Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601396	A. BUILDING: ______ B. WING ______	07/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIOLET HAMEED-NELSON HOME	8046 HEREFORD STREET CHARLOTTE, NC 28213

(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 survey was completed on 7/11/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living for Individuals with Developmental Disabilities.	V 000	DHSR - Mental Health AUG 06 2019 Lic. & Cert. Section	
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	V 118	Please see attached corrective action form with all compliance and training steps performed by supervising QP; MAR for 8/1/19 will be updated by pharmacy to reflect OTC meds & Rx refills. No hand written meds or MARS will be used in this home.	7/24/19

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure a Medication Administration Record (MAR) of all drugs administered to each client was kept current, medications administered were recorded immediately after administration and all medications were administered per a written order affecting 2 of 2 clients (#1, #2). The findings are: Finding #1: Review on 7/9/19 of client #1's record revealed: -admission date of Intellectual Developmental Disability (IDD)-Mild, Cerebral Palsy, Anxiety Disorder, Bipolar Disorder, GERD, Blindness Left Eye, Arthritis, Cervical Dysplasia and Toxoplasmosis Left Eye; -physician's orders dated 2/20/19 for Vitamin D3 1000 Units one daily and Multivitamin one tablet daily. Observation on 7/11/19 at 3:41pm of client #1's medications on site revealed: -Vitamin D3 1000 units one tablet daily over the counter medication; -Multivitamin one tablet daily over the counter medication. Review on 7/9/19 and 7/11/19 of client #1's MARS from 5/1/19-7/11/19 revealed Vitamin D3 1000 units one tablet daily over the counter medication and Multivitamin one tablet daily over the counter medication not listed on the MARs.	V 118	See previous comment - monitorings will occur 2xs monthly by QP under Clinical Director's supervision in the home. Nurse will review monthly.	7/24/19

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V 118	Continued From page 2	V 118		

Continued From page 2

Interview on 7/11/19 with staff #1 revealed:
-purchases over the counter(OTC) Vitamin D3 and Multivitamins for client #1;
-does not obtain it from the pharmacy who does the other medications;
-pharmacy will not put any medications on the MARs that they do not supply;
-usually write the OTC medications in on the MARS;
-forgot to write the OTC medications on the MARS;
-administered the OTC medications to client #1 as ordered.

Finding #2:
Review on 7/9/19 of client #2's record revealed:
-admission date of 3/21/18 with diagnoses of IDD-Mild, Schizophrenia, Disruptive Mood Dysregulation Disorder, Anxiety Disorder, Depressive Disorder and Mood Affective Disorder;
-physicians' orders dated 3/6/19 for the following medications: sertraline(generic for Zoloft) 100mg one table daily, sertraline 25mg one tablet daily, mellaril (generic for Thioridazine) 25mg two tablets twice daily, atorvastation (generic for Lipitor) 40mg one tablet daily, desyrel (generic for Trazadone) 50mg one tablet at bed, Travatan eye drops one drop each eye at night.

Interview on 7/11/19 with client #1 revealed she gets her medicines daily.

Observation on 7/11/19 at 4:03pm of client #2's medications on site revealed:
-sertraline 100mg one table daily;
-sertraline 25mg one tablet daily;
-mellaril 25mg two tablets twice daily;
-atorvastation 40mg one tablet daily;

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V 118	Continued From page 3 -desyrel 50mg one tablet at bed; -Travatan eye drops one drop each eye at night. Review on 7/9/19 and 7/11/19 of client #2's MARS from 5/1/19-7/11/19 revealed the following: -sertraline 100mg one table daily dosing dates left blank for 5/25-5/31(am) with no explanation on the form; -sertraline 25mg one tablet daily dosing dates left blank for 5/25-5/31(am) with no explanation on the form; -mellaril 25mg two tablets twice daily dosing dates left blank for 5/24-5/31(am/pm) with no explanation on the form; -atorvastation 40mg one tablet daily dosing dates left blank for 5/24-5/31(pm) with no explanation on the form; -desyrel 50mg one tablet at bed dosing dates left blank for 5/24-5/31(pm) with no explanation on the form; -Travatan eye drops one drop each eye at night dosing dates left blank for 5/24-5/31(pm) with no explanation on the form. Interview on 7/11/19 with client #2 revealed she got her medications every day. Further interview on 7/11/19 with staff #1 revealed: -she gave client #2 all her medications as prescribed; -no missed medications; -she forgot to complete the documentation on the MARs for those dates. Interview on 7/11/19 with the Qualified Professional revealed: -not aware of blank dosing dates on MARs; -not aware OTC medications not listed on MARs; -will make an OTC MAR for staff #1 to complete;	V 118		

