

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL042-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/04/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LYONS ANGELS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 AURELIAN SPRINGS ROAD ROANOKE RAPIDS, NC 27870</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 &amp; complaint survey was completed on 3/4/19. The complaint was unsubstantiated Intake #NC00147383. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/ Alternative Family Living.</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</p>	V 118	<p><b>V118</b></p> <p>Physician writes orders for three-month prescriptions. Provider will contact pharmacy on the first day of the second month to ensure all physicians orders can be filled as necessary. Provider will contact prescribing physician to obtain all required signatures to ensure prescriptions will be filled by pharmacy with in the needed time frame.</p>	<p>DHSR-Mental Health</p> <p>OCT 01 2019</p> <p>Lic. &amp; Cert. Section</p>

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Thomas Lyons AFL Provider* 9-23-2019

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER  <b>LYONS ANGELS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 AURELIAN SPRINGS ROAD ROANOKE RAPIDS, NC 27870</b>
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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 observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician and MARs were kept current for 1 of 2 clients (#2). The findings are:</p> <p>A. Record review on 2/28/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted to the facility on 12/7/09</li> <li>- diagnoses of Moderate Intellectual Disability &amp; Attention Deficit Hyperactivity Disorder (ADHD) &amp; recent diagnosis of Systemic Lupus</li> <li>- physicians orders dated: (12/15/18): Hydroxychloroquine 200mg 1.5 gtube (can treat lupus); Clonidine 1mg (6/11/18): can treat ADHD &amp; cancer pain; 2/23/19: (Methylphenidate 20mg in the morning (can treat ADHD); (2/14/19): Omeprazole 10ml gtube (can treat gastroesophageal reflux disease) &amp; Clobazam 2.5 10ml at bedtime (can treat seizures)</li> </ul> <p>Observation on 2/28/19 at 12:26pm revealed the following:</p> <ul style="list-style-type: none"> <li>- empty medication bottle for Methylphenidate</li> <li>- the medication was filled on 2/23/19</li> </ul> <p>Review on 2/28/19 of client #2's February 2019 MAR revealed:</p> <ul style="list-style-type: none"> <li>- the Methylphenidate was signed from February 1-28</li> </ul> <p>During interview on 2/28/19 a representative with the pharmacy reported:</p>	V 118	<p><b>V118 Continued</b></p> <p>The overseeing QP will continue to complete regular monthly monitoring and supervisions at the facility; however additional medication reviews will be conducted weekly by the overseeing QP for 60 days effective 9/23/19. QP will continue to complete monthly monitoring, supervisions, and medication reviews after the 60 days. In the medication reviews, the QP and Licensee will review each member's physician order, MAR, and medication labels to ensure they correspond and match up, and MAR Recordings. The Licensee will inform QP of any medication changes and supply the QP with updated prescriptions. Licensee will administer medications accordingly and ensure that all medication passes are recorded. The Licensee will</p>	

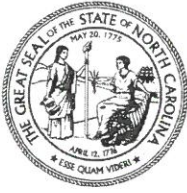
Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>- pharmacy waiting on prior authorization from the physician to refill the Methylphenidate</li> <li>- the medication was filled on 2/23/19 with 3 pills</li> <li>- the pharmacy can dispense 3 pills at a time until the prior authorization was received</li> </ul> <p>During interview on 2/28/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- the physician has not submitted the prior authorization for the Methylphenidate for client #2</li> <li>- she contacted the physician's office today in the present of the surveyor and a representative reported the prior authorization was awaiting the physician's signature</li> <li>- the pharmacy was dispensing 3 Methylphenidate at a time</li> <li>- she administered the last one this morning to client #2</li> </ul> <p>B. Review on 2/28/19 of client #2's February 2019 MAR revealed the following:</p> <ul style="list-style-type: none"> <li>- the medications Hydroxychloroquine, Clonidine &amp; Clobazam was not signed from February 21-28</li> </ul> <p>During interview on 2/28/19 the Licensee reported:</p> <ul style="list-style-type: none"> <li>- client #2 has received all her medications</li> <li>- she did not sign the MAR after administering the medication</li> </ul> <p>"Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"</p>	V 118	<p>V118 Continued</p> <p>attend the medication administration class with 60 days for recertification.</p>	11/23/2019
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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

March 5, 2019

Sharon Lyons  
804 Aurelian Springs Road  
Roanoke Rapids, NC 27870

DHSR-Mental Health

OCT 01 2019

Lic. & Cert. Section

Re: Annual & Complaint Survey completed March 4, 2019  
Lyons Angels, 804 Aurelian Springs Road, Roanoke Rapids, NC 27870  
MHL #042-055  
E-mail Address: LyonsAngels804@yahoo.com  
Complaint Intake #NC00147383

Dear Ms. Lyons:

Thank you for the cooperation and courtesy extended during the Annual & Complaint survey completed March 4, 2019. The complaint was unsubstantiated.

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 May 3, 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.

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

March 5, 2019  
Sharon Lyons

- 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 Renee Ames at (919) 552-6840.

Sincerely,



Rhonda Smith  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org  
QM@partnersbhm.org  
File