

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 10/25/2019
NAME OF PROVIDER OR SUPPLIER MIDLAKE RESIDENTIAL			STREET ADDRESS, CITY, STATE, ZIP CODE 68 HILLSIDE STREET CLARKTON, NC 28433		
(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) COMPLETION DATE	
W 000	INITIAL COMMENTS A revisit was conducted on 10/25/19 for all previous deficiencies cited on 8/13/19. One of the deficiencies were recited and one new area of noncompliance was found. The facility remains out of compliance.	W 000			
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(III) Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all staff were sufficiently trained to detect and report potential signs and symptoms of illness for 1 of 2 audit clients (#2). The medication technician (MT) was not adequately trained to report relevant signs and symptoms of illness as indicated. During observations of medication administration in the home on 10/25/19 from 7:30am - 7:50am, client #2 ingested 15 different medications in pill form. In addition, Flonase nasal spray and Artificial Tears eye drops were also administered. At 7:48am, after all medications had been administered, the MT took client #2's blood pressure. At that time, his blood pressure	W 342	W 342 The nursing services as well as other members of the interdisciplinary team will implement appropriate protective and preventive health measures ranging from but not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of all clients in the facility.	12/24/19	

RECEIVED

By DHRS-Mental Health Licensure at 5:09 pm, Nov 14, 2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sharbara Williams Clinical Supervisor 11/14/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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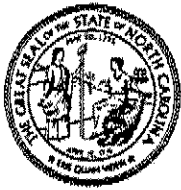
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W 342	<p>Continued From page 1</p> <p>reading was 182/107. The MT took the client's blood pressure a second time at 7:50am. His blood pressure reading was 183/113 at this time. The MT was not observed to call the facility nurse or indicate that the nurse needed to be called.</p> <p>Immediate interview with the MT revealed she had taken client #2's blood pressure a second time because it was a high reading. The MT also indicated the client's blood pressure is high at times.</p> <p>Review on 10/25/19 of client #2's physician's orders dated 8/1/19 - 7/31/20 revealed, "Check BP once daily, call nurse if BP is (greater than) 150/100, if bottom # is (greater than or equal to) 120 may be sent to hospital. Record pulse before giving meds, call if (greater than) 100...7am"</p> <p>Interview on 10/25/19 with the facility's nurse indicated she had not been called regarding client #2's blood pressure readings from the 10/25/19 med pass or any previous high blood pressure readings. The nurse confirmed the MT should have called her about the client's blood pressure reading and obtained further instructions. Additional interview also confirmed client #2's blood pressure/pulse should have been taken before he ingested his medications as indicated on his current physician's orders.</p>	W 342	<p>Nursing staff will Inservice all staff on client #2 medications/doctors' orders, procedure for contacting nurses to report signs and symptoms of illnesses and documentation of calls. Nursing staff will randomly access/monitor staff(MT) while administering medications to ensure appropriate procedures are followed. This will occur on a weekly basis.</p>	12/24/19	
{W 369}	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(2)</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>	{W 369}			

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{W 369}	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure all medications were administered without error. This affected 1 of 1 clients (#2) observed receiving medications. The finding is:</p> <p>Client #2 did not receive his Azelastine as indicated.</p> <p>During observations of medication administration in the home on 10/25/19 at 7:30am, client #2 ingested 15 different medications in pill form. In addition, Flonase nasal spray and Artificial Tears eye drops were also administered. The client did not receive any other medications at this time.</p> <p>Review on 10/25/19 of client #2's physician's orders dated 8/1/19 - 7/31/20 revealed an order for Azelastine .15% nasal spray, inhale 2 sprays in both nostrils twice daily at 8:00am and 8:00pm.</p> <p>Interview on 10/25/19 with the facility's nurse confirmed client #2 should have received Azelastine nasal spray at the 8:00am med pass in accordance with his current physician's orders.</p>	{W 369}	<p>W369 Nursing staff will retrain all staff at the facility on medication administration. Then all staff will be monitored during a medication pass and checked off by nursing staff as competent to administer medications. Nursing staff will inservice all staff on client #2 medication orders and administration of those medications. Nursing, program manager and/or the QP will conduct medication pass observations twice weekly in the home. Staff will receive training on the spot if they fail to follow physician's orders to include but not limited to administration of medications, completion of any vitals, conducting appropriate notification to nursing. Staff who fail to demonstrate competencies will be sent back through medication administration training.</p>	12/24/19	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 29, 2019

Ms. Melissa Bryant, Division Director
Community Innovations, Inc.
80 Alliance Dr.
Whiteville, NC 28472

Re: Follow-up Survey Completed October 25, 2019
Midlake Residential, 369 E. Green Rd., Clarkton, NC 28433
Provider Number: 34G257
MHL Number: MHL009-010
E-mail Address: mbryant@communityinnovations.com

Dear Ms. Bryant:

Thank you for the cooperation and courtesy extended during the follow-up survey completed October 25, 2019.

As a result of the follow-up survey, it was determined that all of the cited deficiencies have not been corrected and additional non-compliance was found, which is reflected on the enclosed CMS-2567

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form (CMS-2567). The purpose of the Statement of Deficiencies is to provide you with specific details of the practices that do not comply with regulations. You must develop one Plan of Correction that addresses each deficiency listed on the CMS-2567 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 and what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is December 24, 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.

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

- 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 CMS-2567 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 Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow-up visit will be conducted to verify all deficient practices have been corrected. If we can be of further assistance, please call Wilma Worsley-Diggs at 919-612-5520.

Sincerely,



Wilma Worsley-Diggs, M.Ed., QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Enclosures

Cc: 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
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