

# F A X

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Greenville, NC 27858  
252-814-2118



Number of sheets including cover: 10

To: Renee Ames  
Fax number: 919 715 8078

Better Connections Inc  
Name: Deborah Gorham Keys  
Fax number: 252-689-6013

Date: 9-19-19

Regarding:  
700-Old Mills Road

Phone number for follow-up:  
252-814-2118

Comment:

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By DHRS-Mental Health Licensure at 5:19 pm, Sep 19, 2019

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL064-113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____	(X3) DATE SURVEY COMPLETED  R 08/28/2019
		B. WING: _____	

NAME OF PROVIDER OR SUPPLIER  OLD MILL RD - BETTER CONNECTIONS	STREET ADDRESS, CITY, STATE, ZIP CODE 1808 OLD MILL ROAD ROCKY MOUNT, NC 27803
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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	INITIAL COMMENTS  An Annual and Follow up survey was completed on 8/28/19. Deficiencies were cited.  The facility is licensed for the following service categories 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10A NCAC 27G. 5100 Community Respite Services.	V 000		
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; (D) date and time the drug is administered; and ( ) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE GRACE U (X6) DATE 9-19-19



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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered on the written order of a physician for one of two respite client (#3). The findings are:</p> <p>Record review on 8/27/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- no admission date</li> <li>- diagnoses of Severe Intellectual Development Disorder; Autism &amp; Diabetes</li> <li>- a physician's order dated 2/4/19 "Olanzapine 5mg (milligrams) everyday" (can treat mental disorders)</li> <li>- no physician's order for Glimepiride (can treat type 2 diabetes)</li> </ul> <p>Review on 8/27/19 of client #3's August 2019 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Glimepiride was administered on 8/10/19 &amp; 8/11/19</li> <li>- Olanzapine was not listed on the August 2019 MAR</li> </ul> <p>During interview on 8/28/19 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- client #3 was a respite client</li> <li>- he stayed various days throughout the months</li> <li>- client #3's guardian dropped him off with the medication Glimepiride without a physician's order</li> <li>- the Qualified Professional (QP) will reach out</li> </ul>	V 118	<p><b>V118</b></p> <p>- At the time of a Respite Admission, admitting staff will check in medications and ensure that orders are obtained for each medication being administered. DCP staff will complete attached log sheet for each admission prior to 9-27-19. RD will check log sheet on weekly basis and sign off on nothing that it was reviewed. (see attached log sheet for medications and accompanying orders). DCP staff was in-serviced on proper procedures about importance of ensuring that orders are received for all medications (9-18-19). See copy of in-service with staff's signatures.</p> <p>QP is in process of obtaining copy of Glimepiride from [REDACTED] mother for individual's chart. Calls have been made and mother has indicated she trying to obtain from his prescribing physician.</p> <p>Olanzapine order attached with POC.</p> <p>RD will check MAR books when doing house checks to ensure orders are noted for each medication when admissions occur.</p>	9-27-19
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V 118	Continued From page 2 to the guardian - the (QP) will inquire about a physician's order for the Glimepiride & if client #3 still used the Olanzapine  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 3</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E),(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 clients (#2 &amp; #3) met the scope of the program. The findings are:  Review on 8/27/19 of the facility's license</p>	V 289		

## Division of Health Service Regulation

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V 289	Continued From page 4 revealed: - the facility was licensed for 3 clients & community respite  Review on 8/27/19 of client #1's record revealed: - admitted 9/16/10 - diagnoses Severe Intellectual Development Disorder (IDD); Bipolar & Cerebral Palsy  Review on 8/27/19 of client #2's record revealed: - no admission date - diagnosis of Profound IDD  Review on 8/27/19 of client #3's record revealed: - no admission date - diagnoses of Severe IDD; Autism & Diabetes  During interview on 8/27/19 staff #1 reported: - she began at the facility August 2018 - a former client was discharged prior to her arrival and the bed was used for respite - client #1 was the only client admitted at this time - client #2 & #3 were respite clients - client #2 & #3 has resided at the facility during the same times - the House Manager (HM) & the Qualified Professional (QP) made staff aware when respite clients would be admitted  During interview on 8/27/19 the House Manager reported: - one bed at the facility was used for respite - a guardian had an emergency one time which caused 2 respite clients to be at the facility the same time  During interview on 8/27/19 the QP reported: - the facility was licensed for 1 respite bed - there were times when more than one respite	V 289	<b>V289:</b> Better Connections QP will review all referrals for Old Mills Road home to ensure referrals are targeted for the correct available bed (Respite). At no times will there be more than one Respite individual residing in the home and the 1 or 2 individuals receiving residential services. Licensure rules reviewed by RD and QP regarding current license for Old Mills Road.	9-27-19

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V 289	Continued From page 5 client resided at the facility	V 289		

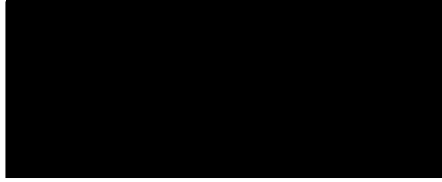




## Transfer Rx Fax

## Patient Information

Patient Name  
 Birth Date  
 Address  
 City/State



## Rx Information

Rx # 431348-16164  
 Original Date 08/28/2019  
 Expiration 08/28/2019 ✓  
 Drug Name OLANZAPINE 5MG TABLETS  
 Drug Manufacturer MACLEODS  
 Directions TAKE 1 TABLET BY MOUTH DAILY IN THE EVENING  
 Qty Prescribed 30.0 ✓  
 Unit N  
 Subst Info  
 Orig Qty Dispensed  
 Total Qty Remaining 90  
 Original Refills 2  
 Refills Remaining 3 ✓  
 Refills Before 08/27/2020  
 Prescriber MONIQUE BROWN  
 Prescriber DEA FB0092774  
 Prescriber Phone (252) 937-3022  
 Prescriber Address 154 SW MAIN ST  
 ROCKY MOUNT, NC - 278045715

## Competitor Information

Pharmacy Name CVS  
 Address 701 W WASHINGTON ST  
 NASHVILLE, NC - 27856  
 Phone (252) 459-3540  
 Fax (252) 459-6368  
 DEA # FN1110371  
 Pharm Name CINDY

## Transferring Store Information

Pharmacy Name WALGREENS PRESCRIPTION PHARMACY  
 Address 703 EAST WASHINGTON STREET  
 NASHVILLE, NC - 27856  
 Phone (252) 459-2639  
 Fax (252) 459-9215  
 DEA # FW6898792  
 Pharm Name MOLLY PHILLIPS

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**OLD MILLS ROAD MEDICATION AND ORDER FORM  
POC FOR 8-28-19 through 9-27-19**

**Respite Individual's Name:** \_\_\_\_\_

Date of Admssion	List of Medicatlons	Copy of Order Received – Indicate Yes or No in Column

**Staff's Signature:** \_\_\_\_\_ **/Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **/Date:** \_\_\_\_\_