

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
--	---

(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 & Follow Up Survey was completed July 9, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults	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 26 2019
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Elvise Martin, Executive Director
TITLE
Executive Director
(X6) DATE
7-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
--	---

(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 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for one of three audited clients (#5). The findings are:</p> <p>Review on 7/1/19 of client #5's record revealed: - admitted to the facility on 5/21/18 - diagnoses of Schizoaffective Disorder, Mild Intellectual Developmental Disorder & Leukocytosis - a physician's summary dated 6/5/19: "benign skin...rinse soaks three times a week to affected areas..." - a FL2 dated 4/23/19 Selenium 25% twice a day</p> <p>Observation at 12:47pm on 7/1/19 revealed: - Selenium was not at the facility</p> <p>Review on 7/1/19 of client #5's June 2019 MAR revealed: - no documentation rinse soaks were completed</p> <p>During interview on 7/1/19 the Office Administrator reported: - the Health & Safety person was responsible for ensuring medications were at the facility - client #5 last received the Selenium on 6/27/19</p> <p>During interview on 7/1/19 staff #1 reported: - client #5 had a bunion on each toe</p>	V 118	<p>V118</p> <ul style="list-style-type: none"> Health & Safety person and all Direct Care Staff will attend re-training by R.N. on ensuring that all current medications are in the facility and all medications and treatments are administered per M.D. order. Proper documentation of medications administered, or medications refused, by the consumer will be the focus of the training. A new medication policy will be adopted to address when medication is not sent out or is received late by pharmacy will be documented. Staff has been trained within two (2) weeks which occurred on 7/12/19. Q.P. and Health & Safety Officer will monitor all medications in the homes three (3) times per week to ensure compliance and also to ensure that all medication orders are listed correctly on the MARs. Any missed medications or treatments will now be documented on the MARs. 	

Division of Health Service Regulation
STATE FORM

6889

CBQ411

If continuation sheet 2 of 6

Chaise Dorton

Executive Director

7-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
--	---

(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 118	Continued From page 2 - she only soaked his feet when he requested - she soaked it twice in June 2019 - she did not document when feet soaks were done During interview on 7/3/19 the Health & Safety person reported: - client #5 refused to get his feet soaked - she did not document his refusals - the foot soaks were discontinued as of yesterday (7/2/19) - the Selenium was sent to the facility on Monday (7/1/19) - the pharmacy does not keep the Selenium in stock - she planned to call the pharmacy in advance to ensure the Selenium did not run out	V 118	<ul style="list-style-type: none"> Weekly supervision of all Staff on the MARs will be done three (3) times per week by the Q.P. and the Health & Safety Officer. Q.P. and Health & Safety Officer will report all problems or concerns to the R.N. on a weekly basis (during Monday Morning Team Meeting) or sooner, if necessary. 	
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any	V 119	<p>V119 Medication Requirements</p> <ul style="list-style-type: none"> Our former policy was that all medications that have been discontinued, or were not currently in use, had been removed from the home, transferred to the main office, and given to the R.N. for disposal by incineration. Our new medication policy will be implemented that all medications not being used will immediately be brought to the main office and returned/transferred to the pharmacy for disposal. The pharmacy will pick-up the medications from the main office. 	

Division of Health Service Regulation
STATE FORM

CBQ411

If continuation sheet 3 of 6

Cherie Denton, Executive Director

7-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
(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 119	<p>Continued From page 3</p> <p>subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation record review and interview the facility failed to ensure medications were disposed of in a manner that guarded against diversion or accidental ingestion for one of three audited clients (#4). The findings are:</p> <p>Review on 7/9/19 of the facility's disposal policy revealed: - "the director shall dispose of prescription medication...transfer of medication to the local pharmacy or regional psychiatric hospital for destruction...incineration..."</p> <p>Review on 7/1/19 of client #4's record revealed: - admitted to the facility on 8/3/18 - diagnoses of Moderate Intellectual Developmental Disorder, Diabetes and Hyperlipidemia - a physician's order dated 6/25/19: "Risperdal 2mg bedtime...discontinue Risperdal 1mg bedtime" (can treat Schizophrenia)</p> <p>Observation on 7/1/19 at 1:58pm revealed: - the Risperdal 1mg in prepackaged packets from the pharmacy - the prepackaged packets contained other</p>	V 119	<ul style="list-style-type: none"> E D Emmanuel Homes, LLC Administrative Staff met with the Health Park Pharmacist on 7/12/19. Implemented use of bubble packs to reduce the likelihood of medication administration errors and prevent overstocking in the home. Q.P. and Health & Safety Officer will monitor the medications in the home twice per week. All discontinued medications will be immediately removed from the home at least twice per week, documented, transported to the office, and will be locked-up. Health Park Pharmacy will be contacted to pick-up the medications within three (3) days. 	

Division of Health Service Regulation
STATE FORM

Chaise Dornan Executive Director

CBO411

If continuation sheet 4 of 6

7-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609
--	---

(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 119	Continued From page 4 medications client #5 were currently on - Risperdal 2mg were in a bubble pack separate from the prepackaged medication packets During interview on 7/1/19 the Office Administrator reported: - due to medications being prepackaged staff took the discontinued medication out each time they opened one of the prepackaged medication packets - the discontinued medication was placed in an envelope - she or the Health & Safety person would pick the envelope up weekly and take to the office During interview on 7/3/19 the Health & Safety person reported: - it was difficult to remove discontinued medications from the prepackaged medication packets - when the envelope of discontinued medications were brought to the office weekly, the Licensee/Registered Nurse (RN) burned the discontinued medications in an incinerator at her personal home During interview on 7/9/19 the Licensee/RN reported: - she planned to meet with the pharmacist about returning to the bubble medication packs - she would discuss with her team the disposal policy - they would determine if discontinued medications would continue to be burned or sent to the pharmacy	V 119		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

Division of Health Service Regulation
STATE FORM

0000

CBQ411

If continuation sheet 5 of 6

Elise Dornin, Executive Director

7-22-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/09/2019
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
(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 752	<p>Continued From page 5</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 6/27/19 revealed the following: - at 4:32pm water temperature at the kitchen sink was 121 - at 4:34pm water temperature at bathroom sink was 124 - at 4:36pm bathroom sink upstairs was 124</p> <p>During interview on 7/3/19 the Health & Safety person reported: - staff used to check water temperature once weekly - they documented water temperatures of 115 - she was responsible for checking water temperatures after staff - 1st shift has to check daily now</p>	V 752	<p>V752</p> <ul style="list-style-type: none"> Hot water temperature was checked immediately by an electrician. Temperature was set at 115 degrees Fahrenheit. Staff training on checking water temperature was held on 7/12/19. Health & Safety Officer will check the water temperature twice a week and document the findings. 	

Division of Health Service Regulation
STATE FORM

6886 CBQ411

If continuation sheet 6 of 6

Elaine Dauter, Executive Director

7-22-19