PRINTED: 10/17/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING MHL023-205 09/20/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 539 APRIL DRIVE **QUEST #539** SHELBY, NC 28152 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on September 20, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. V 118 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. DHSR-Mental Health (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, NOV 0 4 2019 pharmacist or other legally qualified person and privileged to prepare and administer medications. Lic. & Cert. Section (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;

Division of Health Service Regulation

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

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation

(D) date and time the drug is administered; and (E) name or initials of person administering the

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Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ 09/20/2019 MHL023-205 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 539 APRIL DRIVE **QUEST #539** SHELBY, NC 28152 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure MARs were kept current for 3 of 3 audited clients (#1, #2, #3). The findings are: Review of Client #3's record on 9-19-19 revealed: -Admission date of 7-17-19; -Diagnoses included Autism Spectrum Disorder, Developmental Disorder of Scholastic Skills, Asthma, Seasonal Allergies and a history of Seizures: -Physician's orders for the following medications: -Famotidine 20 milligram (mg) tablet every morning, fexofenadine 180mg tablet daily, vitamin D3 5000 International Unit Capsule daily, ibuprofen 400mg tablet every morning with food, doxycycline hyclate 100mg tablet daily, clindamycin 1% lotion apply to acne twice daily and benzol peroxide 5% wash apply to acne twice daily dated 7-23-19; -Venlafaxine 25mg 1/2 tablet daily dated 7-9-19 and 7-31-19: -Clorazepate 3.75 mg tablet every morning and at 3pm daily, zolpidem 10mg tablet at bedtime, benztropine 0.5mg tablet at bedtime, fluoxetine 20mg/5 milliliter (ml) solution 2.5 ml's daily and diazepam 5mg/5ml solution 2.5 ml at bedtime dated 7-31-19; -Geodon 10mg/3ml 1.5ml every morning and 3 ml at bedtime dated 8-27-19; -Physician's prior order for Diazepam 5mg/5ml solution 2.5 ml daily dated 7-9-19; -Physician's prior orders for Geodon 3ml every

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
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			NC 28152	DROWDERIO DI ANI OF CORRECTIO						
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V 118	Continued From page 2		V 118							
	am and 3ml at bedtime dated 7-31-19 and Geodon 20mg 1/2 dose every am and 1 dose at bedtime dated 7-9-19. Review of Client # 3's MARs for July 2019									
	through September revealed: -Geodon was not lis	2019 on 9-18-19 and 9-19-19 sted on the July 2019 MAR;								
	be given daily at 8ar ordered;	ed on the August 2019 MAR to m instead of at bedtime as								
-	-Diazepam was listed on the September 2019 MAR to be given as a 5ml dose instead of 2.5 ml as ordered;									
	MAR to be given as tablet daily as order									
	-The August and September 2019 MARs were not updated to reflect the change in the Geodon dose as ordered by the physician on 8-27-19;									
	-The Geodon was still listed on the MAR to be given as 3ml in the morning instead of 1.5ml as ordered from 8-28-19 through 9-18-19; -There was no documentation by staff on 8-31-19									
		ations listed on the August								
		#1 on 9-18-19 revealed: Geodon dose for Client #3								
	was changed on 9-1 -She had been follow									
	because the label w									
	the pharmacy but a	new MAR with the correct ng later in the week.								
		s record on 9-19-19 revealed:								
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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R 09/20/2019 B. WING MHL023-205 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 539 APRIL DRIVE **QUEST #539** SHELBY, NC 28152 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 | Continued From page 3 -Admission date of 10-28-16; -Diagnoses included Infantile Autism, Profound Mental Retardation, Fragile X Syndrome, Hypothyroidism, Constipation; -Physician's orders for the following medications: -Cetirizine 10mg daily dated 1-2-19; -Linzess 290 micrograms (mcg) 30 minutes before meal in the morning, levothyroxine 25 mcg daily, pantoprazole 20mg twice per day, divalproex sodium extended release 250mg 1 tablet every morning and 2 tablets every evening, benztropine 0.5mg twice per day and risperidone 2 mg twice per day dated 1-10-19; -Chlordiazepoxide/Clidinium 5-2.5mg 2 capsules every 4 hours as needed (PRN) for abdominal pain dated 1-14-19; -Polyethylene Glycol 3350 take 17 grams mixed with 8 ounces (oz) of water, juice, soda, coffee, or tea 1-2 times a day dated 1-15-19; -Gas relief 125 mg 1 capsule every 6 hours PRN dated 1-19-19. Review of Client #2's MARs for July 2019 through September 2019 on 9-18-19 and 9-19-19 revealed: -Polyethylene Glycol was given PRN instead of 1-2 times per day as ordered for 3-1-19 through -There was no documentation by staff on 8-31-19 for any of the medications listed on the August 2019 MAR. Review of Client #1's record on 9-19-19 revealed: -Admission date of 10-28-16; -Diagnoses included Psychotic Disorder, Major Depressive Disorder, Mild Mental Retardation, Personality Disorder, Sexual Dysfunction, Schizoaffective Disorder; -Physician's orders for the following medications: -Aripiprazole 2mg every morning, montelukast

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	0 " 15		V 118									
V 118		Continued From page 4										
	10mg every evenin	g and polyethylene glycol										
	32350 17 grams in	8oz liquid once daily as										
	needed for constipa	ation dated 2-4-19;										
	-Benztropine 2mg t	wice daily dated 3-5-19;										
	-Divalproex ER 500 mg 1 every morning and 2 at											
	bedtime dated 5-2-	19;										
	-Buspirone 10 mg 2 tablets three times per day											
	and clotrim/beta 1/	0.05% apply topically to										
		daily until rash is clear dated										
	6-4-19;											
	-Duloxetine 60 mg every morning dated 7-24-19;											
	-Risperidone 2mg	twice daily dated 8-24-19;										
		41- MADe for July 2019 through										
	Review of Client #1's MARs for July 2019 through September 2019 on 9-18-19 and 9-19-19 revealed: -There was no documentation by staff on 8-31-19 for any of the medication listed on the August											
	2019 MAR.	ication listed on the Adgust										
	2019 MAR.											
	Intensions with the	Qualified Professional (QP) on										
	9-20-19 revealed:	Qualifica i Totodoloriai (4.) oi.										
	9-20-19 revealed: -Physicians send medication orders to the local											
	pharmacy and the pharmacy prepares the MARs and then sends them to the Alternative Family											
	Living facilities;											
	-A Registered Nur	se (RN) used to review the										
	MARs and make s	sure the MARs matched the										
1	orders;											
	-The RN left a few	months ago and two										
	non-medical staff	members were trying to										
	oversee the MARs;											
	-A new RN was recently hired and will be able to											
	start working next	week;										
	-She stated that the	nere will be a team meeting on										
	how to prevent en	rors on the MARs.										
	100 M	the second second definition and										
	This deficiency co	onstitutes a re-cited deficiency										
	and must be corre	ected within 30 days.										

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October 28, 2019

DHSR-Mental Health

NOV 0 4 2019

Lic. & Cert. Section

Maria Smith

Nurse Consultant 1

Mental health Licensure & Certification Section

NC Division of Health Service Regulation

2718 Mail Service Center

Raleigh, NC 27699-2718

Re: Response for Annual Survey completed September 20, 2019

Quest #539, 539 April Drive, Shelby, NC 28152

MHL #023-205

Dear Ms. Smith:

On September 20, 2019 an annual Survey was completed at 539 April drive, Shelby, NC 28152. At the time of this review, the following rule was not met: V 118 27G .0209 (C) Medication Requirements/10A NCAC 27G .0209 Medication Requirements. The following measures will be taken to correct the cited deficiencies:

1. This Rule is not met as evidenced by: based on record reviews and interviews, the facility failed to ensure MARs were kept current for 3 of 3 audited clients (#1, #2, #3). To avoid any future discrepancies or errors regarding medication administration, the provider agency has determined that the agency will request that all medications will be sent directly to the pharmacy, AFL provider (to be given to the pharmacy) or to the agency's nurse, rather than the guardian or natural supports managing the delivery of scripts to the pharmacy. The provider agency feels that this will help with minimizing errors as guardians don't always understand medication rules and the need to ensure that documentation and administration is accurate in all instances.

Also, the provider agencies nurse will review all medication changes, which will include, new scripts and discontinued medication orders, and provide guidance to the AFL provider to ensure that documentation, specifically MARs are accurate. The nurse will be the point of contact between the individual's doctor's and the pharmacy to ensure the continuity of care. The nurse will ensure that the individual's medication



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orders, the medication bottles and the MAR all match and that the AFL provider understands the administration directions and the nurse will conduct a monthly review of this documentation. Lastly, the AFL provider will meet with the provider agencies nurse to retake the agencies medication training to ensure that the AFL provider understands medication polices and to reduce instances of not documenting on days when medications were administered, such as on August 31, 2019.

If you have any additional questions, please feel free to contact me at 704-537-4730.

Chief development Officer Chief development Officer

Regards,