

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHEBORO SCHOOL ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2046 NORTH ASHEBORO SCHOOL ROAD ASHEBORO, NC 27203</b>
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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 000	INITIAL COMMENTS  A complaint survey was completed on November 6, 2019. The complaints were substantiated (Intake #NC00157426 and #NC00157423). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291	Page intentionally left blank.	

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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dwan Wall, BA, QP</i>	TITLE <i>Director of Program Operations</i>	(X6) DATE <i>11/22/2019</i>
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Division of Health Service Regulation

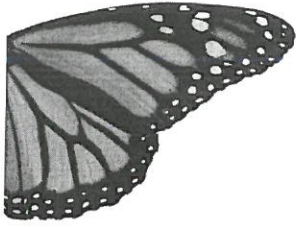
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V 291	<p>Continued From page 1</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility management failed to assure that coordination was maintained between the facility and the Qualified Professional (QP) responsible for medication mangagment affecting 1 of 3 audited current clients (#1). The findings are:</p> <p>Review on 11/5/19 of Client #1's record revealed the following information; -- Admitted to the facility on 6/16/08. -- 56 year old female. -- Diagnoses include Downs Syndrome, Presenile Dementia, Moderate Mental Retardation, Gastroesophageal Reflux, Hypothyroid, Esophageal Ulcer and Allergic Rhinitis. -- A Physician's order dated 2/27/19 for Hydrocodone 5/325 mg. (Vicodin), 1/2 a tablet every morning (Hydrocodone is a Schedule III controlled substance (medication) and required a new prescription to be written by a Physician every months, refills on a prescription are prohibited).</p> <p>Review on 11/6/19 of Client #1's October and November medication administration records revealed that the client was not administered the Vicodin on 10/13/19, 10/14/19, 10/15/19 and 10/16/19.</p> <p>Interview on 11/5/19 with the Residential Team Leader in charge of operations of the facility revealed the following information;</p>	V 291	Page intentionally left blank.	

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V 291	<p>Continued From page 2</p> <p>-- Client #1 is prescribed for her Arthritis, specifically severe right hip pain, and her Orthopedist had recently recommended a total hip replacement surgery.</p> <p>-- In October 2019 Client #1 did run out of the Vicodin for a few days.</p> <p>-- She was not sure why the client missed an appointment with her Physician to obtain a new prescription for her Vicodin.</p> <p>Interview on 11/6/19 with the Group Home Manager revealed the following information;</p> <p>-- She confirmed that Client #1 was not administered her Physician ordered Vicodin on the above dated due to her missing a Physicians appointment.</p> <p>-- There was confusion among the facility staff as to when her appointment with her Physician was in October 2019.</p> <p>-- This appointment was not written on the calendar the facility uses to record all Physician appointments for all 5 clients.</p> <p>-- She was not sure why this appointment was overlooked.</p> <p>-- Client #1 did not seem to experience any withdrawal symptoms from the missed doses of Vicodin.</p> <p>Interview on 11/6/19 with Client #1 was attempted, but was not possible due to her diagnoses.</p>	V 291	<p>Residential Team Lead with the Residential Manager will complete an initial Medication Closet checklist and address any concerns noted. Residential Manager will complete the Medication Closet Checklist weekly. At least once per month the Residential Team Lead will complete the Medication Closet Checklist with the Residential Manager for the duration of this POC.</p> <p>The Residential Manager will also review medications that do not refill in the cycle to ensure accurate count and reorder when there is no more than a week's supply of the medication left.</p> <p>The Residential Manager and Residential Team Lead will complete an in-service with all staff to review the process of completing medical appointments. Staff is to forward appointment documentation (any physician's orders, staff medical notes, medical/physician's notes) to the Residential Manager and Residential Team Lead for review following appointments. Residential Manager is responsible for ensuring that appointments are placed on the appointment calendar in the home.</p> <p>Residential Team Lead and Residential Manager will meet with Vocational Program Management to address building better communication between the two programs regarding appointments and concerns with individuals supported. Residential Manager will provide dates/times for any upcoming appointments/activities weekly to Community Engagement Team Lead via email.</p> <p>Residential Team Lead and/or Residential Manager will provide training to vocational/day program staff on the process of completing medical appointments (documentation and follow up). This will be documented on an in-service form.</p>	1/6/2020



November 22, 2019

Johanna Edwards, RN Nurse Consultant  
Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

DHSR - Mental Health

NOV 27 2019

Lic. & Cert. Section

RE: Complaint Survey 11/6/19 – Asheboro School Rd.

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

*Louise Winstead, RN*

Louise Winstead, RN  
Compliance Specialist – Plan of Corrections  
[louise.winstead@monarchnc.org](mailto:louise.winstead@monarchnc.org)  
252-289-6512

