## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/25/2019 FORM APPROVED CENTERS FOR MEDICARE & MEDICAR SERVICES

The second secon		MEDICAID SERVICES			OMB N	NO. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E) MULTIPLE CONSTRUCTION BUILDING		TE SURVEY MPLETED
		34G113	B. WING		0.	C 4/15/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		#/ TO/2015
MOUNTAI	N RIDGE GROUP HOME			810 KING ARTHUR DRIVE		
				GASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 124	Therefore the facility in parent (if the client is a of the client's medical and behavioral status treatment, and of the right This STANDARD is not Based on record reviet failed to ensure the legitimely of the change in 6 clients (#3). The find On 4/15/19 a review of	re the rights of all clients. nust inform each client, a minor), or legal guardian, condition, developmental , attendant risks of ight to refuse treatment.  of met as evidenced by: w and interview, the facility lal guardian was informed medical condition for 1 of ling is: facility incident reports	W 1		rto	
	reports for client #3 on Review of the medicati 3/29/19 revealed client and Clonazepam medications hof the 3/29/19 medicatic client #3 was unable to due to medication not client #3 was unable to due to medication not client had four seizures Additional review of the revealed staff to report up the client on 3/29/19 contacted staff to report seizures while with the review of the medication 3/28-29/19 revealed no guardian regarding the client's seizures in the general serview of the guardian test of the medication of the seizures in the guardian regarding the client's seizures in the guardian regardian regarding the client's seizures in the guardian regardian regardian regardian regardian regardian regardian regardian regardian regardian rega	on errors on 3/28/19 and #3 was not given Vimpat cations as ordered ad run out. Further review on error report revealed get his Vimpat medication coming in, staff reported rector and Nursing as in the group home. 3/29/19 medication error client #3's guardian picked and the guardian t the client had two guardian. Subsequent n error reports for notification of the medication errors or the		RECEIV  JUN 17  DHSR NH L  Black Mountain	201 <b>9</b> & C	

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		34G113	B. WING		1	C
	ROVIDER OR SUPPLIER IN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054	1 04	/15/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	disabilities professionarevealed client #3 ran Clonazepam medicatidelivery issues with the interview with the QID contact the guardian rerrors and the client's 3/29/19. Interview with revealed she had not oregarding client #3's min medical status with home on 3/29/19, as the QIDP calls the guardian home manager on 4/1 vacation during the time PROGRAM DOCUME CFR(s): 483.440(e)(2). The facility must docur are related to the client and assessments.  This STANDARD is not based on document refacility failed to document refacility failed to document the medication errors that client's medical status.  On 4/15/19 a review of from 2/2019-present rereports for client #3 on Review of the medication errors for client and Clonazepam medical delivers and Clonazepam medical delivers and client and Clonazepam medical interview of the medication errors medical client and Clonazepam medical interview of the medication errors medical client and Clonazepam medical interview of the medication errors medical client and Clonazepam medical elient and Clonazepam medical interview of the medication errors medical client and Clonazepam medical elient and client elient in the client in	lity qualified intellectual al (QIDP) on 4/15/19 out of Vimpat and ons on 3/28/19 due to e pharmacy. Further P revealed she did not egarding the medication seizures that occurred on h nursing staff on 4/15/19 contacted the guardian hedication issues or change four seizures in the group he group home manager or an. Interview with the group 5/19 revealed she was on he of the medication errors.  NTATION  ment significant events that t's individual program plan  of met as evidenced by: eview and interview, the ent an interdisciplinary of clients (#1) relative to resulted in a change in the The finding is:  facility incident reports vealed medication error 3/28/19 and 3/29/19. on errors on 3/28/19 and #3 was not given Vimpat	W 1		An	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A second second	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		34G113	B. WING			С	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054		04/	/15/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
W 331	client #3 was unable to due to medication not seizures to the Progracilient had four seizure Review of client #3's modocumentation of prelative to the incident Interview with the qual professional (QIDP) or was not given medicated Vimpat and Clonazepa Interview with the QID medications were not or pharmacy as expected issue with the prescrip additionally revealed the medications after 3 response at the door of QIDP verified on 4/2/19 was established with the use of a specific group and phone numbers for there is no response at interview with the QIDF was held on 4/10/19 will client #3's mother, the manager to address the effects of medication enew protocol for pharm confirmed she did not confirm	tion error report revealed or get his Vimpat medication coming in, staff reported m Director and Nursing as in the group home. ecord on 4/15/19 revealed revention measures diffed intellectual disabilities in 4/15/19 verified client #3 ions as prescribed for am on 3/28-3/29/19. Prescribed from the delivered from the group home. The delivered from the del	W 33	Phone refer to	Ho C.	) ation shee	et Page 3 of 9
				Limi of aus Al			

