

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl060-852 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R 08/01/2019 |
| NAME OF PROVIDER OR SUPPLIER NEW VISION HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 5004 GLENVIEW COURT CHARLOTTE, NC 28215 | | |
| (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 and follow-up survey was completed on 8/1/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III | V 000 | | |
| V 114 | 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure disaster drills were conducted at least once per shift per quarter. The findings are: Review on 8/1/19 of the facility's emergency drills revealed: - No documentation of disaster drills completed August-December 2018 and May-July 2019 | V 114 | DHSR - Mental Health AUG 21 2019 Lic. & Cert. Section Dream and Vision, LLC has corrected the procedure to ensure the drills will be completed on a monthly and quarterly basis. Drills will be monitored by QP and Executive Director on a monthly basis. | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

617V11

If continuation sheet 1 of 4

Robin B. Robertson

Executive Director 8-15-19

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW VISION HOME

**5004 GLENVIEW COURT
CHARLOTTE, NC 28215**

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| V 114 | Continued From page 1 Interview on 8/1/19 with Client #1 revealed: - She thought the facility did tornado drills but she hadn't done one. Interview on 8/1/19 with Client #2 revealed: - They did tornado drills. "We go in the hallway." Interview on 8/1/19 with Client #3 revealed: - They did tornado drills Interview on 8/1/19 with The Director revealed: - She believed the drills had been done but didn't know why the documentation wasn't in the book. | V 114 | | |
| 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; | V 118 | | |

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| V 118 | <p>Continued From page 2</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that medication administration was documented immediately after administration affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/1/19 of Client #3's medication orders revealed:</p> <ul style="list-style-type: none"> - Clindamycin Benzoyl Peroxide 1.5%, apply to affected area 2 times per day - Concerta 27mg, 1 tablet by mouth every morning - Loestrine FE 10mg, 1 tablet by mouth daily - Escitalopram 20mg, 1 tablet by mouth daily - Guanfacine ER 3mg, 1 tablet by mouth every morning - Trazodone 50mg, 1 tablet daily at night <p>Review on 8/1/19 of Client #3's August 2019 MARs revealed:</p> <ul style="list-style-type: none"> - No staff initials for Escitalopram 20mg on 8/1/19 - No staff initials for Guanfacine ER 3mg on 8/1/19 <p>Interview on 8/1/19 with the Director revealed:</p> | V 118 | <p>Dreams and Vision, LLC has implemented a buddy system to ensure that the medication MARS at the time of given medication to the consumer.</p> | |

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| V 118 | Continued From page 3 - The medications were given because the counts are right...they must have forgot to sign off on the MAR. | V 118 | | |