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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL045-112	A. BUILDING: _____ B. WING _____	11/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARA BELLA'S HOME	282 FARM VALLEY ROAD FLETCHER, NC 28732

(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 November 27, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Adults of all Disability Groups-Alternative Family Living.	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	V 118	Caregiver Met with Pharmacy + Doctor to establish better communication regards Dr's orders and Doctor office will provide written scripts to pharmacy at time of med change and Caregiver will be given a copy at time of change. completed 11/30/19	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Crystal Hale BSW/QP TITLE QP (X6) DATE 12/30/19

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure that all medications administered were ordered by a person authorized by law to prescribe drugs and failed to ensure MARs were current for 1 of 2 clients (#2). The findings are: Observation on 11/14/19 at 3:20PM of the medications for Client #2 revealed: -Medications for Client #2 were dispensed from the pharmacy in already prepared dose packs for each administration during a 24-hour period. -Propranolol (Inderal) 120mg (1cap once daily) dispensed 10/16/19. Record review on 11/14/19 for Client #2 revealed: -Admitted on 9/24/19 with diagnoses of Moderate Intellectual Disability, hearing loss, Intermittent Explosive Disorder, and Attention Deficit Hyperactivity Disorder (ADHD). -Physician order dated 9/24/19 for Inderal 120mg, 2 daily. -Physician's orders dated 10/15/19 to discontinue the Inderal and for Trazodone 100mg at bedtime. -Copy of verbal orders received by the pharmacy dated 10/15/19 for Inderal to change to 120mg, 1 tablet daily and to change the Trazodone to 50mg at bedtime. These orders had not been signed by the physician. -Physician order dated 10/15/19 for Intuniv 2mg, 1 tablet twice daily. -Copy of verbal order received from the pharmacy dated 11/7/19 to change Intuniv to 4mg daily.	V 118		

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V 118	Continued From page 2 This order had not been signed by the physician. Review on 11/14/19 of the 09/2019-11/2019 MARs for Client #2 revealed: -Documentation of the administration of Inderal, 120mg, 2 capsules daily stopped on 10/16/19. -No documentation of Inderal 120mg, one capsule daily beginning on 10/16/19. -October MAR listed the Trazodone dosage as 100mg, not 50mg. -November MAR indicated Intuniv administered as 2mg twice daily. The change to the 4mg daily dose was not updated on the MAR. Interview on 11/15/19 with the pharmacy revealed: -Physician orders received on 10/15/19 from the physician needed clarification. The pharmacist thought it was dangerous to stop Inderal without a taper dose. The physician agreed to lower the dosage to once daily. -The physician also changed the Trazodone to 50mg. -These orders were given verbally to the pharmacy. -The pharmacy confirmed that the dose pack dispensed on 10/16/19 were the new doses ordered. Interview on 11/15/19 with the AFL provider revealed: -She had spoken with the pharmacy about concerns regarding stopping the Inderal. The pharmacy had indicated that they had called the physician for Client #2. -The pharmacy had assured her that Client #2 was getting the correct medications doses. -She had no further conversations with the pharmacy about the new orders. -She failed to obtain signed orders from the	V 118		

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V 118	Continued From page 3 physician for the medication changes. -She failed to update the MARs with the changes.	V 118		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

December 20, 2019

Wanda Stills, President
Reach for Independence, Inc.
11 Hoopers Creek Rd.
Fletcher, NC 28732

Re: Annual Survey completed November 27, 2019
Tara Bella's Home, 282 Farm Valley Road, Fletcher, NC 28732
MHL # 045-112
E-mail Address: wstills@bellsouth.net

Dear Ms. Stills:

Thank you for the cooperation and courtesy extended during the annual survey completed November 27, 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 deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is January 26, 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 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 Sonia Eldridge at 828-665-9911.

Sincerely,

Kem Roberts

Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant

Pam Pridgen
pam.pridgen@dhhs.nc.gov