

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

PRINTED: 10/24/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2019
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NAME OF PROVIDER OR SUPPLIER OLD FARM ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 409 OLD FARM ROAD RAEFORD, NC 28376
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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) COMPLETION DATE
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W 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to perform their duties. The finding is:</p> <p>The medication technician (MT) was not effectively trained to perform required duties during medication administration.</p> <p>a. During observations of medication administration in the home on 10/23/19 from 8:18am - 9:23am, the MT left the medication room on eight separate occasions. As the MT left the room, the closet containing medications and the door to the medication room were unlocked and/or open.</p> <p>Interview on 10/23/19 with the MT revealed they had been trained to ensure the door to the medication room was "closed" when administering medications.</p> <p>Review on 10/23/19 of the facility's medication pass observations sheet (last modified 6/23/16) revealed the medication closet should be "locked when unattended".</p> <p>Interview on 10/23/19 with the facility's nurse confirmed staff have been trained to ensure medications are kept locked if the MT needs to</p>	W 189	<p>RECEIVED NOV 09 2019 DHSR-MH Licensure Sect</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *Administrator* (X6) DATE *11/4/19*

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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W 189	<p>Continued From page 1 leave the area during medication administration.</p> <p>b. During observations of medication administration in the home on 10/23/19 at 8:51am and 9:07am, the MT obtained the client's medication pill cards, punched the pills into a medication cup and immediately signed the Medication Administration Record (MAR). Afterwards, the clients ingested the medications with water and/or pudding.</p> <p>Interview on 10/23/19 with the MT indicated they routinely sign the MAR before giving clients their medications. Additional interview indicated they had been trained to sign the MAR and then give clients their medications.</p> <p>Review on 10/23/19 of the facility's medication pass observations sheet (last modified 6/23/16) revealed the MT "makes sure meds are ingested prior to documenting on MAR".</p> <p>Interview on 10/23/19 with the facility's nurse confirmed staff have been trained to ensure clients ingest their medications before the MAR is signed.</p>	W 189		
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure client #6's Individual Program Plan (IPP) included</p>	W 240		



November 4, 2019

NC Department of Health and Human Services
Division of Health Service Regulation
Mental Health Licensure and Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Mrs. Wilma:

Enclosed please find a copy of RHA, Inc plan of corrections to address deficiencies that were cited at Old Farm Group Home, 409 Old Farm Rd, Raeford, NC 28371 during its annual survey for continued participation in the Medicaid Program, conducted October 23, 2019.

Please do not hesitate to call if you have any questions or concerns about our plan of corrections.

Respectfully,

Shakitta Mcleod,
BS, QMRP

C/C: Samantha Scott, Facility Administrator
RHA Health Services, Inc

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W189 STAFF TRAINING PROGRAM

The facility will provide continue to provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and completely.

The LPN's will re-trained and re-inservice staff on the protocol for securing the medication closet, ingesting meds, and signing the MAR.

The LPN's will conduct medication observations 3X per month for 3 consecutive months.

W 240 INDIVIDUAL PROGRAM PLAN

The facility will ensure the person center plans describe relevant interventions to support the individual toward independence.

The QP will revise the person center plan to include the usage of clients #6 eyewear. The Habilitation Specialist will also implement guidelines for eyewear usage.

The QP and Habilitation Specialist will conduct interaction assessments for 2X per month 2 for consecutive months

W 369 DRUG ADMINISTRATION

The facility will ensure all medications are administered without error.

The LPN's will re-trained and re-inservice staff on administering medications for client's (#1, #3, #4, and #5).

The LPN, QP, Home Manager and Habilitation Specialist will conduct medication observations 3X per month for 3 consecutive months.

W 382 DRUG STORAGE AND RECORDKEEPING

The facility will ensure all drugs and biologicals are locked except when being prepared for administration.

The LPN's will re-trained and re-inservice staff on securing the medication room when unattended.

The LPN, QP, Home Manager and Habilitation Specialist will conduct medication observations 3X per month for 3 consecutive months.

Completion Date: December 21, 2019.

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NOV 09 2019

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