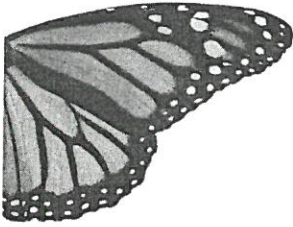
If continuation sheet 1 of 3

*Stephanie G. [Signature]* Residential Team Lead / Qualified Professional 6/26/2019

Division of Health Service Regulation  
STATE FORM

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>SPENCER'S PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 NINTH STREET NEW BERN, NC 28560</b>		
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- Simvastatin 40mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Trazadone 50mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Olanzapine 20mg - 2/27/19 - 2/28/19 at 9pm.</li> <li>- Simvastatin 20mg - 2/27/19 - 2/28/19 at 9pm.</li> </ul> <p>During interview on 04/25/19 client #2 stated he received his medication daily.</p> <p>Finding #2 Review on 04/25/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 61 year old male.</li> <li>- Admission date of 12/19/94.</li> <li>- Diagnoses of schizophrenia-paranoid type, history of alcohol abuse, hypertension, diabetes and gastroesophageal reflux disease (GERD)</li> </ul> <p>Review on 04/25/19 of client #3's Physician orders revealed: 10/29/18</p> <ul style="list-style-type: none"> <li>- Clotrimazole Cream 1% - Apply to both feet twice daily along with Betamethasone cream</li> </ul> <p>Review on 04/25/19 of client #3's February 2019 MAR revealed the following blanks: - Clotrimazole Cream 1% - 2/28/19 at 8pm.</p> <p>During interview on 04/25/19 client #3 stated he received his medication daily.</p> <p>During interview on 04/25/19 the Residential Manager revealed:</p> <ul style="list-style-type: none"> <li>- She reviewed the MAR's weekly.</li> <li>- The facility will be moving to an electronic version of MAR's.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		



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June 26, 2019

Ryan Meredith, Facility Compliance Consultant I  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

RE: Annual Survey 4/25/19 – Spencer's Place

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  
Compliance Specialist – Plan of Corrections  
[louise.winstead@monarchnc.org](mailto:louise.winstead@monarchnc.org)  
252-289-6512

