PRINTED: 10/07/2019 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R B. WING MHL054-180 09/27/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3101 HENRY BOULEVARD **HAMILTON** KINSTON, NC 28504 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 Ensuring that the members we serve in our residential program is An annual and follow up survey was completed paramount in achieving our on September 27, 2019. A deficiency was cited. mission of increasing the quality of life of the members that we serve. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised While we are confident that staff Living for Adults with Developmental Disabilities. administered all medications, it is important that staff understand the V 118 27G .0209 (C) Medication Requirements V 118 importance of documenting med administration, and how to do so if 10A NCAC 27G .0209 MEDICATION REQUIREMENTS a computer error is present at the (c) Medication administration: time of med pass. (1) Prescription or non-prescription drugs shall In order to correct this deficiency, only be administered to a client on the written all Hamilton staff (current staff) will order of a person authorized by law to prescribe drugs. be required to attend additional (2) Medications shall be self-administered by training with the Ambleside, Inc. clients only when authorized in writing by the Medical Coordinator, who is the client's physician. (3) Medications, including injections, shall be administrator of the QuickMAR administered only by licensed persons, or by system utilized by Ambleside, Inc., unlicensed persons trained by a registered nurse, related to daily med passes. In pharmacist or other legally qualified person and addition to a refresher on how to privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of utilize this system, the staff will be all drugs administered to each client must be kept re-educated on how to record med current. Medications administered shall be passes on paper MARs if for any recorded immediately after administration. The reason their computer or QuickMAR MAR is to include the following: (A) client's name; system is down or (B) name, strength, and quantity of the drug; not accurately recording (C) instructions for administering the drug; med passes. Additionally, at the (D) date and time the drug is administered; and beginning of each month, (E) name or initials of person administering the drug. a new, empty paper (5) Client requests for medication changes or MAR will be placed in checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. Division of Health Service, Regulation

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

6899

or of Operations

(X6) DATE

If continuation sheet 1 of 5

DHSR-Mental Health

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: B. WING 09/27/2019 MHL054-180 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3101 HENRY BOULEVARD **HAMILTON** KINSTON, NC 28504 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 1 V 118 each member's personal book, in the home This will provide a "clean slate" for members to record their med pass in the event of technical This Rule is not met as evidenced by: difficulty with the QuickMAR Based on record reviews, observation, and system. Each day the individuals interviews, the facility failed to keep the MARs attend the day program, this book current affecting two of two current clients (#1 shall be submitted to the Medical and #2). The findings are: Coordinator at Ambleside, Inc. Finding #1: headquarters. The Medical Review on 9/27/19 of client #1's record revealed: Coordinator will ensure that any - 30-year old male. missing holes in the QuickMAR - Admission date of 8/05/19. - Diagnoses of Schizoaffective Disorder, system have been properly Intellectual Disability (Moderate), Seizure recorded on the Paper MAR. Disorder, Hyperthyroidism, Allergic Rhinitis, This system will ensure that all Tachycardia- Unspecified, and Gastroesophageal Reflux Disease. med passes performed by Ambleside, Inc. are appropriately Review on 9/27/19 of physician orders for client recorded, and if the medication is #1 dated 9/12/19 revealed: not passed per doctor's order, that - Clozapine (treats mood disorders) 100 milligrams (mg) - Two tablets three times daily. we have contacted the pharmacy - Clozapine 25mg - One tablet daily. for direction, and recorded this - Fluvoxamine (treats depression) 25mg - One appropriately on a Level 1 Incident tablet three times daily. report form per agency policy. - Ipratropium 0.03% Spray (treats excessive salivation) - Two sprays under the tongue three The Medical Coordinator will be times daily. responsible for scheduling and - Vitamin B-6 (treats vitamin B-6 deficiency) 50mg conducting the training with - One tablet daily. Hamilton staff members in a timely Review on 9/27/19 of client #1's August 2019 and fashion, and will be responsible for September 2019 MARs revealed the following monitoring the QuickMAR system blanks: - Clozapine 100mg - 9/24/19 and 9/27/19 at - Clozapine 100mg - 9/23/19 and 9/24/19 at

