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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

DHSR-MH Licensure Sect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G353	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2019
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NAME OF PROVIDER OR SUPPLIER CURRY HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1793 BRILEY ROAD GREENVILLE, NC 27834
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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) COMPLETION DATE
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W 368	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(1)</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure all medications were given as ordered. This affected 1 of 4 audit clients (#1). The finding is:</p> <p>Client #1 did not receive her medication at the time it was ordered.</p> <p>During observations of the afternoon medication pass at 1:25pm on 6/10/19, client #1 received a Klonopin 1mg tablet.</p> <p>Review of the physicians order filed and signed by the RN 06/19 and the orders filed and signed by the doctor on 4/25/19 revealed Clonazepam Tab 1 mg for Klonopin Take 1 tablet by mouth three times a day (7:00am, 5:00pm, 8:30pm).</p> <p>During interviews with the nurse and the qualified intellectual disabilities professional (QIDP) on 6/11/19, both revealed that the time for Klonopin was changed at some point and the pharmacy inadvertently went back to the old time. However, it was not caught by the facility or the physician. Therefore, the orders he signed indicated the old time (5pm) versus what they say the new time is (2pm).</p>	W 368	<p>Preperation and excution of this plan of correction does not constitute admission or agreement by the provider or the truth of facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared and/or excicuted solely because it is required by the provision of federal and state law.</p> <p>Each month, the Pharmacy provides a Medication Administration Record used for documentation purposes and pre-printed physician orders for Client #1. Since admission, Client #1 has received Klonopin 1mg three times per day. The administration times were 0800, 1700 and 2000. The physician provided a written order in 2017 which changed the 1700 administration time to 1400. The order was sent to the pharmacy. Per pharmacy error, the administration time reverted back to 1700 on both the MAR and the pre-printed physician order sheets. Each month, the nurse review both. The nurse made the appropriate change per protocol and order on the MAR to 1400, which meant Client #1 received the medication at the proper time. However, the nurse failed to make change to 1400 on the pre-printed physician order sheet that was placed in the medical record.</p> <p>LPN will ensure that both the MAR and pre-printed physician orders received each month are reviewed, signed and placed in the chart only after all changes have been updated per physician physician order.</p> <p>Plan to prevent re-occurrence: Monitoring will be conducted quarterly by the RN to ensure compliance.</p>	6/21/2019
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Cynthia B. Stevens TITLE: Program Director (X5) DATE: 6/21/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



June 21, 2019

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Mrs. Joy Alford:

Enclosed is the Plan of Correction for Curry House Group Home from the recertification survey completed on 6/11/2019. Please know that we are addressing all items cited during the survey. Please feel free to call me with any questions or concerns.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia B. Stevens".

Ms. Cynthia B. Stevens, BS, CESP
Program Director
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Greenville, North Carolina 27834
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