

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601370</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/03/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HARRIS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5035 ABERCROMBY STREET CHARLOTTE, NC 28213</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>INITIAL COMMENTS</p> <p>An annual survey was completed on December 3, 2019. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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 with a physician.</p>	V 118	<p>Then QP will ensure that the following occurs on a daily basis</p> <p>Then Harris homes will be monitored more often to make sure that the home is in compliance with all medication requirements. Then QP will be conducting bi-weekly unannounced visits to the home.</p> <p>AFL Provider is in compliance with medication training, as evidenced by training received on 4-16-19.</p> <p>Additionally, provider received a refresher training on 12-18-19. This training is for provider to be mindful of the importance of making sure to adhere to the physician order.</p> <p>The AFL provider will follow all the requirements for rules 10A NCAC 27G.0209, regarding medication requirements.</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure all medications were administered on the written order of a person authorized by law to prescribe medications and that failed to ensure MARS were kept current affecting 1 of 2 clients (Client #2). The findings are:</p> <p>Review on 12/2/19 of Client #2's record revealed: -Admitted 11/7/19; -Diagnosed with Intellectual Developmental Disability Severe, Intermittent Explosive Disorder.</p> <p>Finding #1 Review on 12/2/19 of Client #2's record revealed: -November and December, 2019 MARs revealed administration of Thorazine (antipsychotic) 100mg 1 ½ tabs three times daily at 8am, 12pm, and 6pm; -Physician's order dated 11/29/19 revealed Thorazine 200mg 1 ½ tabs three times daily at 8am, 12pm, and 6pm.</p> <p>Interview on 12/2/19 with the Alternative Family Living (AFL) Provider revealed: -Client #2 is receiving the correct dose of Thorazine as ordered by his physician but the November and December, 2019 MARs were not updated to reflect the increased dose.</p> <p>Observation on 12/3/19 at approximately 8:05am of Client #2's medications revealed: -Bottle of Thorazine 200mg with directions to take 1 ½ tabs three times daily dispensed on 11/29/19.</p>	V 118	<p>The OP will monitor the Harris Home weekly.</p> <p>-AFL Provider will make sure that records on the MAR, is in accordance with the physician center.</p> <p>-AFL Provider will ensure that the MAR is kept current at all times.</p> <p>-AFL Provider will ensure that the MAR is updated immediately following a change of med, that is ordered by a physician.</p> <p>-AFL Provider will ensure that ALL medication should be given, as prescribed by the physician.</p> <p>-AFL Provider will check all medication received from pharmacy, and make sure it matches the physician center, and is accurately reflected, and documented on the MAR.</p>	

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V 118	Continued From page 2  Finding #2 -November and December, 2019 MARs revealed administration of Risperdal (antipsychotic) 1 mg three times daily at 6am, 12pm, and 6pm; -Physician's order dated 11/29/19 to discontinue Risperdal 1mg three times daily.  Interview on 12/3/19 with the AFL Provider revealed: -Risperdal should have been discontinued on 11/29/19 but was given in error from 11/29/19 through 12/2/19.  Interview on 12/3/19 with the Director of Pharmacy at a local behavioral health facility revealed: -The only concern with taking the Risperdal for an additional few days, would be extra pyramidal symptoms. However, Client #2 receives medications to alleviate extra pyramidal effects so there is no significant issue with this matter.  Observation on 12/3/19 at approximately 8:05am of Client #2's medications revealed: -Bottle of Risperdal 1mg with directions to take 1 tab three times daily dispensed on 11/25/19.	V 118	-AFL will make sure that a physician order is filled out after every visit to the Doctor's office, or the hospital. -AFL will make sure that a physician order is received, whenever a medication is discontinued. -AFL Provider will make sure that these meds are immediately returned to the Pharmacy, for proper disposal. -AFL provider will immediately update the MAR, by writing the word DC'D on the MAR from the date the medication and the order was received. -AFL will check the next month's MAR, to make sure the discontinued medication is not printed on the MAR.	

# The Unique Caring Network, Inc.

## Certificate of PARTICIPATION

This certifies that

ALFRED HARRIS

Has successfully participated in

### MEDICATION ADMINISTRATION REFRESHER

*Prescription or Non-Prescription Drugs Administered to Client on Written Order by person Licensed and Authorized by Law to Prescribe Drugs  
Physician Order and Importance of having Signed Physician Order*

*Timely Refill of Prescription Medications*

*Client Self-Administration only on signed Order by Licensed Physician  
Discontinued Medication to be noted on Signed Physician Order with Effective Date  
Precautions to be used with Topical Medication and Client Self-Administration  
Physician Order Form to be Completed at each Medication Administration visit.*



Date of Participation: December 18, 2019  
Credit 1.0 hours

Signature: Clivia R. Milburn, BA, QP, M.Ed., Training & Licensing Coordinator



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

December 10, 2019

Mr. Tyrone Miller  
The Unique Caring Network, Inc.  
7128 B Albemarle Road  
Charlotte, NC 28277

RECEIVED

DEC 27 2019

DHSR-MH Licensure Sect

Re: Annual Survey completed December 3, 2019  
Harris Home, 5035 Abercromby Street, Charlotte, NC 28313  
MHL # 060-1370  
E-mail Address: [tmiller@uniquecaringnetwork.com](mailto:tmiller@uniquecaringnetwork.com)

Dear Mr. Miller:

Thank you for the cooperation and courtesy extended during the annual survey completed December 3, 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**

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 31, 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 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 & 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 • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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 Lynn Grier, Team Leader at 704-596-4072.

Sincerely,



Eileen Sanchez, MA  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
Pam Pridgen, Administrative Assistant