STATEMENT OF DEFICIENCIES ( AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(	(X3) DATE SURVEY COMPLETED	
		34G113	B. WING				С
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN RIDGE GROUP HOME		B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054		04	/15/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		HOULD BE	E	(X5) COMPLETION DATE
	Based on observation interview, the facility far nursing service in accord 6 clients residing in staff training, reporting physician and docume the client's record. The A. Nursing services fatrained in reporting me errors and changes in nurse in a timely mann Review of the record for 4/15/19 revealed physidocumenting client #3 Clonazepam 0.5 mg by PM and Vimpat 300 mg 8:00 AM and 8:00 PM, the facility's medication reports revealed report 3/29/19 documenting chis routinely ordered Civimpat 300 mg. on 3/20 these medications not 1 home. Review of seize revealed client #3 had 4/29/19, with the most 13/29/19 reported on 12 Interview conducted witerevealed the nurse was	e with their needs.  of met as evidenced by: a, record review and alled failed to provide ordance with the needs of 1 the home (#3) relative to a medical needs to the intation of medical issues in e findings are:  illed to assure staff were dication administration medical condition to the er for client #3.  or client #3, conducted on cian's orders dated 3/1/19 should receive a mouth once daily at 8:00 g. by mouth twice daily at among others. Review of a administration error s dated 3/28/19 and lient #3 had not received lonazepam 0.5 mg or 8/19 or 3/29/19 due to being available in the ure records for client #3 4 recorded seizures on recent seizure prior to //31/18 during a home visit.  the the nurse on 4/15/19 not notified of the lient #3 which occurred on til after client #3 had 4	Wa	331			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		34G113	B. WING			С	
NAME OF PROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	0	4/15/2019		
MOUNTAIN RIDGE GROUP HOME			810 KING ARTHUR DRIVE GASTONIA, NC 28054				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		ULD BE	(X5) COMPLETION DATE	
	as ordered by the phy as-needed basis for sithe nurse further revenotified immediately of changes in medical string the group home.  Interview conducted with disabilities professionare vealed client #3's gurup from the group home the urgent care around related to the increase interviews on 4/15/19 program manager, vernurse revealed no staff medication administration medication errors or clients had occurred administration errors a activity for client #3.  B. Nursing services farerors and a change in #3 was reported to the Review of the record for 4/15/19 revealed physical documenting client #3.  Clonazepam 0.5 mg by PM and Vimpat 300 mg 8:00 AM and 8:00 PM, the facility's medication reports revealed reports	sician to be given on an eizures. This interview with aled the nurse should be f any medication errors or atus for all clients residing with the qualified intellectual al (QIDP) on 4/15/19 for and transported him to de 4:00 PM on 3/29/19 for seizure activity. Further with the QIDP and the iffed by interview with the difference in medical status defollowing the medication and increase in seizure diled to assure medication medical status for client physician.  For client #3, conducted on cian's orders dated 3/1/19 should receive mouth once daily at among others. Review of administration error is dated 3/28/19 and lient #3 had not received lonazepam 0.5 mg or 8/19 or 3/29/19 due to	W	331			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED		
				The services		С
		34G113	B. WING		04	1/15/2019
	PROVIDER OR SUPPLIER  IN RIDGE GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE
	of seizure records for had 4 recorded seizure most recent seizure pr 12/31/18 during a hom Interview conducted by on 4/15/19 revealed the physician of the medic which occurred on 3/2 increase in seizure act these errors.  C. Nursing services fadocumentation was incolient #3 relative to me errors and change in m.  Review of the facility's error reports, conducte reports dated 3/28/19 aclient #3 had not receiv Clonazepam 0.5 mg or 3/28/19 or 3/29/19 due being available in the ham the medication administrevealed no documentation notification. Review of #3 revealed client #3 had 1/29/19, with the most 1/3/29/19 reported on 12.  Review of the record for 4/15/19 revealed no documentation domedication errors which 3/29/19, no documentation documentation errors which 3/29/19, no documentation errors expected the errors expected errors errors expected errors expected errors expected errors expected errors expected errors expected errors error	ew of the medication reports revealed no sician notification. Review client #3 revealed client #3 res on 4/29/19, with the rior to 3/29/19 reported on the visit.  By telephone with the nurse the nurse had not notified the reation administration errors 8/19 and 3/29/19 or the thirty for client #3 following the cluded in the record for redication administration the dication administration the dication administration and administration the dication administration the dication administration and 3/29/19 documenting find the routinely ordered and 3/29/19 documenting	W	331		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			DATE SURVEY COMPLETED
