

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL075-029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUMMINGBIRD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 FOREST LANE TRYON, NC 28782</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	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 11/15/19. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118	<p style="text-align: center;"><b>RECEIVED</b> <b>DEC 06 2019</b> <b>DHSR-MH Licensure Sect</b></p>	

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

*Shawn Edm*

TITLE  
**President**

(X6) DATE  
**12/5/19**

Division of Health Service Regulation

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 2 of 2 audited clients (#1, #2). The findings are:</p> <p>Observation of the medications on 11/15/19 at 8:30am for Client #1 revealed: -Lamotrigine 200mg 2 tabs every morning. -Altensio 30 mg 1 cap every morning. -Risperidone 1mg 1 tablet in the morning and 1 in the evening. -Risperidone 0.5mg 1 tablet each morning. -Oxcarbazepine 600 mg 1 tablet in the morning and ½ tablet in the evening. -Methylphenidate 20mg 1 tablet every evening. -Sertraline 100mg 1.5 tablet at 2pm.</p> <p>Observation of the medications on 11/15/19 at 8:55am for Client #2 revealed: -Trazadone 50mg 1 tablet at 6:30pm. -Risperidone 1mg every morning. -Probiotics 20 billion 1 every morning. -Nasonex 50mcg 2 sprays each nostril every morning. -Certizine 10mg 1 tablet every morning. -Famotidine 40mg 1 tablet every morning. -Concerta 36mg 1 tablet every morning. -Risperidone 0.25mg 2 tablets at bedtime.</p> <p>Review on 11/14/19 and 11/15/19 of the record for Client #1 revealed: -Admission date of 6/17/13 with diagnoses of</p>	V 118	<p>V 118</p> <p>The Regional Director will provide training to provider staff regarding the procedure for correct, consistent medication administration documentation.</p> <p>This training will be completed by 12/5/2019.</p> <p>Training documentation will be maintained in the provider staff's personnel file.</p> <p>The Regional Director will conduct monthly visits in the home. The Regional Director will review MARs during the visits; variances will be documented and addressed at that time.</p>	12/5/2019

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STREET ADDRESS, CITY, STATE, ZIP CODE  
**64 FOREST LANE  
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V 118	<p>Continued From page 2</p> <p>Attention Deficit Hyperactivity Disorder-combined presentation, Cognitive Disorder, Mood Disorder, Moderate Intellectual Developmental Disability, Seizure Disorder and Bipolar Disorder.</p> <p>-Physician orders for Lamotrigine 200mg 2 tabs every morning, 4/10/19, Altensio 30 mg 1 cap every morning, 6/15/19, Risperidone 1mg 1 tablet in the morning and 1 in the evening, 4/10/19, Risperidone 0.5mg 1 tablet each morning, 4/10/19, Oxcarbazepine 600 mg 1 tablet in the morning and ½ tablet in the evening 4/10/19, Methylphenidate 20mg 1 tablet every evening, 6/15/19, and Sertraline 100mg 1.5 tablet at 2pm, 4/25/19.</p> <p>Review on 11/14/19 and 11/15/19 of the record for Client #2 revealed:</p> <p>-Admission date of 1/31/14 with diagnoses of Severe Intellectual Developmental Disability, Disruptive Behavior Disorder and Downs Syndrome.</p> <p>-Physician orders for Trazadone 50mg 1 tablet at 6:30pm, 4/4/19, Risperidone 1mg every morning, 4/4/19, Probiotics 20 billion 1 every morning, 9/27/17, Nasonex 50mcg 2 sprays each nostril every morning 9/27/17, Certizine 10mg 1 tablet every morning, 9/27/17, Famotidine 40mg 1 tablet every morning 7/3/19, Concerta 36mg 1 tablet every morning, 4/4/19, and Risperidone 0.25mg 2 tablets at bedtime, 8/13/19.</p> <p>Review on 11/15/19 of the MARS for September 2019-November 2019 for Client #1 revealed:</p> <p>-No documentation of Risperidone 9/30/19 evening administration.</p> <p>-No documentation of Lamotrigine, Altensio, Risperidone, Oxcarbazepine 11/15/19 morning administration.</p> <p>-No documentation of the 2pm dose of Sertraline administration.</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-No documentation of the Risperidone, Oxcarbazepine, Methylphenidate evening dose.</li> </ul> <p>Review on 11/15/19 of the MARS for September 2019-November 2019 for Client #2 revealed</p> <ul style="list-style-type: none"> <li>-No documentation of Trazadone or Risperidone 11/14/19 evening/bedtime administration.</li> <li>-No documentation of Probiotic, Nasonex Certizine, Famotidine, Risperidone and Concerta morning administration.</li> <li>-The Nasonex was labeled as needed on the MAR and was not documented as daily with the exception of 9/21/19-9/29/19.</li> </ul> <p>Interview on 11/15/19 with the Alternative Family Living provider revealed:</p> <ul style="list-style-type: none"> <li>-She administered the medications yesterday evening and this morning.</li> <li>-The Nasonex spray had been changed by the physician to use as needed, she thought the order to change from daily to as needed was on the last physician note from 3/29/19.</li> <li>-She would obtain an order to change the Nasonex spray to as needed.</li> <li>-The MARS had not been turned in for review for the previous months.</li> <li>-She had neglected to document the medications this morning and yesterday evening.</li> </ul> <p>Interview on 11/14/19 and 11/15/19 with the Regional Director revealed:</p> <ul style="list-style-type: none"> <li>-He did monthly or quarterly reviews of the facility.</li> <li>-During his visits to the home the medications were reviewed.</li> <li>-The provider had not turned in the MARS for the previous months and he was not aware of the current documentation errors.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be</p>	V 118		

