

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-278	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/12/2019
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NAME OF PROVIDER OR SUPPLIER ROBESON #1	STREET ADDRESS, CITY, STATE, ZIP CODE 601 CARTHAGE ROAD LUMBERTON, NC 28358
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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, complaint and follow up survey was completed on August 12, 2019. The complaint was unsubstantiated. 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		
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</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jamie Hugginsworth, Administrator, MHA
STATE FORM 6896 89UX11 TITLE ADMINISTRATOR (X6) DATE 8/30/2019
If continuation sheet 1 of 3



Appendix 1-B: Plan of Correction Form

Plan of Correction			
Please complete all requested information and mail completed Plan of Correction form to:		In lieu of mailing the form, you may e-mail the completed electronic form to:	
Provider Name:	RHA HEATH SERVICE Inc. LLC	Phone:	910-739-1468
Provider Contact Person for follow-up:	Tammie Hollingsworth, Administrator	Fax:	910-739-6134
		Email:	Tammie Hollingsworth tammie.hollingsworth@rhanet.org
Address:	601 CARTHAGE ROAD LUMBERTON, NC 28340		Provider # MHL#078-278
Finding	Corrective Action Steps	Responsible Party	Time Line
V118 27G .0209 (C) Medication Requirements-The facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #4 and #5).	<ol style="list-style-type: none"> 1. The facility will administer medication on the written order of a physician and will keep the MARs current. 2. Nursing will re in-service all staff at Robeson#1 on how to properly document on the MARs. They will understand the importance of accurate documenting the MARs so to determine clients are receiving their medications as ordered by the physician. 3. LPN will check the MARs once a week to ensure proper documentation. QP and LPN, Home Manager will increase med observations to 2 times a month for 3 consecutive months to ensure medications are administered as written. 	Kola Oxendine, LPN Pam Edwards Regional RN, Rashida Prather, QP Tammie Hollingsworth Administrator,	Implementation Date: August 20, 2019 Projected Completion Date: October 11, 2019