		34G113 B. WING			С	
NAME OF P	PROVIDER OR SUPPLIER	340113	D. WING	STREET ADDRESS, CITY, STATE, ZIP CODE		04/15/2019
MOUNTA	IN RIDGE GROUP HOME			810 KING ARTHUR DRIVE GASTONIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		DULD BE	(X5) COMPLETION DATE
	disabilities professional revealed client #3's gu up from the group hon the urgent care around to the increase in seizi conducted by telephor verified the nurse had documentation in client these changes in medion DRUG ADMINISTRAT CFR(s): 483.460(k)(8)  The system for drug act that drug administration reactions are reported  This STANDARD is not On 4/15/19 a review of from 2/2019-present rereports for client #3 on Review of the medicati 3/29/19 revealed client and Clonazepam medion because medications hof the 3/29/19 medicatic client #3 was unable to due to medication not of siezures to Program Diclient had four siezures Subsequent review of treports for 3/28-29/19 medicatic for 3/28-29/19 medicatic reports for 3/28-2	with the qualified intellectual al (QIDP) on 4/15/19 tardian (mother) picked him to de 4:00 PM on 3/29/19 due ture activity. Interview the with the nurse on 4/15/19 not placed any it #3's record related to dical status for client #3. ION  Idministration must assure in errors and adverse drug immediately to a physician.  Iot met as evidenced by: if facility incident reports evealed medication error 3/28/19 and 3/29/19. Interview on error son 3/28/19 and interview on error report revealed get his Vimpat medication coming in, staff reported rector and Nursing as in the group home. The medication error evealed no notification of the medication errors or	W3	331	the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	34G113 B. WING		-	С		
	PROVIDER OR SUPPLIER	040110		STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054	1 04	/15/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD B  CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)		(X5) COMPLETION DATE
	disabilities profession verified client #3 ran of Clonazepam medicatidelivery issues with the nursing staff on 4/15/2 contact the physician medication issues or of with four siezures in the as the group home may physician. Additional the facility home manawas not contacted. DRUG STORAGE AN CFR(s): 483.460(I)(2)  The facility must keep locked except when be administration.  This STANDARD is not a based on observation failed to assure all medication in the group home of the availability and significant for the availability and significant for the availability and significant for the properties of the availability and significant for the availability and significant for the significant forms of the availability and significant for the availabil	lity qualified intellectual al (QIDP) on 4/15/19 but of Vimpat and ons on 3/28/19 due to e pharmacy. Interview with 19 revealed she did not regarding client #3's change in medical status are group home on 3/29/19, anager or QIDP calls the interview with the QIDP and ager verified the physician D RECORDKEEPING  all drugs and biologicals being prepared for  out met as evidenced by: and interviews, the facility dications were and locked for 1 of 6 clients some (#3). The finding is: anducted on 4/15/19 related storage condition of for client #3. These client #3's routinely so, including Clonazepam 0 mg. tablets were stored in closet located off the expectation of the controlled drugs in 0.5 mg., located in a pocked closet. Further	W3			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			E SURVEY
		34G113	B. WING			С
	ROVIDER OR SUPPLIER  N RIDGE GROUP HOME	340113	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE 810 KING ARTHUR DRIVE GASTONIA, NC 28054	_   04	4/15/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE
W 382	located in a separate the group home. The to be located in a plas along with a controlled client residing in the hobserved to contain ite items unrelated to the Interview conducted we revealed all medication	Clonazepam 0.5 mg.  n as needed (PRN) was locked closet in the office of Clonazepam was observed tic bin inside the closet d drug ordered for another ome. This bin was further tems of clothing and other controlled drugs.  with the nurse on 4/15/19 ns, including controlled s ordered to be given PRN tie locked cabinet with	W	382		





