

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhi026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
--	---

(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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on November 6, 2019. The complaints were unsubstantiated (Intake #NC00157653 and NC00157936). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112	<p>RECEIVED</p> <p>DEC 10 2019</p> <p>DHSR-MH Licensure Sect</p>	

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

Betty Washington

TITLE
Director

(X6) DATE
11/25/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mh1026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
--	---

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#1). The findings are:</p> <p>Review on 11/05/19 of client #1's record revealed: -17 year old male. -Admission date of 07/11/18. -Diagnoses of Unspecified Disruptive Impulsive Control Disorder, Post Traumatic Stress Disorder and Attention Deficit Hyperactivity Disorder</p> <p>Review on 11/05/19 of the facility's Level II reports revealed: -Client #1 had 4 elopements from the facility from 06/02/19-10/16/19.</p> <p>Review on 11/05/19 of client #1's Person-Centered Profile (PCP) dated 10/18/19 revealed: -No goals or strategies were in the PCP to address the eloping behaviors.</p> <p>Interview on 11/05/19 client #1 stated: -He had lived at the facility for over a year. -He had eloped from the facility in the last 4 or 5 months approximately 4 times and had been brought back to the facility by the police. -He had not tried to elope anymore since his last elopement and was not going to elope anymore.</p> <p>During interview on 11/05/19 the Qualified Professional revealed: -Client #1's eloping behavior had been discussed at all of his monthly treatment team meetings and</p>	V 112	<p>The treatment Plan has being updated with a Goal and Strategies to address the eloping behavior.</p> <p>Prevention:</p> <p>QP will review the Treatment Plan on a monthly bases to ensure she has updated All the goals to address the consumers current behaviors</p> <p>The LP will review the treatment plan monthly during her supervisions with the QP to ensure the QP has made all necessary updates to the consumer behavior.</p>	11/06/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
--	---

(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 112	Continued From page 2 she would make sure to add a goal and strategies to address the behavior.	V 112		
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		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
--	---

(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	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MAR's current affecting one of three clients (#2). The findings are:</p> <p>Review on 11/05/19 of client #2's record revealed: -16 year old male. -Admission date of 06/10/19. Diagnoses of Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder.</p> <p>Review on 11/05/19 of client #2's Physician orders revealed: 09/18/19 -Flonase 0.05% nasal spray 50mcg Use 2 sprays in each nostril daily. 09/19/19 -Sertraline 100mg Take 1 1/2 tablet by mouth in the morning (150mg). -New order: 10/17/19 Sertraline 100mg 1 tablet daily. 09/19/19 -Trazodone 100mg Take 1 1/2 tablet by mouth at bedtime. -A new order was written on 10/17/19 Trazodone 50mg Take 1 tablet at bedtime.</p> <p>Review on 11/05/19 of client #2's August-November 2019 MAR's revealed: -No Flonase 0.05% had been transcribed on the September-November 2019 MAR's and no initials to indicate the medication had been administered. -August-September 2019 MAR's was transcribed Sertraline 100mg Take 1 tablet by mouth once daily in the am and Sertraline 25mg Take 1 tablet by mouth daily in the am only equaling 125mg. -October-November 2019 MAR was transcribed</p>	V 118	<p>QP contacted the primary care doctor and got a physician order to discontinue the medication he prescribed to consumer.</p> <p>QP contacted the psychiatrist and got a prescription and physician order for the current medication.</p> <p>QP will take the consumer to only one doctor for medication in the future to eliminate this medication error from occurring again.</p> <p>Prevention:</p> <p>QP will take all consumers to their medication appointments to monitor the medication and keep abreast of any medication changes.</p> <p>QP will complete the MAR's monthly, make revisions and updates as needed to reflect any medication changes. All Staff giving medication will double check The MAR to make sure they are administering the correct medication and dosage to the consumer</p> <p>QP will make sure all prescribed Medications are on the MAR to include the as needed medications. Staff will initial the as needed medications when they are administered on an as needed bases.</p>	11/30/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl026-709	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PEARL'S ANGEL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1423 GRANDVIEW DRIVE FAYETTEVILLE, NC 28314
--	---

(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	<p>Continued From page 4</p> <p>Sertraline 100mg Take 1 tablet by mouth once daily in the am and Sertraline 25mg Take 1 tablet by mouth daily in the am. The MAR's did not reflect the new medication order written on 10/17/19 for Sertraline 100mg.</p> <p>-August-November 2019 MAR's was transcribed Trazodone 100mg Take 1 tablet by mouth at bedtime. The MAR's did not reflect the Physician's orders and did not reflect the new order written on 10/17/19 for Trazodone 50mg.</p> <p>During interview on 11/05/19 client #2 revealed: -He received his medication daily. -He had changes in his Trazodone and Sertraline but unsure of the dosage he was supposed to be getting.</p> <p>During interview on 11/05/19 the Qualified Professional revealed: -She monitored the medication and the MAR's for each client. -She had been out on medical leave when the medication changes occurred. -She took the clients to doctors appointments and when she was out of work she was not present during the visits and the orders were changed. -She was going to contact client #2's primary physician and also psychiatrist to get clarification on the correct orders.</p>	V 118		