Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED	
		MHL064-093	B. WING		R 10/1	7/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BTW HOM	IE CARE SERVICES III	781 HAGG	ERTY TRAIL			
		ROCKY M	OUNT, NC 278	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
V 110	violation was completed. This was a limited following were refollowing were brough NCAC 27G .0209c M (V118) and 10A NCAC 27G .0209c M (V118) and 10A NCAC Errors (V123) Deficiently facility is licensed category: 10A NCAC Living for Adults with	d for the following service 27G .5600A Supervised Mental Illness.	V 110			
	V 110  27G .0204 Training/Supervision Paraprofessionals  10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making;					

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

TITLE (X6) DATE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL064-093		B. WING		R 10/17/2019		
	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE	·	
BTW HON	IE CARE SERVICES III		MOUNT, NC 2780	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE	
V 110	Continued From page		V 110			
	develop and impleme for the initiation of the plan upon hiring each	kills; and  dy for each facility shall  nt policies and procedures  individualized supervision  paraprofessional.				
	failed to ensure 1 of 1	ew and interview, the facility Paraprofessional staff (#1) nd abilities required for the				
	Developmental Disord Schizoaffective Disord Alcohol Abuse, Cocai Dependence and Sub Disorder  - a doctor's order 15mg 1 tablet twice d  - a doctor's order Buspirone from 15mg daily  - MAR for Septer Buspirone was still lis This MAR was initiale - a Medication Di	7/18/10 ild Intellectual and der, Depressive Disorder, der, Diabetes, Hypertension, ne and marijuana estance Induced Mood				
	10/2/19.	only was disposed of off				

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 2 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL064-093	B. WING		10	R 0/ <b>17/2019</b>
NAME OF D				7/10 0005		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE GERTY TRAIL	, ZIP CODE		
BTW HOM	ME CARE SERVICES III		MOUNT, NC 27803	<b>.</b>		
	STIMMADA 6.	TATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF (	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From pag	e 2	V 110			
	from the prescribing a prescription for Busent it to the client's  During an interview of she gave client #3 the pharmacy on 8/30/19	on 10/17/19, a representative pharmacy reported they filled spirone 5mg on 8/30/19 and group home the same day.  on 10/17/19, staff #1 reported the Buspirone sent from the 9. She stated it was an dinot change the MAR. The				
	_	119 was already printed with				
	revealed: - admission date - diagnosis of Section of Sec	chizoaffective Disorder er dated 7/5/19 for Fluoxetine of sleep and Olanzapine 5mg				
	revealed she receive	of staff #1's personnel record ed medication administration stered Nurse on 11/14/18.				
	approximately 6 yea - she had been administration seven 2018 - she administer medications out and on the MAR. She th	d for the agency for				

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 3 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					R		
		MHL064-093	B. WING		10	)/17/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
RTW HOM	IE CARE SERVICES III	781 HAG	GERTY TRAIL				
BIWIION	IL CARE SERVICES III	ROCKY	MOUNT, NC 27803	<b>!</b>			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 110	Continued From page	e 3	V 110				
	was trained to docum after giving each clier - she was not su had not signed the M the MAR against the - she made this sthe MAR) with the sa DHSR (Division of He surveyor came out to - she probably m MAR because hers w MAR book and had v - she switched cl the MAR book so she During an interview of Financial Officer (also	nined to do it this way. She nent on the MAR immediately int their medication re why she did not notice she AR when she was checking actual medication same mistake (not initialing me client just before the last ealth Service Regulation) audit the program hissed initialing client #1's vas the last section in the ery few pages in it. lient #1's MARs to the front of e would not miss signing it.  In 10/17/19, the Chief to the co-Licensee) reported off #1 was retrained in					
V 118	only be administered order of a person aut drugs.  (2) Medications shall clients only when aut client's physician.  (3) Medications, incluadministered only by unlicensed persons to pharmacist or other lease.	9 MEDICATION	V 118				

