

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL010-092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/01/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>COST CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 HIGHPOINT ROAD SOUTHPORT, NC 28461</b>		
(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 11/1/19. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	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		

DHSR-Mental Health  
NOV 18 2019  
Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

*Jamie Hullman* SAC

*Clinical Supervisor*

11-12-19

STATE FORM

6899

6G5U11

If continuation sheet 1 of 4

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered as ordered by the physician and maintain an accurate MAR to include recording medications immediately after administration for 2 of 2 clients audited (clients #1 and #2). The findings are:</p> <p>Finding #1: Review on 11/1/19 of client #1's record revealed: -26 year old male admitted 4/1/19. -Diagnoses included anoxic brain damage, cerebral palsy, pervasive developmental disorder; neurocognitive disorder with mood disorder and emotional liability, seizures, and hypothyroidism. -History of treatment for abscesses to include incision and drainage (I&amp;D) of an abscess on his right knee 7/29/19. The physician ordered antibiotic therapy with Bactrim DS (double strength, 800 mg (milligram) sulfamethoxazole and 160 mg trimethoprim) and Bactroban ointment to the area. -10/14/14 client #'s physician performed an I &amp; D of an abscess on the client's right upper neck. The physician documented orders to apply Bactroban (same as Mupirocin) ointment 3 times daily then use for MRSA (Methicillin-resistant Staphylococcus aureus) elimination treatment and Chlorhexidine scrub (no frequency ordered). -Order dated 10/14/19 for Bactrim DS twice daily for 10 days. -Order dated 10/14/19 for Mupirocin 2% ointment, apply small amount externally to affected area three times daily. -Order dated 2/4/19 for Levothyroxine 25 mg in</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>the morning. (Hormone replacement)</p> <p>-Orders dated 8/6/19 included:</p> <p>-Fluoxetine 20 mg daily (depression)</p> <p>-Risperidone 1 mg twice daily (mental/mood disorders)</p> <p>-No orders to clarify the use of Bactroban for MRSA elimination treatment or frequency or duration of Chlorhexidine scrub.</p> <p>Review on 11/1/19 of the October and November 2019 MARs revealed:</p> <p>-Medications scheduled to be administered at 8 am had not been documented as administered on 11/1/19 at 8 am. These medications were:</p> <p>-Levothyroxine 25 mg</p> <p>-Fluoxetine 20 mg</p> <p>-Risperidone 1 mg</p> <p>-Medications ordered 10/14/19, Chlorhexidine scrub, Bactrim DS, and Mupirocin 2% ointment, had not been transcribed to the October 2019 MAR and had not been documented as administered.</p> <p>Finding #2:</p> <p>-37 year old female admitted 4/1/19.</p> <p>-Diagnoses included developmentally disabled, attention deficit hyperactive disorder (ADHD), gastroesophageal reflux disorder, and constipation.</p> <p>-Order dated 9/25/19 for Guanfacine ER (extended release) 1 mg daily. (ADHD)</p> <p>-Order dated 9/9/19 for Docusate Sodium 100 mg daily. (constipation)</p> <p>-Order dated 9/9/19 for Amethia-Lo daily. (manage menstrual cycle)</p> <p>Review on 11/1/19 of client #2's November 2019 MAR revealed:</p> <p>-Guanfacine ER, Docusate Sodium, and Amethia-Lo were scheduled to be administered at</p>	V 118		



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V 118	<p>Continued From page 3</p> <p>8 am daily.</p> <p>-None of the medications scheduled for 8 am had been documented as administered on 11/1/19.</p> <p>Interview on 11/1/19 the Licensee stated:</p> <p>-She had administered the 8 am medications for client #1 and client #2.</p> <p>-Typically she would sign the MARs for medications given for the day after she administered the evening medications.</p> <p>-She administered client #1's Bactrim DS and Bactroban in October 2019 as ordered. It was her error to not transcribe this on the MAR and document when medications were administered.</p> <p>-Client #1's wound had healed.</p> <p>-There had been problems with other household family members and client #1 to have MRSA. When the physician wrote to use Bactroban for "elimination" treatment, his intent was for other family members to apply the medication in their nose. She had done this on prior occasions. Each household family member had their own medication; she would not use any medication dispensed for the clients for a family member.</p> <p>Interview on 11/1/19 the Qualified Professional stated:</p> <p>-She knew the Licensee knew to transcribe and document medications on the MAR immediately after administration.</p> <p>-She would follow up to make sure this would be corrected and not repeated.</p>	V 118		

Plan of Correction completed on November 12, 2019.

Deficiency cited related to Medication Requirements:  
10A NCAC 27G.0209 Medication Requirements

Corrective / Preventative Measures and Responsible Parties:

- HomeCare Clinical Supervisor will conduct a thorough review of deficiencies with AFL Provider.
- HomeCare Clinical Supervisor will conduct a thorough review of the Medication Management Policy with the AFL provider during November 2019 home visit, emphasizing timely documentation of the MAR (immediately after administering medication).
- AFL provider will participate in a Medication Management Class before December 31, 2019.
- AFL provider will notify HomeCare Clinical Supervisor when there is a new order or change in order. This will prompt the Clinical Supervisor to review order and MAR to ensure medications are ordered clearly by the physician, administered per physician's order, and transcribed correctly on the MAR.
- HomeCare Clinical Supervisor will conduct ongoing monthly visits with the AFL which will include review of the physician's order and MAR.
- HomeCare Clinical Supervisor will be responsible for providing ongoing monitoring.

Timeframe for Compliance:

- The deficiency will be corrected within 60 days of the exit interview, which is December 31, 2019.



November 12, 2019

Re: AFL Home MHL # 010-092

Betty Godwin  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

Dear Mrs. Godwin:

Attached you will find the Statement of Deficiencies with the Plan of Correction for your review.

Please call 910-782-4280 with any further questions.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Hallman" followed by the initials "BA QP".

Jamie Hallman, BA QP  
Clinical Supervisor







NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 8, 2019

Jamie Hallman  
HomeCare Management Corporation  
315 Wilkesboro Blvd. NE Suite 2-A  
Lenoir, NC 28645

Re: Annual Survey completed November 1, 2019  
Cost Care Home, 99 Highpoint Road, Southport, NC 28461  
MHL # 010-092  
E-mail Address: hallman@homecaremgmt.org

Dear Ms. Hallman:

Thank you for the cooperation and courtesy extended during the annual survey completed November 1, 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 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 December 31, 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

- 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 Wendy Boone at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN  
Nurse Consultant  
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO  
Pam Pridgen, Administrative Assistant