

Diamond's Community Based Services, Inc.
3553 N. Sharon Amity Rd.
Suite 200
Charlotte, NC 28205-8992

Agency: D/H/3R
Case Manager: ATTN: Tanya Bridger
Fax#: 919-715-8078

From: Nikki Corbin, Exec. Director of Diamond's Community Based Service, Inc.
704-~~537-5664~~ Fax, 704-537-1424/Office, 704-605-0927/Voice
704-537-5664

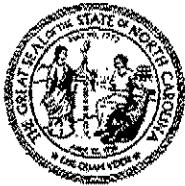
#Pages: 6 pages total
Date/TIME Faxed: 9-26-19

Comments:
Diamond's House #1 Plan of Correction
from survey on 4-10-2019.
Please put in my files as it
was unsure that you had it because
I did not get confirmation via email.

"CONFIDENTIALITY NOTICE"

THANKS! (TC)

The document(S) accompanying this fax contains confidential information, belonging to the sender that is legally privileged. The information is intended only for the name of the individual or entity name above. If you are not the intended recipient and receive the information in error, please notify us by calling the number listed above immediately to arrange the return of the original faxed document(s) to us.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 18, 2019

Nikki Corbin, Executive Director
Diamond's Community Based Services, Inc.
228 S. Goff Street
Charlotte, NC 28208

Re: Annual Survey completed April 10, 2019
Diamond's House #1, 228 S. Goff Street, Charlotte, NC 28208
MHL # 060-1019
E-mail Address: nikkicorbin1970@gmail.com

Dear Ms. Corbin:

Thank you for the cooperation and courtesy extended during the Annual survey completed April 10, 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

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 9, 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.

MENTAL HEALTH LICENSURE & 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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 18, 2019

Nikki Corbin

Diamond's Community Based Services, Inc.

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

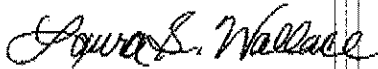
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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,



Laura S. Wallace, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:qmemail@cardinalinnovations.org

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1			STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208		
(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 survey was completed on 4/10/19. A deficiency was cited. This facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled Adults.	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 (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.	V 118			

RECEIVED
By DHSR-MH Licensure Section at 4:19 pm, Sep 26, 2019

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Dikki Cochran, BS AP

Executive Director 4-26-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/10/2019
NAME OF PROVIDER OR SUPPLIER DIAMOND'S HOUSE #1			STREET ADDRESS, CITY, STATE, ZIP CODE 228 GOFF STREET CHARLOTTE, NC 28208		
(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	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to have medication orders written by a person authorized by law to prescribe drugs for 1 of 3 audited client (#1). The findings are: Review on 4/10/19 of client #1's records revealed: - Admission date of 3/17/08; - Diagnoses of Moderate Intellectual Developmental Disability, Schizophrenia, Mental Disorder, Attention Deficit Hyperactivity Disorder, Asthma, Bronchitis and Allergic Rhinitis per treatment plan dated 3/20/19; - No medication order for client #1's medication Vitamin D-3 tablet, 5000IU, (1) tablet by mouth daily, as documented on the March 2019 and April 2019 Medication Administration Records (MAR's). Interview on 4/10/19 with the Qualified Professional (QP) revealed: - She was aware client #1 was prescribed the medication Vitamin D tablet; - She would call the pharmacy to have them fax the physician's order for client #1's Vitamin D and then send a copy of the prescription to the surveyor, however the prescription was never received from the QP.	V 118			

To: DHHSR

From: Nikki Corbin@ Diamond's House #1

Date: April 26, 2019

Re: Plan Of Correction from Survey on April 10, 2019

To comply with the following deficiency the provider plan of correction is for the following:

Prefix Tag V118 Medication Order for over the counter medication

On April 10, 2019 the doctor's order was obtained for the over the counter vitamin D for stated client from Randolph pharmacy located in Charlotte, NC. Going forward the administer staff will be reminded that all over the counter medication doctor's order must be obtained along with the prescribe medication. This concern will be addressed on a monthly basis when medication is being reviewed and also be taught during the annual medication training for all staff.

The stated deficiency is completed as of April 10, 2019 and will be confirmed during the future survey in 2020.

Respectfully Submitted,



Nikki Corbin
Executive Director