Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING mhl007-058 07/31/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **204 STEWART DRIVE COUNTRY LIVING GUEST HOME #5** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed on July 31, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. See attached. V 118 27G .0209 (C) Medication Requirements V 118 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 (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: RECEIVED (A) client's name; (B) name, strength, and quantity of the drug; SEP 1 6 2019 (C) instructions for administering the drug; (D) date and time the drug is administered; and **DHSR-MH Licensure Sect** (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

Division of Health Service Regulation

with a physician.

u M.H

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

Admin More LLIN OR

TITLE

8/19/19

(X6) DATE

STATE FORM

6899

245G11

If continuation sheet 1 of

PRINTED: 08/12/2019 FORM APPROVED

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING mhl007-058 07/31/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 204 STEWART DRIVE **COUNTRY LIVING GUEST HOME #5** WASHINGTON, NC 27889 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three audited clients (#2, #4, and #5). The findings are: Finding #1: Review on 7/31/19 of Client #2's record revealed: - 43 year old female. - Admission date of 5/7/12. - Diagnoses of Major Depressive Disorder, Recurrent with Anxious Distress, Intellectual Developmental Disorder-Mild, Post Traumatic Stress Syndrome by History and Panic Disorder. Review on 7/31/19 of Client #2's signed physician orders revealed: Orders dated 2/8/19 - Cyproheptadine (used to treat symptoms of seasonal allergies) 4 milligrams (mg) - 1 tablet at bedtime. - Ferrous Sulfate EC (used as iron supplement) 325mg - 1 tablet twice daily. - Lisinopril (used to treat high blood pressure) 10mg - 1 tablet everyday. - Omeprazole (treats gastroesophageal reflux disease) 20mg - 1 capsule every morning. - Risperidone (used to treat schizophrenia) 2mg -1 tablet at bedtime. - Senna (used to treat constipation) 8.6mg - 1 tablet daily. - Sertraline (used to treat depression) 100mg - 2 tablets daily.

Division of Health Service Regulation

- Therems M (multivitamin with minerals) 0.4mg-

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi007-058			(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		TE SURVEY MPLETED	
		B. WING	07/:	07/31/2019			
	PROVIDER OR SUPPLIER RY LIVING GUEST HO	ME #5 204 STEV	DRESS, CITY, S VART DRIVE STON, NC 27	TATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 118	1 tablet daily Trazodone (used disorder) 50mg - 1 in Review on 7/31/19 2019 and July 2019 blanks: July 2019 - Cyproheptadine - 8pm Ferrous Sulfate - 7 and 7/2/19,7/3/19 a - Lisinopril - 7/19/19 - Omeprazole - 7/19/19 - Risperidone - 7/2/18:00pm Senna - 7/19/19 ar - Sertraline - 7/19/19 - Trazodone - 7/2/198:00pm. June 2019 - Cyproheptadine - 6	to treat major depressive tablet every evening. of Client # 2's May 2019, June MAR's revealed the following 7/2/19, 7/3/19 and 7/17/19 at 7/19/19 and 7/28/19 at 8am and 7/17/19 at 8:00am. 19, 7/3/19 and 7/17/19 at 8:00am. 19, 7/3/19 at 8:00am. 19 and 7/28/19 at 8:00am. 19 at 8:00am.	V 118				
	 Sertraline - 6/2/19 Therems M - 6/2/19 Trazodone - 6/2/19 	19 at 8:00am.					
	5/23/19-5/31/19 8pm - Ferrous Sulfate - 5 and 5/14, 5/7/19-5/1 8:00pm.	5/14/19, 5/19/19-5/21/19, n. /25/19 and 5/27/19 at 8am 9/19, 5/21/19 and 5/23/19 at and 5/27/19 at 8:00am.					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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COUNTRY LIVING GUEST HOME #5 204 STEW			VART DRIVE			
			STON, NC 2			
(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 118	- Risperidone - 5/14 5/23/19 thru 5/31/19 - Senna - 5/25/19 a - Sertraline - 5/25/1 - Therems M - 5/25 - Trazodone - 5/14 5/23/19 thru 5/31/19 Interview on 7/31/19 received her medical Finding #2: Review on 7/31/19 of a 37 year old female - Admission date of a 4-2-3 year old female - Admission date of a 4-3-3 year old female - Admission date of a 4-3-3 year old female - Clobsessive Compulse Intellectual Function Review on 7/31/19 of a 4-3-3 year old female - Clomipramine (use compulsive disorders dated 2/6/19 - Clomipramine (use compulsive disorders) 2mg - 2 ta - Clonazepam (treat disorders) 2mg - 2 ta - Clonazepam 2mg Docusate Sodium (100mg - 1 tablet eve - Fish Oil (used as a capsule everyday Lamotrigine (used 2mg - 1 tablet at bedtime One daily women's - Risperidone (used 2mg - 1 tablet at bedtime Risperidone 4mg - 3-3-3 year old female a 4mg - 3-3 year old female a 5/25/19 - Review on 7/31/19 of year old female a 4mg - 3-3 year old female a 5/25/19 - Review on 7/31/19 of year old female a 4mg - 3-3 year old female a 5/25/19 - Admission date of a 4mg - 3-3 year old female a 5/25/19 - Admission date of a 4mg - 3-3 year old female a 5/25/19 - Clomipramine (used 2mg - 1 tablet at bed 2mg - 1 tablet at bed 2mg - 1 tablet at bed 3-3 year old female a 5/25/19 - Review on 7/31/19 - Review on 7/31/19 - Admission date of a 4mg - 3-3 year old female a 5/25/19 - Admission date of a 4mg - 3-3 year old female a 5/25/19 - Admission date of a 5/25/19	5/19 and 5/27/19 at 8:00am. 4/19, 5/19/19, 5/21/19 and 0 at 8:00pm. Ind 5/27/19 at 8:00am. 9 and 5/27/19 at 8:00am. //19 and 5/27/19 at 8:00am. //19 and 5/27/19 at 8:00am. //19, 5/19/19, 5/21/19 and 0 at 8:00pm. O Client #2 stated that she ation every day as ordered. Of Client #4's record revealed: 2/20/19. Interved Disorder- Bipolar Type, sive Disorder, Borderline ing and Tourettes Syndrome. Of Client #4's signed physician of Client #2 stated that she of Client #4's secord revealed: of Client #2 stated	V 118			
		used to treat bi-polar				

