

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 06/26/2019
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NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
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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 and Follow Up survey was completed June 26, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">AUG 01 2019</p> <p style="color: blue; text-align: center;">Lic. & Cert. Section</p>	
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		<p>The QP met with the Home Manager who is responsible for Dr visits and medication. This staff was instructed to always have Dr. sign the medication summaries at every visit to insure the orders are always current. The manager also contacted the Dr to address the issue with clients Levemir medication. Dr renewed clients sugar readings and updated prescription to read 18 units once a day, eliminating confusion</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure medications were administered as ordered and ensure physicians orders were available for 3 of 3 audited clients (Client #1, #2 and #3). The findings are:</p> <p>Review on 6/25/19 of Client #1's record revealed: Admission date: 12-6-95 Diagnoses: Mild Intellectual Disabilities, Down's Syndrome, Alzheimer's Disease with early onset, Type 2 Diabetes Mellitus with hyperglycemia, Benign Essential Hypertension, Pinguecula, Refractive amblyopia Bilateral, Age Related Osteoporosis without current pathological fracture, Toxic Gastroenteritis and Colitis, Pure Hypercholesterolemia. Physician order dated 9-14-18 for Levemir (Flex Pen) "Increase to 15 units. Check Fasting Blood sugar. If he tolerates it then increase to 18 units." Physician order for Blood Sugar Checks required check 2 times daily before breakfast and at 5:00 pm.</p> <p>Review on 6/25/19 of Blood Sugar check logs for Client #1 revealed: April 2019 " AM checks ranged from 61 to 190 " PM checks ranged from 86 to 294 May 2019 " AM checks ranged from 95 to 188 " PM checks ranged from 98 to 389 June 2019 " AM checks ranged from 84 to 204</p>	V 118	<p>caused by previous prescription. He will revisit this in 3 months to see how 18 units are working. Home manager also reviewed script of systane ultra with Dr and a new script was written stating client would receive 2 drops 3 times a day. QP and Home Manager will review MAR and med orders Quarterly to insure they match. Home manager will also insure all PRN's that have current orders are on hand, and if not used a OC order will be written. QP will monitor this Quarterly as well.</p>	
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V 118	<p>Continued From page 2</p> <p>" PM checks ranged from 102 to 382</p> <p>Review on 6-25-19 of Client #1's MARs for April - June 25, 2019 revealed: 18 units of Levemir noted on MAR and administered at 18 units daily.</p> <p>Interview on 6-26-19 with Staff #2 revealed she checked Blood Sugar levels for Client #1 prior to breakfast and depending on his level she would: " strategize on what to prepare for his meal " have him drink lots of water if greater than 200 " 180-200 - "a sign its going up" would adjust "carb" intake " Lower than 180 it would depend on what he was going to eat as to the units required. " Trying to get to 15 units " Did not know of sliding scale directives for when to administer 15 or 18 units</p> <p>The facility failed to coordinate with the physician to clarify the required number of units to administer based on the blood sugar levels of Client #1, therefore the staff were routinely administering 18 units.</p> <p>Review on 6/25/19 of Client #2's record revealed: Admission date: 6-1-13 Diagnoses: Mild Mental Retardation, Essential Tremors, Menorrhagia Mood Swings, Hyperlipidemia -unspecified, Bipolar Disorder, -unspecified. Physician orders dated 11-1-18 " Claritin - 1 tab once a day orally " Invisible Acne Cream - apply to affected area of face 1 to 3 times daily " Cepacol - as needed for throat</p> <p>Review on 6-25-19 of the April - June 25, 2019</p>	V 118		
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V 118	<p>Continued From page 3</p> <p>MARs and Medication bottles for Client #2 revealed:</p> <p>" Claritin - MAR -1 tab PRN - administered 2 times in April and no administration noted in May or June.</p> <p>o Medication bottle - 1 tab by mouth daily</p> <p>" Invisible Acne Cream - no cream available in facility and no documentation April - June 25</p> <p>" Cepacol - MAR- 1 QH route dissolve in mouth every 2 hours - administered 2 times in April no administration in May or June</p> <p>o Medication bottle - dissolve 1 lozenge in mouth every 2 hours as needed</p> <p>Interview on 6/26/19 with Client #2 revealed:</p> <p>" She got her medication on time and she know what they were for.</p> <p>Review on 6/25/19 of client #3's record revealed:</p> <p>-Admission date: 4-10-90</p> <p>- Diagnoses: Anxiety Disorder; Adjustment Disorder, unspecified; Hypoosmolality; Hyponatremia, unspecified; Abnormalities of Gait and Mobility; Polycythemia, Secondary; Pure Hypercholesterolemia</p> <p>- Physician order for Systane Ultra (eye drops) 1 drop in each eye at 7:00 AM, 4:00 PM, and 9:00 PM</p> <p>Review on 6/25/19 of Client #3's Medication Administration Record (MAR) for 4/1/19 - 6/25/19 revealed:</p> <p>-Systane Ultra was administered as 1 to 2 drops in each eye 3 times a day.</p> <p>Observation on 6/25/19 of Client #3's medication revealed:</p> <p>- Systane Ultra with a label indicating administration instructions for 1 drop in each eye 3 times a day.</p>	V 118		
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V 118	<p>Continued From page 4</p> <p>Interview with Client #3 on 6/29/19 at 10:35 AM revealed</p> <ul style="list-style-type: none"> - He gets his medication "ok". <p>Interview on 6/25/19 with the Qualified Professional revealed:</p> <p>Client #1</p> <p>" the facility did not have directives on when to administer 15 or 18 units</p> <p>" they play with it to get it (Blood Sugar Level) to level out.</p> <p>" Weekends the Blood Sugar Levels are much lower because they can control food intake. At day placement he steals food even though he has a one on one working with him.</p> <p>Client #2</p> <p>" Would get with home Manager and clarify with doctor</p> <p>Client #3</p> <p>" did not know why the MAR indicated Systane Ultra administered as 1 to 2 drops in each eye 3 times a day.</p> <p>" did not know if Client #3 was receiving 1 or 2 drops in each eye 3 times a day.</p> <p>They will get with the Doctor to clarify medication orders and ensure they are administering correctly. Staff who take clients to doctor appointments bring back a document that summarizes the appointment and lists medications. However, those summaries do not always include a doctor signature. He will instruct staff to have the doctor sign the document each time to ensure a doctor order is always in place for medications.</p>	V 118		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL020-006	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 6/26/2019
NAME OF FACILITY PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0121	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (F)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	06/26/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Sonia Eldridge</i>	DATE 6/26/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/26/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

7/25/19

Jacob Cresmen, Executive Director
ARC Cherokee/Clay, Inc.
82 Boyd St.
Andrews, North Carolina 28901

DHSR - Mental Health

AUG 01 2019

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed 6/26/19
Pleasant Hill Group Home, 82 Boyd St, Andrews, NC 28901
MHL # 020-006
E-mail Address: arcofcc@gmail.com

Dear Mr. Cresmen:

Thank you for the cooperation and courtesy extended during the Annual and Follow Up survey completed 6/26/19.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 25, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

7/25/19
Jacob Cresmen, Executive Director
ARC of Cherokee/Clay, Inc.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-665-9911.

Sincerely,

Robin Sulfridge

Robin Sulfridge
Branch Manager
Mental Health Licensure & Certification Section

Sonia Eldridge

Sonia Eldridge
Facility Compliance Consultant II
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant