

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-009	(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 VALLEY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 GENTLE DOVE LANE MURPHY, NC 28906
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 6/26/2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p>DHSR - Mental Health</p> <p>AUG 01 2019</p>	
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p>	V 118	<p>Lic. & Cert. Section</p> <p>The QP met with the home manager who is responsible for Dr visits and medication. This staff was instructed to have Dr. sign the medication summaries every 3 month visit to insure the orders are always current. The QP and Home manager will review the meds and MAR quarterly to insure orders are current and that all meds on hand match orders in MAR. In addition, the home manager will make sure all</p>	

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

Joel Cresmen 7-26-19

TITLE

(X6) DATE

Division of Health Service Regulation

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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, interview and observation the facility failed to ensure physician orders were available and medications were administered as ordered for 1 of 3 (Client #1) audited clients. The findings are:</p> <p>Review on 6-25-19 and 6-26-19 or Client #1's record revealed: Admission date: 6-6-2000 Diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia, Keratoconus Seasonal Allergies, Periodontal Disease and Acute atopic conjunctivitis. No Physician orders available for: - Omega 3-Acid - Maxair - Triamcinolone - Hydroxyzine - Pepto- Bismol - Tylenol - Hall Cough Drops</p> <p>Observation on 6-25-19 and 6-26-19 of Client #1's Medications revealed: Singular 10 mg once a day Lorazepam 1.5 mg once a day Alaway eye drops twice a day 0.25% Hydroxyzine HCL 25 mg tab as needed - dispensed on 10-17-17 with a use by date of 10-17-18 - Ventolin HFA INH 18QM inhale 2 puff every 4 hours as needed Omega 3-Acid 1 gm 1 tablet 1-time day Cetirizine 10 mg 1 table 1-time day</p>	V 118	<p><i>PRA meds are on hand or discontinued with order if not used. QP will monitor this Quarterly as well.</i></p>	
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V 118	<p>Continued From page 2</p> <p>Maxair 0.2 mg every 4 hours PRN Triamcinolone cream - rub on area BID (allergies) Pepto-Bismol - oral 1-2 every 4 hours PRN Halls Cough Drops 1 drop Q2 hours coughing</p> <p>Review on 6-25-19 and 6-26-19 of April - June 2019 MARs revealed: - Cetirizine - 10 mg 1 tab 1 time daily ordered on 4-30-19 was not administered on 5-1 and 5-2, 2019. The medication bottle showed a dispensed date of 5-4-19.</p> <p>Interview on 6-26-19 with the Qualified Professional revealed: the medication orders would be secured for all standing orders. 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> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days</p>	V 118		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated.</p>	V 121	<p>The QOOP met with home manager who is responsible for Dr. visits and up keep of medications. This staff is instructed that starting now, every 3 months that clients go to Dr visit, our psychotropic drug review form must be</p>	

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V 121	Continued From page 3 (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain a drug regimen review for clients who received psychotropic drugs by a pharmacist or physician every 6 months for 1 of 3 sampled clients (#1). The findings are: Observation on 6/26/19 at 9:25am of the medications for Client #1 included: -Lorazepam - 1.5 mg once a day Review on 6/26/19 of the record for Client #1 revealed: -Admission date: 6-6-2000 -Diagnoses of Autistic Disorder, Mild Intellectual Disability, Asthma, Insomnia, Keratoconus Seasonal Allergies, Periodontal Disease and Acute atopic conjunctivitis. -Drug regimen reviews documented on 8/22/18 and 5/23/19. Interview on 6/26/19 with the Qualified Professional (QP) revealed: -The facility was doing a medication review once each year. -The QP thought the medication reviews for clients who received psychotropic medications were completed every 6 months. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 121	- taken and filled out. This will result in us staying up to date on medication review and staying in compliance. The QOOP will check clients record every 6 months to be sure this is being completed.		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

July 25, 2019

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

Re: Annual and Follow Up Survey completed 6/26/19
Pleasant Valley Group Home, 82 Boyd St, Andrews, NC 28901
MHL # 020-009
E-mail Address: arcofcc@gmail.com

DHSR - Mental Health

AUG 01 2019

Lic. & Cert. Section

Dear Mr. Cresmen:

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

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

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be **corrected** within 30 days from the exit of the survey, which is July 26, 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.

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**

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.

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