

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-123	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/04/2019
NAME OF PROVIDER OR SUPPLIER HELMS HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115			
(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 12-4-19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000			
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117			

DHSR - Mental Health

JAN 3 2020

Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Ashley Hines, MA, LMFT
KVVWK11

(X6) DATE

If continuation sheet 1 of 8



Plan of Correction December 2019 Helms House

Rule and the Violation

10A NCAC 27G .0209 (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.

RDC Violation: b 1-3

This Rule is not met as evidenced by: Based on record reviews, interviews, and observation, the facility failed to ensure the packaging label of each medication contained the required information affecting 1 of 3 audited clients (#3). The findings are: Review on 12-2-19 of Client #3's record revealed: -Admitted on 10-1-19; -Age 13 -Diagnoses of Attention Deficit Hyperactivity Disorder (ADHD), Major Depressive Disorder, recurrent severe without psychotic features, Disruptive Mood Dysregulation, Bi-polar Disorder II; -A physician's order for Taytulla 1 milligram (mg) capsule (used for birth control) once daily, ordered on 11-19-19. Observation at approximately 11:45am on 12-3-19 of Client #3's medication revealed: A box of Taytulla capsules with no packaging label was in Client #3's medication bin; The box of Taytulla did not include client's name, the prescriber's name, the dispensing date, the name, address, and phone number of the pharmacy or dispensing location, administration instructions, and the name of the dispensing practitioner. Interview on 12-2-19 with Client #3 revealed: She was taking birth control but did not give the name of the birth control; She was, "Trying to stay on top of her medications."

Solution: In accordance to 10A NCAC 27G .0209 Medication Requirements Rockwell Development Center will ensure that the client's name, prescriber's name, the current dispensing date, directions for self-administration, the name, strength, quantity, expiration date, address of the pharmacy, dispensing location and name of dispensing practitioner.

This deficiency has been corrected by maintaining the placement of birth control or other medications that are not delivered in blister packs in the bag provided by the pharmacy. All person's serving as direct care should monitor intake of medications delivered by the pharmacy and ensure they are packaged and labeled correctly.

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.

RDC Violation:

This Rule is not met as evidenced by: based on record reviews and interviews the facility failed to ensure MARs were kept current and medications administered were recorded immediately after administration affecting 2 of 3 audited Clients (#1 and #3). The findings are: Review on 12-2-19 of Client #1's record revealed: Admission date: 3-25-19 Diagnoses: Post-Traumatic-Stress Disorder; Disruptive Mood Dysregulation Disorder Age: 15 Physicians orders for the following medications: Abilify 10 milligrams (mg), 1 tablet every night at bedtime (QHS), dated 3-25-19; Lvonar/Seasonale Quasense (birth control), 1 tablet every day (QD), dated 10/22/19; Vitamin D 2,000 units, 1 tablet QD, dated 10/22/19; Buspar 7.5 mg, 1 tablet twice daily (BID), dated 5-7-19; Zantac 150 mg, 1 tablet BID, dated 5/7/19;

Solution: In accordance to 10A NCAC 27G .0209 Medication Requirements: Rockwell Development Center will ensure that the Medication Administration Record is properly completed to reflect all drugs administered to each client immediately after administration. The AP will complete weekly checks of MARS for completion. The QP will complete monthly checks of the MAR for their assigned facility. RDC shall also document medication changes and requests for changes made by the client.

This deficiency has been corrected by the ensured checks for completion by the AP, QP and now the QA/QI specialist.