Division of Health Service Regulation

6899

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
		MHL054-180	B. WING		09/2	27/2019
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (I		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETE		
V 118	2:00pm Clozapine 25mg - 7:00pm Fluvoxamine 25mg - Fluvoxamine 25mg - Ipratropium 0.03% 8/30/19, and 9/27/19 - Ipratropium 0.03% 9/24/19 at 2:00pm Ipratropium 0.03% - Vitamin B-6 - 8/27/ 9/27/19 at 7:00am. Interview on 9/27/19 - He received his me Finding #2: Review on 9/27/19 c - 28-year old male Admission date of - Diagnoses of Gast Disease, Intermitten Depressive Disorder Disorder, Hyperthyro Behavior, and Vitam Review on 9/27/19 o #2 dated 6/28/19, 7/6/28/19 - Divalproex (treats st twice daily Fluoxetine (treats): - Haloperidol (treats half tablet twice daily - Melatonin (treats sl tablet daily at bedtim - Prazosin (treats hig capsule at bedtime.	8/25/19 and 9/27/19 at g - 9/27/19 at 7:00am. g - 9/24/19 at 2:00pm. Spray - 8/27/19, 8/29/19, 9 at 7:00am. Spray - 8/26/19, 8/27/19, and Spray - 8/25/19 at 7:00pm. /19, 8/29/19, 8/30/19, and client #1 stated: edications as ordered. f client #2's record revealed: 6/28/19. roesophageal Reflux t Explosive Disorder, Major r, Post-Traumatic Stress bidism, Inappropriate Sexual in B12 deficiency. f physician orders for client 03/19 and 8/20/19 revealed: seizures) 500mg - One tablet 20mg - One capsule daily. mood disorders) 5mg - One //eep disturbance) 5mg - One	V 118	daily to ensure staff are recording their medication passes appropriately. The correction of this deficient has already begun, and will be completed no later than 11/15	псу	

Division of Health Service Regulation

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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	
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MHL054-180			B. WING		09/2	7/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
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V 118	Continued From page 3		V 118			i
V 118	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 7/03/19 - Cetirizine (treats allergies)10mg - One tablet daily Clearlax Powder (treats constipation) - One capful (seventeen grams) in eight ounces of beverage daily Deep Sea Nasal Spray (treats allergies) 0.65% - Two sprays in each nostril twice daily Fluticasone (treats depression) 50 micrograms (mcg) - One spray in each nostril daily. 8/20/19 - Trazadone (treats depression) 100mg - One tablet daily. Review on 9/27/19 of client #2's August 2019 and September 2019 MARs revealed the following blanks: - Cetirizine (treats allergies) 10mg - 8/27/19, 8/29/19, and 8/30/19 at 8:00am Clearlax Powder 17 grams - 8/27/19, 8/29/19, and 8/30/19 at 8:00am Deep Sea Nasal Spray 0.65% - 8/27/19, 8/29/19, and 8/30/19 at 8:00am Divalproex 500mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Divalproex 500mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Divalproex 500mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 20mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 40mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 40mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 40mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 40mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 40mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 50mcg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Fluoxetine 50mcg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am Haloperidol 5mg - 7/24/19, 8/27/19, 8/29/19, and 8/30/19 at 8:00am.		V 118			
	- Deep Sea Nasal 8/29/19, and 8/30/1 - Deep Sea Nasal 8/28/18 at 8:00pm Divalproex 500mg and 8/30/19 at 8:00 - Divalproex 500pm Fluoxetine 20mg and 8/30/19 at 8:00 - Fluoxetine 40mg and 8/30/19 at 8:00 - Fluticasone 50mg and 8/30/19 at 8:00 - Haloperidol 5mg and 8/30/19 at 8:00	Spray 0.65% - 8/27/19, 19 at 8:00am. Spray 0.65% - 7/23/19 and g - 7/24/19, 8/27/19, 8/29/19, 20am. g - 7/23/19, 7/24/19, and - 7/24/19, 8/27/19, 8/29/19, 20am 7/24/19, 8/27/19, 8/29/19, 20am 7/24/19, 8/27/19, 8/29/19, 20am 7/24/19, 8/27/19, 8/29/19, 20am 7/24/19, 8/27/19, 8/29/19, 20am.				

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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INAIVIE OF	PROVIDER OR SUPPLIER		IRY BOULE	, STATE, ZIP CODE		
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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 118	Continued From pa	ge 4	V 118			
V 110	- Melatonin 5mg - 7 at 8:00pm Prazosin 1mg - 7/2 8:00pm Prazosin 2mg - 7/2 8:00pm. Client #2 was unablagitation at time of control of the facility and had crandwritten MARs to with electronic MAR - The individual response had recently resigned. Due to the failure to medication administ determined if client is	/23/19, 7/24/19, and 8/28/19 23/19, 7/24/19, and 8/28/19 at 23/19, 7/24/19, and 8/28/19 at 23/19, 7/24/19, and 8/28/19 at e to be interviewed due to observation. Clinical Services Director ot been functioning properly reated the need for o be completed in conjunction s. consible for reviewing MARs	V 118			

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