

PRINTED: 09/26/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/20/2019
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NAME OF PROVIDER OR SUPPLIER COLUMBUS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 220 EAST COLUMBUS STREET WHITEVILLE, NC 28472
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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 An annual and follow up survey was completed on 9/20/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 9/19/19 of facility records from 7/1/18 - 6/30/19 revealed: -1st quarter (7/01/18- 9/30/18): No disaster drills documented on the 2nd and 3rd shift. -3rd quarter (1/01/19- 3/31/19): No disaster drills documented on the 2nd shift.	V 114	V114 All Fire and disaster drills will be completed according to the rules and regulations that are outlined by the Division of Health Services Regulation. All staff and Program Manager will be re-in-serviced on how to properly complete Fire and Disaster Drills. Program Manager and Clinical Supervisor will continue to monitor all drills monthly to ensure the safety and wellbeing of all individuals.	12/1/19

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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Melissa Rowant, DP 12/1/2019

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V 114	Continued From page 1 -4th quarter (4/01/19- 6/30/19): No disaster drills documented on the 3rd shift. Interview on 9/19/19 the Group Home Manager stated: - 1st shift was 7:30am- 4pm. - 2nd shift was 4pm- 12am. - 3rd shift was 12am- 8am. - The weekend shifts were 8am- 8pm and 8pm- 8am. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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;	V 118	V118 All Medication will be given as prescribed by the attending physician. MAR will be checked by the Program Manager Daily and MAR, DR's Orders, and Medications will be checked and documented by Program Manager and Clinical supervisor every Monday. All documentation will be reviewed and before it is processed to ensure the safety and wellbeing of all individuals served.	12/1/2019

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V 118	<p>Continued From page 2</p> <p>(D) date and time the drug is administered; and (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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to keep the MARs current affecting one of three current clients (#4). The findings are:</p> <p>Review on 9/19/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 33-year old male. - Admission date of 8/20/19. - Diagnoses of Autism and Intellectual Disability (severe). <p>Review on 9/19/19 of physician orders for client #4 dated 9/11/19 and 9/17/19 revealed:</p> <p>9/11/19</p> <ul style="list-style-type: none"> - Melatonin (treats insomnia) 5 milligram (mg) tablet - One tablet daily at bedtime. - Chlorpromazine (treats mood disorders) 50mg tablet - One tablet in the morning, one tablet in the afternoon, and three tablets at bedtime. - Divalproex Sodium (treats seizure disorders and psychiatric conditions) 500mg - One tablet twice a day. - Propranolol (treats high blood pressure and angina) 20mg tablet - One tablet three times a day. - Clonazepam (treats seizures) 0.5mg tablet - One tablet three times a day. 	V 118		

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V 118	<p>Continued From page 3</p> <p>9/17/19</p> <ul style="list-style-type: none"> - Vitamin A & D Ointment (treats dry skin) - Apply topically as needed for dry skin up to 30 days. - Vitamin D2 (treats hypoparathyroidism) 1.25 mg - One capsule every week. - Clotrimazole (treats skin infections) 1% cream - Apply topically twice a day for 30 days. - Triamcinolone (treats skin conditions) 0.5% cream - Apply topically twice a day for 14 days. <p>Review on 9/19/19 of client #4's August 2019 and September 2019 MAR's revealed:</p> <ul style="list-style-type: none"> - No transcribed entry for Triamcinolone 0.5% Cream, Vitamin A & D Ointment, Clotrimazole 1% Cream, and Melatonin-5mg. - Missing initial for Clonazepam 0.5mg - 9/18/19 at 9:00pm. - Missing initial for Divalproex Sodium 500mg - 9/18/19 at 8:00pm. - Missing initials for Vitamin D2 1.25mg - 8/21/19, 8/28/19, 9/04/19, 9/11/19, and 9/18/19 at 8:00am. - Typed transcription for Propranolol 10mg tablet - Take one tablet by mouth three times a day. - Typed transcription for Chlorpromazine 25mg tablet - Take three tablets by mouth three times a day. <p>Client #4 was verbally unresponsive during interview attempt.</p> <p>Interview on 9/19/19 House Manager stated:</p> <ul style="list-style-type: none"> - Client #4 had been admitted to facility on 8/20/19. - Medication changes were made on 9/17/19 and should have been reflected on new MAR sent out with medications from the local pharmacy. - A corrected MAR with all current medication entries was scheduled to be retrieved on 9/19/19. 	V 118		