JUN 17 2019

DHSR NH L & C Black Mountain / WRO

#### Mountain Ridge Group Home POC

### **Compliant Investigation Survey**

The following POC will be implemented by June 26, 2019 to address deficiencies

### W 124 PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(2)

The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.

This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the legal guardian was informed timely of the change in medical condition for 1 of 6 clients (#3).

#### Lutheran's Response:

Lutheran Services staff will ensure the rights of all clients. Mountain Ridge program director provided an in service training on May 1, 2019. This training educated/refreshed staff on medication administration protocol to include the legal guardian is to be notified of client's change in medication condition and documented. This training was documented on a staff meeting agenda.

## W 253 PROGRAM DOCUMENTATION CFR(s): 483.440(e)(2)

The facility must document significant events that are related to the client's individual program plan and assessments.

This STANDARD is not met as evidenced by:

Based on document review and interview, the facility failed to document an interdisciplinary team meeting for 1 of 6 clients (#1) relative to medication errors that resulted in a change in the client's medical status.

#### Lutheran's Response:

Mountain Ridge program director provided an in service training on May 1, 2019. Staff were educated/refreshed on procedures for documentation. Lutheran Services uses an internal web-based incident reporting system that all employees are required to use at the time of an incident. This allows senior management to analyze trends in order to improve programs and prevent future occurrences. In addition, the program director created a team meeting form that will be used during significant events to document interdisciplinary team meetings. These forms will be located in the client file.

### W 331 NURSING SERVICES CFR(s): 483.460(c)

The facility must provide clients with nursing services in accordance with their needs.

This STANDARD is not met as evidenced by:

Based on observation, record review and interview, the facility failed to provide nursing service in accordance with the needs of 1 of 6 clients residing in the home (#3) relative to staff training, reporting medical needs to the physician and documentation of medical issues in the client's record

### Lutheran's Response:

Mountain Ridge program director provided an in service training on May 1, 2019. Staff were educated/refreshed on medication procedures to include reporting of errors and changes in medical conditions to nursing services. Within the next 60 days, the program director will implement quarterly medication education trainings for all staff. The program director will work with Southern Pharmacy and Lutheran Services internal trainings to provide ongoing continued education. These trainings will be documented and signed off by all staff on a quarterly bases.

## W 376 DRUG ADMINISTRATION CFR(s): 483.460(k)(8)

The system for drug administration must assure that drug administration errors and adverse drug reactions are reported immediately to a physician.

### Lutheran's response:

Mountain Ridge program director provided an in service training on May 1, 2019. Staff were educated/refreshed on medication procedures to include reporting of errors and changes in medical conditions to consumer's physicians. This will be documented in the consumers's contact note. In addition, within the next 60 days, the program director will implement quarterly medication education trainings for all staff. The program director will work with Southern Pharmacy and Lutheran Services internal trainings to provide ongoing continued education. These trainings will be documented and signed off by all staff on a quarterly bases.

## W 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2)

The facility must keep all drugs and biologicals locked except when being prepared for administration.

### Lutheran's response:

Lutheran Services has evaluated the current medication storage process at Mountain Ridge. A locked file cabinet was placed in medication room and a locked box for each client's control medication. In addition, staff attended a in service training on May 1, 2019 to educate/refresh medication storage standards to include that medications are to remain locked in the file cabinet and that the medication storage room is to remained locked at all times unless medication is being administered. Within the next 60 days, the program director will implement quarterly medication education trainings for all staff. The program director will work with Southern Pharmacy and Lutheran Services internal trainings to provide ongoing continued education. These trainings will be documented and signed off by all staff on a quarterly bases.