

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/02/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARBOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3709 ARBOR DRIVE</b> <b>RALEIGH, NC 27612</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 7/2/19. Complaint Intake #00142208 was substantiated. Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">JUL 16 2019</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	
V 120	<p>27G .0209 (E) Medication Requirements</p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use ;(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the medications stored in the refrigerator was secured in a locked box for one</p>	V 120	<p>In regards to the deficiency to rule 27G.0209 (E) – The staff were reminded that the metal box is to be locked at times that staff are not obtaining medication from this box. To ensure this is occurring the following actions have been taken: There is now a note on the refrigerator to remind staff to lock the box after administering person served Probiotics. The group home manager will also check this to ensure it is not unlocked during her daily visits to the group home. Additionally, the QP will specifically check to ensure this box is locked during her monthly visits to the group home. There is a staff meeting scheduled for 7/12/2019 and a reminder to lock the box and where the key is to be kept will be included in the agenda for this meeting as well as a verbal reminder will be given to staff during the meeting by the group home manager. The Regional Director also notes that all medications should be stored in the medications refrigerator in the staff office and not in the house refrigerator.</p> <p>In addition to the corrections made Universal is requiring that Residential Manager and one other group home staff attend one of the 3-hour sessions for providers who currently hold a Mental Health License for a mental health,</p>	7/12/2019

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developmental disability or substance abuse service.

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

TITLE

(X6) DATE

*Mary Kelly CofT Director - Universal MHSDD/SAS 7-10-19*

STATE FORM

6899

ZYQV11

If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-890</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/02/2019</b>
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V 120	<p>Continued From page 1 of three clients (#2). The findings are:</p> <p>Observation on 6/24/19 at 9:30 am of refrigerator located in the kitchen revealed a metal box containing two bottles of probiotics.</p> <p>During interview on 6/24/19 The Qualified Professional (QP) stated:          -These belong to client #2.          -They had always been in the refrigerator. -          Was not aware the box was not locked.          -Not sure where the key for the box is located.</p> <p>[This a re-cited deficiency and should be corrected within 30 days.]</p>	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS          (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by:          Based on observation and interview the facility failed to maintain the home in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 6/24/19 at 10:00 AM revealed:          -The faucet on the sink in client #1's bedroom was very loose and moving side to side.</p>	V 736	<p>In regards to the deficiency to rule 27G.0303(c) – The Residential Manager sent an email to the home owner asking that it be repaired by 8/2/2019. The faucet was repaired as of 7/7/2019 (see attached picture of repaired faucet). In the future the group home manger will confirm to the QP when a repair is needed for the group home and will then follow up with the QP when the repair is made.</p>	7/7/2019

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STATE FORM

6899

ZYQV11

If continuation sheet 2 of 3

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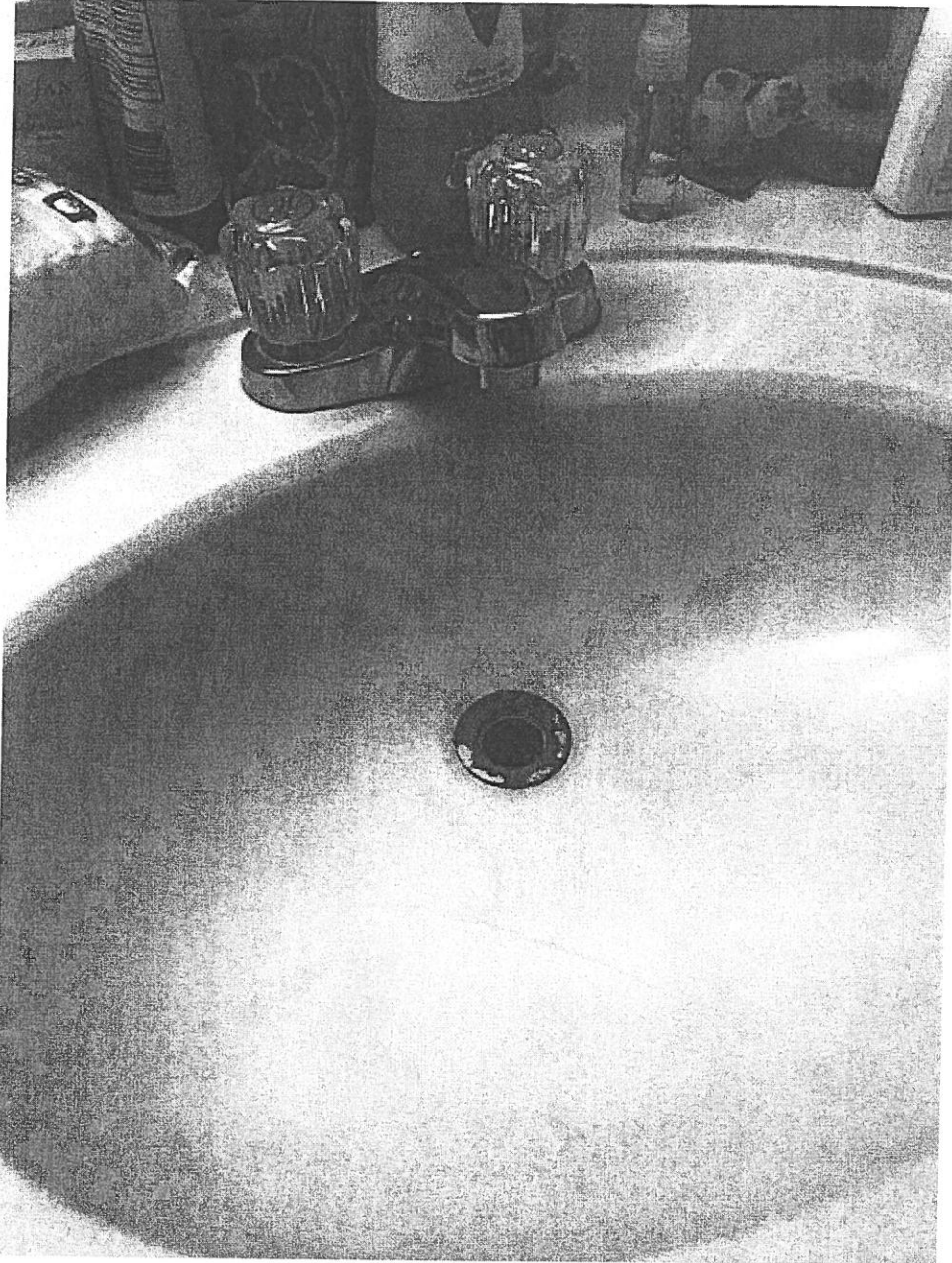
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V 736	Continued From page 2 During the interview on 6/24/19 The Qualified Professional (QP) stated: -Client #1's mother owns the home and usually fixes all repairs. -Was not aware of any repairs needed in the home.	V 736		
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## Tracy Frye

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**From:** Tracy Frye  
**Sent:** Wednesday, July 10, 2019 9:26 AM  
**To:** Tracy Frye  
**Subject:** Resized\_Resized\_5843009731.jpg



Tracy Frye, CHP  
Continuous Quality Improvement Director  
Universal Mental Health Services