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V 118	<p>Continued From page 4</p> <p>Call was placed by House Manager to local pharmacy on 9/19/19 to ensure correct medications were on hand and to obtain updated MAR to reflect recent changes. Corrected MAR from pharmacy was obtained prior to exit interview.</p> <p>Due to the failure to accurately document medication administration it could not be determined if client #4 received his medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL024-109	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/20/2019
NAME OF FACILITY COLUMBUS HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 220 EAST COLUMBUS STREET WHITEVILLE, NC 28472	

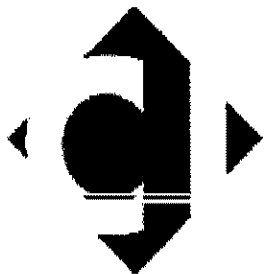
This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0105 Reg. # 27G .0201 (A) (1-7) LSC	Correction Completed 09/20/2019	ID Prefix V0113 Reg. # 27G .0206 LSC	Correction Completed 09/20/2019	ID Prefix V0291 Reg. # 27G .5603 LSC	Correction Completed 09/20/2019
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 9/20/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/11/2018

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO



COMMUNITY INNOVATIONS, INC.

Whiteville Office
80 Alliance Drive
WHITEVILLE, NC 28412

www.communityinnovations.com

FACSIMILE TRANSMISSION FORM

Date: 12/13/19

To: R. Meredith

From: M. Bryant

Fax: 919-715-8028

Fax: (910) 642-8039

Phone: 919-855-3795

Phone: _____

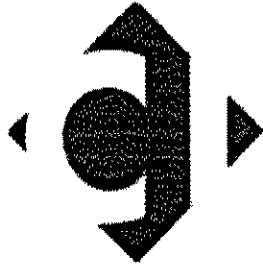
Re: POC-Columbus House

cc: _____

Pages (including cover): 10

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

The information contained in this facsimile transmission is private and confidential, and is the property of COMMUNITY INNOVATIONS, INC. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us and return the document.



**COMMUNITY
INNOVATIONS, INC.**

**Whitville Office
80 Alliance Drive
Whitville, NC 28472
910-642-5697**

www.communityinnovations.com

December 12, 2019

Ryan Meredith
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section

RE: Annual and Follow up Survey Completed September 20, 2019
Columbus House, 220 East Columbus Street, Whitville, NC 28472
MHL# 024-109

Dear Mr. Meredith

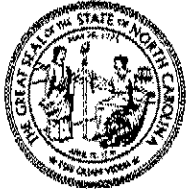
Please find attached completed Plan of Correction for Columbus House Annual and Follow up Survey completed on September 20, 2019.

If you have questions regarding this, please do not hesitate to contact Melissa Bryant, Division Director at 910-642-5697.

Sincerely

A handwritten signature in black ink that reads "Melissa Bryant". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Melissa Bryant
Division Director



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 27, 2019

Melissa Bryant, Regional Director
Community Innovations, Inc.
80 Alliance Drive
Whiteville, NC 28472

Re: Annual and Follow up Survey Completed September 20, 2019
Columbus House, 220 East Columbus Street, Whiteville NC 28472
MHL# 024-109
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed September 20, 2019.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiencies must be *corrected* within 30 days from the exit of the survey, which is October 20, 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.
- 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.***

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

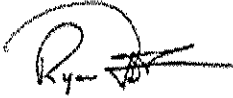
September 27, 2019
Melissa Bryant
Community Innovations, Inc.

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,



Ryan Meredith
Facility Compliance Consultant I
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
DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
Pam Pridgen, Administrative Assistant