Division of Health Service Regulation

STATE FORM 6899 245G11 If continuation sheet 4 of 8

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	:	COMP	PLETED	
		mhl007-058	B. WING		07/3	31/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
COUNTE	RY LIVING GUEST HO	ME #5 204 STEW	ART DRIVE				
COUNT	CI LIVING GOLST NO	WASHING	TON, NC 2	7889			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 4	V 118				
	disorder) 40mg - 1 d - Ziprasidone HCL 8 - Medroxyprogester menstrual cycle) 1 r months.	capsule every morning. 30mg - 2 capsule every night. one (used to treat irregular milliliter - inject every 3					
	Review on 7/31/19 of Client # 4's May 2019, June 2019 and July 2019 MAR's revealed the following blanks: July 2019 - Clomipramine - 7/3/19, 7/6/19,7/17/19,7/30/19 and 7/31/19 Clonazepam - 2mg - 7/19/19 and 7/28/19 at 8am Clonazepam - 2mg - 7/3/19, 7/6/19, 7/17/19 and 7/30/19 8pm Docusate Sodium - 7/19/19 and 7/28/19 at 8am Fish Oil - 7/19/19 and 7/28/19 at 8am Lamotrigine - 7/3/19, 7/6/19, 7/17/19 and 7/30/19 at 8pm.						
		's - 7/19/19 and 7/28/19 at					
	 Risperidone - 2mg - 7/3/19, 7/6/19, 7/17/19 and 7/30/19 at 8pm. Risperidone - 4mg - 7/3/19, 7/6/19, 7/17/19 and 7/30/19 at 8pm. Ziprasidone - 40 - 7/19/19 and 7/28/19 at 8am. Ziprasidone - 80- 7/3/19, 7/6/19, 7/17/19 and 7/30/19 at 8pm. 						
	June 2019 - Clomipramine - 6/2 - Clonazepam - 2mg - Clonazepam - 2mg - Docusate Sodium - Fish Oil - 6/2/19 at - Lamotrigine - 6/2/1 - One Daily Women - Risperidone - 2mg - Risperidone - 4mg	g - 6/2/19 at 8pm. - 6/2/19 at 8am. 8am. 9 at 8pm. s - 6/2/19 at 8am. - 6/2/19 at 8am.					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SUF	
AND LANGI CONTROL			A. BUILDING	3:		
mhl007-058		B. WING		07/31/2019		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
COUNTR	RY LIVING GUEST HO	MF #5	VART DRIVE STON, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
V 118	5/21/19 and 5/24/19 - Clonazepam - 2mg 8am Clonazepam - 2mg 5/19/19, 5/21/19 and - Docusate Sodium - Fish Oil - 5/25/19 a - Lamotrigine - 5/7/1 5/21/19 and 5/24/19 - One Daily Women 8am Risperidone - 2mg 5/19/19, 5/21/19 and - Risperidone - 4mg 5/19/19, 5/21/19 and - Ziprasidone - 40mg 8am Ziprasidone - 80mg 5/19/19, 5/21/19 and Interview on 7/31/19 and Interview on 7/31/19 and Finding #3 Review on 7/31/19 and - 26 year old female - Admission date of - Diagnoses: Mild In Fetal Alcohol Syndro Adjustment Disorder Schizophrenia, close Brain Injury during of	g - 6/2/19 at 8am. g - 6/2/19 at 8pm. 7/19, 5/8/19, 5/15/19, 5/19/19, 3-5/31/19 at 8am. g - 5/25/19 and 5/27/19 at g - 5/7/19, 5/8/19, 5/15/19, d 5/24/19-5/31/19 at 8pm 5/25/19 and 5/27/19 at 8am. and 5/27/19 at 8am. 19, 5/8/19, 5/15/19, 5/19/19, 3-5/31/19 at 8pm. 's - 5/25/19 and 5/27/19 at - 5/7/19, 5/8/19, 5/15/19, d 5/24/19-5/31/19 at 8am 5/7/19, 5/8/19, 5/15/19, d 5/24/19-5/31/19 at 8am. g - 5/25/19 and 5/27/19 at g - 5/25/19 and 5/27/19 at g - 5/25/19 and 5/27/19 at g - 5/7/19, 5/8/19, 5/15/19, d 5/24/19-5/31/19 at 8pm. O Client #4 stated that she ation everyday as ordered. of Client #5's record revealed: - 1/31/17. tellectual Disability , History of ome, Seasonal allergies, r, Attention Deficit Disorder, ed Head Injury and Traumatic	V 118			
orders revealed:						

