

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-964	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/16/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LORD BERKLEY HOME**116 LORD BERKLEY ROAD
RALEIGH, NC 27610**

(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
V000	INITIAL COMMENTS An Annual Survey was completed 08/15/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V000		
V118	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 (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 with a physician.	V118		

DHSR - Mental Health

SEP 20 2019

Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

TA FORM

6899

I3T511

If continuation sheet 1 of 3

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, 1 of 3 staff completing paperwork for the physician to sign failed to demonstrate competency (Lead Staff). The findings are: Review on 08/15/19 of the facility's record for the Lead Staff revealed: -Hired: prior to December 2018 -Medication Administration Training completed prior to December 2018 Review on 08/14/19 of client #1's record revealed: -Admitted: prior to December 2018 -Diagnoses: Moderate Intellectual Developmental Disability and Down Syndrome -Prescription dated January 2019 listed Synthroid 175 mg every other day and 150 mg on alternative day (used to treat hypothyroidism) -May-August 2019 MARs reflect Synthroid administered alternating 175mg and 150 mg tablets every other day Review on 08/14/19 of the facility's Healthcare Consultation for client #1 dated 07/09/19 and 08/13/19 listed: -Synthroid 175 mg and 150 mg daily -This form was signed by the physician During interview on 08/14/19, Lead Staff reported: -Group home staff completed the medication list including dosage and frequency on the facility's Healthcare Consultation form -She completed the 07/09/19 and 08/13/19	V 118	<ol style="list-style-type: none"> All staff will be re-trained on Medication Documentation and Administration based on the most current Physician's orders for each individual client in the home with Inservice Training Staff will no longer be writing in medications. All staff will be In-serviced and Trained on new procedures and updated form to take to EACH appointment. ALONG WITH the MAR. They will be required to take MAR and Health Summary Progress Notes form for Physicians or other Healthcare Professionals so they can document assessments, progress, changes, etc. Staff will review and verify with Physicians who prescribed new or existing orders before leaving each visit Staff will update MAR, if needed (ir: any and all changes, according to order and new prescription EXACTLY how Physician's order is written. Staff will verify Most current Physician's order matches medication filled, and Match MAR (all say the same thing. 	

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V 118	<p>Continued From page 2</p> <p>Healthcare Consultation Form for client #1 -Prior to interview, she was not aware of the error with Synthroid on the Healthcare Consultation Form</p> <p>During interview on 08/14/19, the Nurse at the Physician's Office reported: -The correct physician's order for client #1's Synthroid medication is to alternate 175 mg and 150 mg every other day -When the physician signed the Healthcare Consultation Form, normally, the medications written by the staff were not reviewed for accuracy. -The physician signed the document to note changes in medications or plan of actions. -She would follow up with the physician to develop a plan moving forward.</p> <p>During interview on 08/15/19, the Qualified Professional reported: -Staff should document the medications on the Healthcare Consultation Form as prescribed by the physician -She would reiterate with the staff that the Healthcare Consultation Form was a physician's order</p>	V 118	<p>Re-Inservice Training will be provided for Medication transcribing/documentation by healthcare Professionals to verify accuracy. Staff will take MAR and Healthcare Summary form to be completed by Physician and verify before leaving. When available, staff will use preprinted MAR's AFTER VERIFYING all correct medication orders are in compliance.</p> <p>Staff will verify and confirm orders/MAR with Physician and Nurse prior to leaving visit for accuracy.</p> <p>There will be no more documentation on Healthcare Consultation Forms (transcribing) by staff. MAR and Healthcare Summary form will be used for verification, notes, and changes by Physician. All documentation on Healthcare Summary form will be completed by the Physician, if needed.</p> <p>QP of Lord Berkley will re-in-service and make periodic visits to ensure compliance and accuracy.</p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 21, 2019

Melissa Bryant, Regional Director
Community Innovations, Inc.
856 Timber Drive
Garner, NC 27529

Re: Annual Survey completed August 15, 2019
Lord Berkley Home, 116 Lord Berkley Road, Raleigh, NC 27610
MHL # 092-964
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Melissa Bryant:

Thank you for the cooperation and courtesy extended during the Annual Survey completed August 15, 2019.

Enclosed you will find all deficiencies 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

- A standard level deficiency.

Time Frames for Compliance

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is October 14, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area 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 original completed form to our office at the following address within 10 days of receipt of this letter.

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

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

August 21, 2019
Melissa Bryant
Community Innovations, Inc.

Mental Health Licensure and Certification Section
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 Renee Kowalski-Ames at 919-552-6847.

919-552-6847

Sincerely,



India Vaughn-Rhodes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
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