

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL036-329</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/15/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PATRIOTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on 8/15/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Developmentally Disabled Adults.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></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 with a physician.</p>	V 118		

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Rhonda Williams, MSL/BSPP/COO*

*9-12-2019*

STATE FORM

6899

E81D11

If continuation sheet 1 of 3

**RECEIVED**

By DHRS-Mental Health Licensure at 12:38 pm, Sep 13, 2019

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that prescription or non-prescription drugs were only administered to a client on tge written order of a person authorized by law to prescribe drugs, affecting 1 of 3 clients (Client #1). The findings are:</p> <p>Review on 8/13/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 8/5/19</li> <li>- Diagnoses of Moderate Mental Retardation, Bipolar Disorder, and Pervasive Developmental Disorder</li> <li>- No medication orders</li> </ul> <p>Review on 8/13/19 of Client #1's August MAR revealed:</p> <ul style="list-style-type: none"> <li>- Famotidine 40mg, 1 tab by mouth twice daily ✓</li> <li>- Levothyroxine 50mg, 1 tab by mouth daily ✓</li> <li>- Loratadine 10mg, 1 tab by mouth daily ✓</li> <li>- Divalproex 125mg, 1 cap up to twice daily as needed ✓</li> <li>- Aripiprazole 10mg, 1 tab by mouth daily ✓</li> <li>- Emergen-C Gummies, 500mg 3 times a day ✓</li> <li>- Benztropine MES 1mg, 1 tab by mouth every night ✓</li> <li>- Valproic Acid 250mg, 2 teaspoonfuls by mouth 3 times a day ✓</li> <li>- Quetiapine Fumerate 300mg, 1 tab by mouth every night ✓</li> </ul> <p>Interview on 8/13/19 with the Director/COO revealed:</p> <ul style="list-style-type: none"> <li>- Client #1 came with medications from his last</li> </ul>	V 118		

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V 118	Continued From page 2  group home, but that previous group home did not give them any orders. "We are in the process of obtaining orders." - Client #1 just moved into the home. They are getting all of his medications and orders switched over. Everything is in transition.	V 118		



OPPORTUNITY AWAITS INC.  
760-A NORTH NEW HOPE ROAD, GASTONIA NC 28054  
704-810-9133-OFFICE

Dear Ms. Devora Neely

I am so sorry for the delay in the plan of correction. I just receive the email in reference to the annual and follow up survey completed on 8-15-2019 for Patriots group home.

My name is Rhonda Williams, my contact information is 704-810-9133 and my email is [rhonda@opportunityawaitsinc.com](mailto:rhonda@opportunityawaitsinc.com).

The plan of correction form will not let me type into the format for some reason.

However, since your last visit we have made the necessary changes in reference to the medication requirements.

Client #1 came with medications from his last group home, but previous group home did not give any orders.

**Measures taken:** QP advocated to obtained correct doctor's orders for medication for client #1 in transition from his prior group home placement. QP contacted a new doctor and had client #1 seen and obtained new doctor's orders for client #1 to continue to take his medications per 27G.0209 (C) requirements.

**Measures taken:** Opportunity Awaits, Inc. will refrain from accepting any new clients without having doctors' orders for medication on file before administering any medications.

**Measures taken:** Opportunity Awaits, Inc. QP will monitor and update all doctor's orders and ensure that they are being administered as prescribed.

**Measures taken:** Opportunity Awaits, Inc. QP will monitor on a quarterly basis or as needed.

Thank you for your support.

Signature: Rhonda Williams, MSL/BSQP/COO

Date: 9-12-2019

Signature: Rhonda Williams, MSL/BSQP/COO Date: 9-12-2019