Division of Health Service Regulation

245G11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
mhl007-058		B. WING		07/	07/31/2019	
COUNTRY LIVING GUEST HOME #5 204 STEV			DRESS, CITY, VART DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETE DATE
	150-30mg - 1 tablet Order dated 7/9/19 - Cetirizine HCL (us 10mg - 1 tablet daily Order dated 4/16/19 - Doxycycline Hycla 50mg - 1 capsule da 50mg - 1 capsule da Order dated 3/12/19 - Multivitamins Table Orders dated 7/2/19 - Quetiapine Fumans schizophrenia) - 50r - Sertraline HCL (tre tablet daily. Review on 7/31/19 of 2019 and July 2019 blanks: July - Camrese - 7/19/19 - Cetirizine HCL - 7/ Doxycycline Hyclat 8am Multivitamins Table 8am Quetiapine Fumana - Sertraline HCL - 7/- June - Camrese - 6/2/19 a - Cetirizine HCL - 6/2 - Doxycycline Hyclat - Multivitamins Table - Quetiapine Fumana - Sertraline HCL - 6/2 - Multivitamins Table - Quetiapine Fumana - Sertraline HCL - 6/2 - Multivitamins Table - Quetiapine Fumana - Sertraline HCL - 6/2	an oral contraceptive) - daily. ed as an antihistamine) - y. te (used as an antibiotic) - aily. et (vitamin) - 1 tablet daily. et (used to treat mg - 1 tablet daily. eats depression) 100mg - 1 of Client # 5's May 2019, June MAR's revealed the following and 7/28/19 at 8am. 19/19 and 7/28/19 at 8am. te - 7/19/19 and 7/28/19 at et - 7/19/19 and 7/28/19 at et - 7/19/19 and 7/28/19 at ate - 6/2/19 at 8am. et - 6/2/19 at 8am.	V 118			

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
mhl007-058		B. WING		07/3	31/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADD 204 STEW			DRESS, CITY, VART DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	- Doxycycline Hycla 8am Multivitamins Tabl 8am Quetiapine Fumar 8pm Sertraline HCL - 5 Interview on 7/31/19 received her medical Interview on 7/31/19 stated: - The facility had just records The details page lift on the MAR The MAR should redication adminis	25/19 and 5/27/19 at 8am. te - 5/25/19 and 5/27/19 at et - 5/25/19 and 5/27/19 at ate - 5/25/19 and 5/27/19 at ate - 5/25/19 and 5/27/19 at ate - 5/25/19 and 5/27/19 at 8am. Of Client #5 stated that she ation everyday as ordered. Of the Qualified Professional at started using new electronic sted reasons for the blanks not have blanks. accurately document tration it could not be a received their medications	V 118			

245G11

Country Living Guest Home, Inc. #5

204 Stewart Drive Washington, NC 27889

Plan of Correction:

V118 – QP will ensure that all MARs, whether paper or electronic, are kept current at all times. Staff will document Medication Administration immediately after administering each medication. All MARs will adequately and correctly reflect when a consumer is out of the facility. QP and staff will ensure that there are no blanks on the MARs at any time. QP will do another in-home training to ensure that staff are appropriately educated in regard to MAR documentation.

Recentedado mor con ao, Admin



ROY COOPER • Governor

MANDY COHEN, MD, MPH · Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 9, 2019

Ms. Kellie Hardison Country Living Guest Home, Inc. 3052 Market Street Extension Washington, NC 27889 DHSR - Mental Health

SEP 1 6 2019

Lic. & Cert. Section

Re:

Annual Survey completed July 31, 2019

Country Living Guest Home #2, 3052 Market Street Extension, Washington, NC 27889

MHL # 007-033

E-mail Address: countrylivinginc@yahoo.com

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the annual survey completed 7/31/19.

Enclosed you will find the deficiency cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

Standard level deficiencies.

Time Frames for Compliance

Standard level deficiencices must be corrected within 60 days from the exit of the survey, which
is September 29, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient rarea of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.

Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TeL: 919-855-3795 • FAX: 919-715-8078

NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252) 568-2744.

Sincerely,

Latisha Grant

Facility Compliance Consultant I

Ratisle Grant

Mental Health Licensure & Certification Section

Keith Hughes

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org

Leza Wainwright, Director, Trillium Health Resources LME/MCO

Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO

Pam Pridgen, Administrative Assistant

DHSR - Mental Health

SEP 1 6 2019

Lic. & Cert. Section