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 4 of 7

Division of Health Service Regulation

FOF DEFICIENCIES	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
or connection	A. BUILDING:		COM	LETED		
	MHL064-093	B. WING			R / <b>17/2019</b>	
ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	, ZIP CODE			
IE CARE SERVICES III						
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
(4) A Medication Admall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for a (D) date and time the (E) name or initials of drug.  (5) Client requests for checks shall be record.	ninistration Record (MAR) of d to each client must be kept administered shall be a after administration. The e following:  Ind quantity of the drug; drug is administered; and f person administering the drug the drug is administered; and f person administering the drug the drug is administered to the drug is administered to the drug is administering the d	V 118				
Based on observation interview, the facility of Medication Administration Administration for one of and failed to record of administration for 1 of findings are:  a. Observation on 10/clients #3's medication - Buspirone 5mg  Review on 10/17/19 revealed:     - admission date - diagnoses of M Developmental Disord	n, record review and failed to ensure the ation Record (MAR) was of three audited clients (#3) on the MAR immediately after f 3 audited clients (#1). The  //17/19 at 10:15am revealed ons included: - 1 tablet twice daily  of client #3's record  //18/10 ilid Intellectual and der, Depressive Disorder,					
	ROVIDER OR SUPPLIER  SUMMARY ST  (EACH DEFICIENC REGULATORY OR)  Continued From page  (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests fo checks shall be recor file followed up by ap with a physician.  This Rule is not met Based on observation interview, the facility in Medication Administration for 1 of findings are:  a. Observation on 10 clients #3's medication - Buspirone 5mg  Review on 10/17/19 revealed: - admission date - diagnoses of M Developmental Disor Schizoaffective Disor	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  (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 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.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was kept current for one of three audited clients (#3) and failed to record on the MAR immediately after administration for 1 of 3 audited clients (#1). The findings are:  a. Observation on 10/17/19 at 10:15am revealed clients #3's medications included:  - Buspirone 5mg - 1 tablet twice daily  Review on 10/17/19 of client #3's record	ROVIDER OR SUPPLIER  RE CARE SERVICES III  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 4  (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administeration. 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; (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.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was kept current for one of three audited clients (#3) and failed to record on the MAR immediately after administration for 1 of 3 audited clients (#1). The findings are:  a. Observation on 10/17/19 at 10:15am revealed clients #3's medications included:  - Buspirone 5mg - 1 tablet twice daily  Review on 10/17/19 of client #3's record revealed:  - admission date 7/18/10  - diagnoses of Mild Intellectual and Developmental Disorder, Diabetes, Hypertension,	ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  781 HAGGERTY TRAIL  ROCKY MOUNT, NC 27803  SUMMARY STATEMENT OF DESCISIONES  (RACH DEPICIENCY MUST BE PRECIDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 4  (4) A Medication Administration Record (MAR) of all drugs 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; (B) client requests for medication changes or checks shall be recorded immediately after administering the drug; (S) 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.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was kept current for one of three audited clients (#3) and failed to record on the MAR immediately after administration for 1 of 3 audited clients (#1). The findings are:  a. Observation on 10/17/19 at 10:15am revealed clients #3's medications included:  - Buspirone 5mg - 1 tablet twice daily  Review on 10/17/19 of client #3's record revealed:  - admission date 7/18/10  - diagnoses of Mild Intellectual and Developmental Disorder, Depressive Disorder, Schizoaffective Disorder, Diabetes, Hypertension,	ROWIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JP CODE  751 HAGGERTY TRAIL  ROCKY MOUNT, NC 27803  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 4  (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications for administering the drug; (D) date and time the drug is administering the drug; (C) instructions for administering the drug; (G) illent requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.  This Rule is not met as evidenced by: Based on observation, record review and interview, the facility falled to ensure the Medication Administration Record (MAR) was kept current for one of three audited clients (#3) and falled to record on the MAR immediately after administration for 1 of 3 audited clients (#3) and falled to record on the MAR immediately after administration for 1 of 3 audited clients (#1). The findings are:  a. Observation on 10/17/19 at 10:15am revealed clients #3's medications included:  - Buspirone 5mg - 1 tablet twice daily  Review on 10/17/19 of client #3's record revealed:  - admission date 7/18/10  - diagnoses of Mild Intellectual and Developmental Disorder, Depressive Disorder, Schizoaffectub Disorder, Deplessive Disorder, Schizoaffectub Disorder, Schizoaffe	

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 5 of 7

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING: _		COMPLETED	
		MHL064-093	B. WING		R <b>10/17/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		781 HAG	SERTY TRAIL			
BTW HON	IE CARE SERVICES III	ROCKY M	OUNT, NC 278	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE	
V 118	Continued From page	e 5	V 118			
V 118	Dependence and Sub Disorder  - a doctor's order 15mg 1 tablet twice decay a doctor's order Buspirone from 15mg daily  - MAR for Septer Buspirone was still list This MAR was initialeded and the prescribing part of tablets of Buspirone and 10/2/19.  During an interview of from the prescribing part of the client's general to the client's general to the client #3 the pharmacy on 8/30/19 oversight that she did MAR for October, 20° Buspirone at 5mg twind by Observation on 10/10:45am revealed client included:  - Olanzapine 5m - Fluoxetine 10m Review on 10/17/19 or revealed:  - admission date	ostance Induced Mood  r dated 3/5/19 for Buspirone aily dated 8/30/19 changing his twice daily to 5 mg twice  mber 2019 revealed sted at 15mg twice daily. defrom the 1st to the 30th. isposal form revealed 30 15mg was disposed of on  n 10/17/19, a representative charmacy reported they filled pirone 5mg on 8/30/19 and group home the same day.  n 10/17/19, staff #1 reported a Buspirone sent from the . She stated it was an I not change the MAR. The 19 was already printed with ce daily.  17/19 at approximately ents #1's medications  g - 1 tablet at hour of sleep g - 1 tablet at hour of sleep of client #1's record	V 118			
	medications listed ab-	dated 7/5/19 for the 2 ove tober, 2019 had the two here was no documentation				

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 6 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R	
		MHL064-093	B. WING		10/17/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
BTW HOM	IE CARE SERVICES III		GERTY TRAIL			
			MOUNT, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE COMPLETE	
V 118	Continued From page	e 6	V 118			
	on the MAR that the r administered.	medications had been				
	During an interview o reported:	n 10/17/19, staff #1				
	approximately 6 years	d for the agency for s rained in medication				
	administration severa 2018	Il times the last being late in				
		ed medications by taking the comparing them to what was				
		en gave the person the				
	medications. She did not sign the MAR until all					
	medications were give					
		ined to do it this way. She				
		ent on the MAR immediately				
	after giving each clier					
		re why she did not notice she AR when she was checking				
	the MAR against the	_				
	_	same mistake (not initialing				
		me client just before the last				
	T	ealth Service Regulation)				
	surveyor came out to					
		issed initialing client #1's				
		as the last section in the				
	MAR book and had ve					
		ient #1's MARs to the front of				
	LITE INITION DOOK SO SHE	would not miss signing it.				
	During an interview o	n 10/17/19, the Chief				
		the co-Licensee) reported				
	she would ensure sta					
	medication administra	ation.				

Division of Health Service Regulation

STATE FORM 6899 6QJY11 If continuation sheet 7 of 7