

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
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NAME OF PROVIDER OR SUPPLIER HEAVENLY PLACE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8600 NEUSE HUNTER DRIVE RALEIGH, NC 27616
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(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
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V 000	INITIAL COMMENTS An annual survey was completed 5/13/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
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		

DHSR - Mental Health
JUL 16 2019
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Darlene McClain RR/BA
STATE FORM 6899 TITLE 71QC11 (X6) DATE 07/05/19

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure 1 of 3 audited clients (#4) was administered medication on the written order of a person authorized to proscribe medications. The findings are:</p> <p>Observation on 5/10/19 of client #4's medications revealed Culturelle capsules, dispensed on 4/4/19, were present</p> <p>Review on 5/10/19 and 5/13/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 8/2017 - an FL2 dated 8/28/18 including Myocardial infarction, Dysphagia, Enterocoliatis, Down Syndrome and Hypertension - a physician's order dated 8/28/18 with instructions to administer 1 capsule of Culturelle daily - the March 2019 MAR had documentation to reflect the medication was administered daily - the April and May 2019 MARs did not include Culturelle at all - there was no physician's order discontinuing Culturelle <p>During an interview on 5/13/19, the Manager reported she was not aware Culturelle had been left off the MAR in April and May 2019. The Manager reported there had been issues with the pharmacy not providing MARs with correct information transcribed.</p>	V 118	<p>→ Correction made completed.</p>	

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V 118	Continued From page 2 During an interview on 5/13/19, the Qualified Professional reported she was not aware the medication was not given.	V 118		

Correction made by pharmacy and listed on May 2019 MAR

Medication Administration Record

Medication: **Heavenly 1/AdherePac ZONE 2** Month: **May** 20**19**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Impriq [REDACTED]																																
Non-Drug Order (TUBING WEEKLY WASH THOROUGHLY IN GENTLE SOAP RINSE WELL TO DISINFECT. PLACE 1 PART WHITE VINEGAR TO 3 PARTS DISTILLED WATER IN A SINK OR BASIN AND SOAK 30 MINS. RINSE WELL. HANG TO DRY) Impriq [REDACTED]	WASH	SH							SH																							
Non-Drug Order (NASAL PILLOWS DAILY WASH THOROUGHLY IN GENTLE SOAP RINSE WELL. ALLOW TO DRY) Impriq [REDACTED]	WASH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	
Citrucel Lax 16 O2 Pwd mix 1 heaping tablespoonful with water and drink ONCE DAILY AS NEEDED Impriq [REDACTED]	P R N	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	SH	

Key for Charting: 1 = Patient Refused 2 = Patient Off Site 3 = Med Change

Allergies: _____ Medication Reviewed By: _____
 Title: _____ Date: _____

Patient: [REDACTED] Sex: _____ P: _____ DOB: [REDACTED]

Health park pharmacy (919) 847-7645

HEAVENLY PLACE, LLC

Date: 7/05/2019

To: DHSR Staff

Re: MHL#092-866

Annual Survey Completed May 13,2019

Heavenly Place, LLC, 8600 Neuse Hunter Drive, Raleigh, NC 27616

E-mail address: juliet@alphahelathservices.com

DHSR - Mental Health

JUL 16 2019

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PLAN OF CORRECTION:

The measure that will be put in place is for QP and staff to review MAR together and correlated it with medications once received in the home. This will allow Staff and QP to follow up with pharmacy for errors.

The way to prevent medications not listed is to review the MAR once received prior to the next following month.

QP and Manager will monitor changes and report any deficiencies with MAR and Medications to pharmacy once discovered.

Monitoring will take place anytime there's a medication change with a consumer. The MAR will be updated once doctors order has been received. Staff will fax over script to pharmacy and follow with a phone call. Once pharmacy has delivered medication. Staff and QP will review the script match the MAR. If error arise. QP / Staff will contact pharmacy to make corrections.

Thank you,


Darlene McClain, QP/BA

Heavenly Place, LLC

darlene@alphahealthservices.com