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V 118	Continued From page 4 -will address MAR documentation issues with staff #1.	V 118		

"Caring with Integrity"

CORRECTIVE ACTION FORM

To: Violet Hameed-Nelson Date of Report: July 24th 2019

ACTION TAKEN:	☐ Counseling Statement ☒ Written Warning ☐ Final Written Warning	☐ Suspension /Leaving pending investigation (optional) ☐ Termination
REASON FOR ACTION:	Violation of the Code of Conduct: Failure to follow safety rules and/or health practices.	

REASON FOR ACTION (Include what, when, where, and code of conduct violation)

On Thursday, July11th, 2019 Violet Hameed Nelson, AFL provider had an annual survey completed. A deficiency was sited. Ms. Nelson failed to document on client Medication Administration Record. This incident resulted in a health and safety concern of medication and a 60 day plan of correction from the state. Therefore, this is a violation of policy. Ms. Nelson Failure to follow safety rules and/or health practices.

ACTION NECESSARY TO AVOID FURTHER CORRECTIVE ACTION:

Ms. Nelson attended the Full Medication Administration class on 7.17.19.

Ms. Nelson re- trained on medication rights and documentation. Future violations of company policy will result in progressive corrective action.

DATE(S) AND TYPE(S) OF PREVIOUS CORRECTIVE ACTION(S): No previous Corrective Actions

EMPLOYEE'S REMARKS: ______________________________

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____

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Original to Personnel File
Copy to Employee
Attach Additional Statements (if necessary)

Created 1/23/19-LL

"Caring with Integrity"

EMPLOYEE ACTION PLAN: ____________________

____

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Qualified Professional — Date 7/24/19

~~President of~~ Care Well of Charlotte — Date 7/24/19

Human Resources Representative — Date 7/24/19

My signature below acknowledges receipt of this corrective action. I understand that an additional infraction may result in further corrective action up to and including termination without further written warning. I have been advised that if I disagree with a corrective action at the Final Written Warning level or above, my recourse is to follow the dispute resolution procedure as outlined below. For a counseling statement or written warning, I may write a statement of dispute that will be filed along with the corrective action and considered in the event of a dispute with a Final Written Warning or above.

Employee — Date 7/29/19

Dispute Resolution Procedure

A. Step One –Staff should meet with his/her direct supervisor first to attempt to resolve the dispute in person. The agency's Human Resource Officer will attend as an unbiased third person. Staff should speak with his/her immediate supervisor within 5 business days from the original complaint. The supervisor shall attempt to resolve the matter and respond in writing to the dispute claim within 5 business days from the initial meeting. Failure for the staff to submit a dispute claim within 5 days from the original incident will result in withdrawal from the dispute resolution procedure.

B. Step Two –If staff feels that his/her dispute has not been resolved with Step One, staff may contact Joy Steele, President, at 7045370052 ext. 229 to file a formal written complaint. The President of the agency will open an investigation into the matter; the agency will produce findings from the investigation and respond in writing to the formal written complaint within 10 business days. A copy of the decision rendered shall be provided to the Chief Human Resource Officer, as well.

C. Step Three-If staff feel that the formal written complaint did not resolve the dispute claim, staff may file a formal appeal with Joseph Caldwell, Owner. Staff may contact him at 7045370052 ext. 225. The formal appeal should address in writing the infractions/violations in question with specific dispute claims for each infraction/violation and any findings from the investigation in Step Two. All attempts to resolve the matter and a formal decision shall be distributed in writing to the staff within 30 business days from the initial date of the formal appeal. A copy of the decision rendered shall be provided to the Chief Human Resource Officer, as well.

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C. Step Three-If staff feel that the formal written complaint did not resolve the dispute claim, staff may file a formal appeal with Joseph Caldwell, Owner. Staff may contact him at 7045370052 ext. 225. The formal appeal should address in writing the infractions/violations in question with specific dispute claims for each infraction/violation and any findings from the investigation in Step Two. All attempts to resolve the matter and a formal decision shall be distributed in writing to the staff within 30 business days from the initial date of the formal appeal. A copy of the decision rendered shall be provided to the Chief Human Resource Officer, as well.