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V 118	Continued From page 4  determined if clients received their medications as ordered by the physician.	V 118		



# Outreach

## Supervision/Observation Record

Name of Employee: Sue Arata Date: 12/4/2019

Type of Observation:

Health and Safety  Goals  Leisure/Recreation  Other

Type of Visit:

Monthly  Other  Announced  Unannounced

Activity/goal(s) observed: Review of state inspection and citations.

Observations: QP provided Sue a copy of the state inspection report. QP will document any errors by MAR that he requests monthly. QP will document requests he makes each month from MAR.

Are the services/goals appropriate? Yes  No

If no, what is the plan of action? N/A

Notations/Recommendations: None

Staff Signature: Sue Arata Date: 12/4/19

Supervisor Signature: Nicholas Bell BACQP Date: 12/4/2019



Staff Training Record

Name: Sue Arata Date: 12/4/2019

Training Location: Hummingbird Home Work Location: AFL Site

Trainer: Nicholas Bell BAQP Length of Session: 15 minutes

Topic(s) Covered

Based on citations issued during state inspection QP and AFL providers reviewed monthly supervision of MARS for review

Information Learned

Sue will submit all MARS on a monthly basis.

Employee Signature: Sue Arata 12/4/19

Trainer Signature: Nicholas Bell BAQP 12/4/2019





Staff Training Record

Name: Sue Arata Date: 12/4/2019

Training Location: Hummingbird Home Work Location: AFL Site

Trainer: Nicholas Bell BAQP Length of Session: 15 minutes

Topic(s) Covered

Based on citations issued during State inspection QP and AFL provider reviewed medication administration errors of documentation.

Information Learned

Review of the 6 rights of medication administration: right client, right route, right drug, right dose, right time, right documentation.

Sue will follow the 6 rights and ensure that the medication label on the bottle (or blister pack) matches exactly with the information on the medication administration record (M.A.R.)

Sue will notify supervisor immediately of any medication errors.

Employee Signature: Sue Arata 12/4/19

Trainer Signature: Nicholas Bell BAQP 12/4/2019





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 26, 2019

Nick Bell, Regional Director  
North Carolina Outreach Home Care, LLC  
7-A Glenn Bridge Road  
Arden, NC 28704

Re: Annual Survey completed 11/15/19  
Hummingbird Home, 64 Forest Lane, Tryon, NC 28782  
MHL # 075-029  
E-mail Address: [Nick.Bell@ncoutreach.com](mailto:Nick.Bell@ncoutreach.com)

Dear Mr. Bell:

Thank you for the cooperation and courtesy extended during the annual survey completed 11/15/19.

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 other 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 1/14/20.

**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.
- 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 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](http://www.ncdhhs.gov/dhsr) • TEL: 919-855-3795 • FAX: 919-715-8078

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