

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-956</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE MANOR AT RIVERBROOKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2917 FAIRWAY DRIVE</b> <b>RALEIGH, NC 27603</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed 7/16/19. The Complaint (Intake # NC00152110) was not substantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
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</p>	V 118		

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>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the governing body failed to assure medications were administered to 3 of 3 audited clients (#1, #3, #6) on the written order of a person authorized to proscribe medications. The findings are:</p> <p>a. Observation on 7/11/19 between 3:00- 4:00 PM of client #1's medications revealed the following were present:</p> <ul style="list-style-type: none"> <li>- Aspirin 81 mg tablets with instructions to administer 1 daily</li> <li>- Lisinopril 5 mg tablets with instructions to administer 1 daily (for cholesterol)</li> <li>- Amlodipine 5 mg tablets with instructions to administer 1 daily (for high blood pressure)</li> <li>- Famotidine 20 mg tablets with instructions to administer 1 tablet twice daily as needed (to treat ulcers)</li> <li>- Lantus Solostar Insulin Pen with instructions to inject 30 units subcutaneously at hour of sleep (for diabetes)</li> <li>- Calcium Chews 500/ 400 mg with instructions to chew one tablet daily (for bone health)</li> <li>- Zyrtec 10 mg over the counter tablets (for allergy symptoms)</li> </ul> <p>Review on 7/11/19, 7/15/19 and 7/19/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 5/19/18</li> <li>- an FL2 dated 4/17/19 had diagnoses including</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <p>Schizophrenia, Depression, Anxiety, Diabetes Mellitus Type II and Hyperlipidemia</p> <ul style="list-style-type: none"> <li>- no evidence of a physician's orders for Aspirin 81 mg, Lisinopril 5 mg, Amlodipine 5 mg, Famotidine 20 mg, Lantus Solostar 30 units Calcium Chews 500/ 400 mg or Zyryec 10 mg</li> <li>- MARs for May, June and July 2019 had documentation to reflect Nicotine Gum was administered daily as needed</li> </ul> <p>b. Observation on 7/11/19 between 3:00- 4:00 PM of client #3's medications revealed the following were present:</p> <ul style="list-style-type: none"> <li>- Lovastatin 20 mg tablets with instructions to administer 1 tablet each evening with meal (for cholesterol)</li> <li>- Nicotine Gum 2 mg with instructions to apply 1 to cheek every 2 hours as needed (for smoking cessation)</li> </ul> <p>Review on 7/11/19 and 7/15/11 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 3/29/18</li> <li>- an FL2 dated 2/15/19 with diagnoses including Schizoaffective Disorder depressive type and Hypertension</li> <li>- no evidence of a signed physician's order for Lovastatin 20 mg or Nicotine Gum 2 mg</li> <li>- MARs for May, June and July 2019 had documentation to reflect Lovastatin was administered daily</li> <li>- MARs for May, June and July 2019 had documentation to reflect Lovastatin was administered daily</li> </ul> <p>c. Observation on 7/11/19 between 3:00- 4:00 PM of client #6's medications revealed the following were present:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Paliperidone ER 3 mg with instructions to take 1 table twice daily (for treatment of schizophrenia)</li> <li>- Saphris 10 mg tablets with instructions to dissolve 1 tablet under the tongue twice daily (antipsychotic medication)</li> </ul> <p>Review on 7/11/19, 7/15/11 and 7/19/19 of client #6's record revealed:</p> <ul style="list-style-type: none"> <li>- an admission date of 3/18/19</li> <li>- an FL2 dated 3/18/19 with diagnoses including Schizo-affective Disorder bipolar type, Type II Diabetes and Hyperlipidemia</li> <li>- no evidence of a physician's orders for Paliperidone ER 3 mg or Saphris 10 mg</li> <li>- MARs for July 2019 had documentation to reflect Paliperidone was administered daily beginning 7/8/19</li> <li>- MARs for May, June and July 2019 had documentation to reflect Saphris was administered twice daily</li> </ul> <p>During an interview on 7/16/19, the Administrator reported staff were unable to get the signed physicians' orders form the clients doctors.</p>	V 118		

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V 118	Continued From page 4  [This constitutes a re-cited rule violation and must be corrected within 30 days.]	V 118		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified	V 367		

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V 367	<p>Continued From page 5</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>definition of a level II or level III incident;                      (2) restrictive interventions that do not meet the definition of a level II or level III incident;                      (3) searches of a client or his living area;                      (4) seizures of client property or property in the possession of a client;                      (5) the total number of level II and level III incidents that occurred; and                      (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by:                      Based on record review and interviews, the governing body failed to assure incidents were reported to the Local Management Entity within 72 hours for two of six clients (#3, #6). The findings are:</p> <p>Review on 7/15/19 of client # 3's record revealed:                      - an admission date of 5/19/18                      - an FL2 dated 4/17/19 had diagnoses including Schizophrenia, Depression, Anxiety, Diabetes Mellitus Type II and Hyperlipidemia                      - an incident report dated 7/14/19 revealing 7 police officers arrived at the facility at 3:45 AM because client #3 called them and reported she heard someone at her bedroom door                      - an incident report dated 6/17/19 revealing client #3 called the police after a peer hit her</p> <p>Review on 7/15/19 of the Incident Reporting Improvement System revealed no reports</p>	V 367		

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V 367	Continued From page 7  involving client #3 were in the system.  During an interview on 7/16/19, the Qualified Professional reported she was not made aware of the 7/15/19 incident and she had not yet entered the 6/17/19 incident into the system.	V 367		