

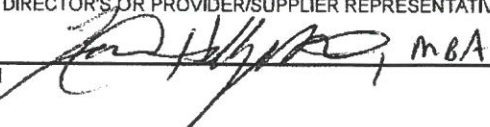
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL009-040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2019
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NAME OF PROVIDER OR SUPPLIER BLADEN COUNTY #1 MILLBRANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST BLADEN STREET BLADENBORO, NC 28320
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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 survey was completed on 11/14/19. 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 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	RECEIVED DEC 10 2019 DHSR-MH Licensure Sect	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

STATE FORM  M.B.A. Administrator 2H5V11 12/5/2019 If continuation sheet 1 of 6

Division of Health Service Regulation

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 3 of 3 clients audited (clients #1, #3 and #5). The findings are: Finding #1: Review on 11/12/19, 11/13/19, and 11/14/19 of client #3's record revealed: -44 year old female admitted 6/12/19. -Diagnoses included hypothyroidism; morbid obesity; hypercholesterolemia; schizoaffective disorder; bipolar mood disorder; borderline personality disorder; intellectual disability; hypertension; gastroesophageal reflux disease (GERD); seizure disorder. -Order dated 8/21/19 for Simvastatin 5 mg (milligrams) at bedtime daily. (Lowers cholesterol) -Order dated 8/21/19 for Hydrodiuril 25 mg daily. (Diuretic, lowers blood pressure) -Order dated 9/4/19 for Hydrocortisone cream 1/5%, apply to rash on chin/cheeks twice daily for 5 days. -Order dated 8/19/19 for Claritin 10 mg at bedtime. (Allergy relief) Review on 11/13/19 and 11/14/19 of client #5's MARs for September and October 2019 revealed: -Simvastatin 5 mg and Hydrodiuril 25 mg had not been transcribed or printed on the October 2019 MARs. There was no documentation either Simvastatin 5 mg or Hydrodiuril 25 mg had been administered in October 2019. -Hydrocortisone cream 1.5% was documented as	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>administered starting on 9/13/19, 9 days after the order had been written.</p> <p>-There were duplicate transcribed entries for Claritin 10 mg, one electronically and one hand written, on the September 2019 MARs. Staff documented Claritin was given twice daily at 8 pm from 9/1/19 - 9/10/19. Staff #2 and staff #3 initialed having given the Claritin at 8 pm on 9/4/19. Staff #2 and #4 initialed having given the Claritin at 8 pm on 9/6/19, 9/9/19, and 9/10/19. On the other days between 9/1/19 and 9/10/19 the same staff initialed having given the Claritin at 8 pm by both the printed and hand written entries.</p> <p>Finding #2: Review on 11/12/19, 11/13/19, and 11/14/19 of client #1's record revealed: -33 year old female admitted 7/1/11. -Diagnoses included agitation; attention deficit hyperactive disorder (ADHD); pain; cerebral palsy; epilepsy; GERD; headache; paranoid schizophrenia; intellectual developmental disability, mild; and, seizure disorder. -Orders dated 7/15/19 and 8/21/19 for Azelastine 0.05% nasal spray, 2 sprays in each nostril every evening. (Allergy relief) -Order dated 8/21/19 for Miralax 17 gm (grams) in 8 ounces of water or beverage every morning. -Order dated 7/15/19 for Debrox Otic Solution (Ear Drops), 6.5% drops into the right ear twice daily for 3 days, followed by irrigation on day 4. Order was renewed by physician signature on 8/21/19 on the electronic order list provided by the pharmacy.</p> <p>Observations on 11/12/19 between 1:30 pm and 2:30 pm of client #1's medications on hand revealed: -2 bottles of Azelastine 0.05% nasal spray. One</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>bottle dispense date 8/28/19 had not been opened. -The opened bottle had been dispensed 7/15/19. The label read the bottle contained 200 metered doses per bottle. There remained liquid in the bottle.</p> <p>Review on 11/12/19 and 11/13/19 of client #1's August, September, October, and November 2019 MARs revealed: -Azelastine 0.05% nasal spray had been documented daily at 8 pm. -Miralax had been documented daily at 8 am. -"Ear drops 6.5%" order had been printed on each month's MAR, with "complete" written across the documentation grid. No ear drops had been documented as administered from 8/1/19 through 11/12/19.</p> <p>Interview on 11/12/19 Staff #3 stated: -She alternated with Staff #2 and they worked "7 days on" and "7 days off." The 2 staff changed shifts on Wednesdays at 1:30 pm. Since she started her shift 11/6/19 client #1 had refused her Miralax. -Even though she had not administered the Miralax, she had initialed client #1's MAR as having administered the medication. -They were still using client #1's original bottle of Azelastine 0.05% nasal spray. When it was time to administer the medication she would hand the bottle to client #1 and let her spray the medication into each nostril. (At 4 sprays per day, the bottle should only have lasted for 50 days.</p> <p>Finding #3: Review on 11/12/19, 11/13/19, and 11/14/19 of client #5's record revealed: -32 year old female admitted 6/8/15. -Diagnoses included vitamin D deficiency; major</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>depressive disorder; autism disorder; GERD; celiac disease; seizure disorder; impaired glucose tolerance/prediabetes.</p> <p>-Order dated 8/21/19 for Clotrimazole Cream 1% to be applied to affected areas twice daily. Original order 4/1/19.</p> <p>Review on 11/12/19, 11/13/19, and 11/14/19 of client #5's MARs for August through November 2019 revealed the order for Clotrimazole Cream 1% twice daily was printed each month with "complete" written across the documentation grid. No cream had been documented as administered from 8/1/19 through 11/12/19.</p> <p>Interview on 11/14/19 the Licensed Practical Nurse (LPN) stated:</p> <p>-She reconciled client MARs each month and made corrections if needed.</p> <p>-She was not sure why staff had written a duplicate entry for Claritin 10 mg on client #3's September 2019 MAR.</p> <p>-She had no idea why the Simvastatin 5 mg and Hydrodiuril 25 mg had not been transcribed or printed on the client #3's October 2019 MARs.</p> <p>-The delay in starting client #3's Hydrocortisone cream 1/5% may have been due to a delay in the pharmacy filling the prescription. She was not certain.</p> <p>-The pharmacy would send an electronic printed physician order form listing all medications for each client that was used for the physicians to renew orders. She had not noticed the orders for client #1's Ear drops and client #5's Clotrimazole Cream continuing to be printed on the order form; therefore, renewed when the physician signed the orders on 8/21/19. When she reconciled the monthly MARs she was writing "complete" by these orders because they were to have been discontinued.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>-The client #5's gynecologist had originally ordered the Clotrimazole Cream for a rash below the clients breast. The order form was signed to renew medications by the clients' primary care practitioner.</p> <p>-She would follow up with the pharmacist about orders continuing to print on the order forms that had been completed.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and mail completed Plan of Correction form to: **In lieu of mailing the form, you may e-mail the completed electronic form to:**

Provider Name:	RHA HEALTH SERVICE Inc. LLC	Phone:	910-739-1468
Provider Contact Person for follow-up:	Tammie Hollingsworth, Administrator	Fax:	910-739-6134
Address:	715 East Bladen St Bladenboro, NC	Email:	Tammie Hollingsworth tammie.hollingsworth@rhanet.org
Provider # MHL#009-040			

Finding	Corrective Action Steps	Responsible Party	Time Line
<p>V118 27G .0209 (C) Medication Requirements-The facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting three of three clients (#1, #3 and #5).</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">DEC 10 2019</p> <p style="text-align: center; color: blue; font-weight: bold;">DHSR-MH Licensure Sect</p>	<ol style="list-style-type: none"> 1. The facility will administer medication on the written order of a physician and will keep the MARs current. 2. Director of Nursing will in-service LPN on ensuring medications are administered according to Physician to include transcribing medications correctly and MAR monthly crossover. 3. Nursing will re in-service all staff at Bladen #1 on how to properly document on the MARs and include the monthly crossover to ensure MARs are accurate. They will understand the importance of accurate documenting the MARs so to determine clients are receiving their medications as ordered by the physician. 4. LPN will check the MARs once a week to ensure proper documentation. LPN and Administrator will monitor MARs 2 times a month for 3 consecutive months to ensure medications are administered as written. 	<p>Kola Oxendine, LPN</p> <p>Robin Correll, RN Corporate Director of Nursing</p> <p>Rashida Prather, QP</p> <p>Tammie Hollingsworth Administrator,</p>	<p>Implementation Date: December 9, 2019</p> <p>Projected Completion Date: December 30, 2019</p>



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

Tammie Hollingsworth
RHA Health Services NC, LLC
2003 Godwin Avenue
Lumberton, NC 28358

Re: Annual Survey completed November 14, 2019
Bladen County #1 Millbranch, 715 East Bladen Street, Bladenboro, NC 28320
MHL # 009-040
E-mail Address: tammie.hollingsworth@rhanet.org

Dear Ms. Hollingsworth:

Thank you for the cooperation and courtesy extended during the annual survey completed November 14, 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

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 13, 2020.

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***

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

November 26, 2019
Tammie Hollingsworth
RHA Health Services NC, LLC

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 Gloria Locklear at 910-214-0350.

Sincerely,



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

Cc: DHSR@Alliancebhc.org
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant