

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/10/2019</b>
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NAME OF PROVIDER OR SUPPLIER  
**JANICE INGRAM HOME**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**511 WEST ROCKY RIVER ROAD  
CHARLOTTE, NC 28213**

(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	<b>INITIAL COMMENTS</b>  An annual survey was completed on 9-10-19 Deficiencies were cited.	V 000	<b>V118:</b> The individual is prescribed Albuterol PRN and has not had to take it very often. The expired medication was disposed of on 9/10/19. The DSP called in a refill of the medication on 9/10/19. The new medication was delivered. The individual packets are in a box that is labeled and clearly shows the expiration date of the medication. The DSP will be mindful of expiration dates on PRN medications and will discard medication upon expiration and will refill as needed.	9/18/19
V 118	<b>27G .0209 (C) Medication Requirements</b>  <b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b> (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	V 118	The RN and QP will check for expiration dates for PRN medications during Medication reviews.  During the next home visit, the QP will review expiration dates on the PRN medication.	

*DHSR - Mental Health*  
*SEP 24 2019*  
*Lic. & Cert. Section*

Division of Health Service Regulation

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

*Diana Fox* *QA Associate Director*

TITLE

*9/19/19*

(X6) DATE

STATE FORM

6899

YZAB11

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and observation the facility failed to administer medications according to the physicians order, effecting one of one client (client #1). the findings are:</p> <p>Review on 9-10-19 of client #1's physicians order's revealed: -Albuterol Inhalation Solution 2.5 mg use every 6 hours PRN for cough and wheezing 2-11-19</p> <p>Review on 9-10-19 of client #1's MAR's for June, July and August 2019 revealed: -Client #1 had no documentation of needing his Albuterol.</p> <p>Observation on 9-10-19 at approximately 4:00 PM revealed: -Bag of Albuterol Inhalation solution filled 7-7-17. -Expiration date on package of 7-2018. -Expiration date on the individual packets 10-2018.</p> <p>Interview on 9-10-19 with the Alternative Living provider revealed: -Client #1 very rarely needed his Albuterol. -He used it once over the Labor Day weekend, but could not remember another time that he needed it. -The nurse for the agency checked the medication. -She would make sure that the medication</p>	V 118			

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V 118	Continued From page 2 was brought up to date.  Interview on 9-10-19 with the Qualified Professional revealed: -They would make sure the medication was brought up to date.	V 118		



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

September 12, 2019

Ms. Diana Fox, Quality Assurance  
Developmental Disabilities Resources, Inc.  
6824 Wilgrove Mint Hill Road  
Charlotte, NC 28227

Re: Annual Survey completed 9-10-19  
Janice Ingram Home, 511 West Rocky River Road, Charlotte NC 28213  
MHL # 060-1061  
E-mail Address: [dianafox@ddrinc.org](mailto:dianafox@ddrinc.org)

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual survey completed 9-10-19.

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**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 11-10-19.

**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.

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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 12, 2019  
Ms. Diana Fox  
Developmental Disabilities Resources

- 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.

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 Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
Pam Pridgen, Administrative Assistant