

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/09/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER LAKE JAMES ALTERNATIVE FAMILY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5741 FISH HATCHERY ROAD MORGANTON, NC 28655
---	---

(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 and follow up survey was completed on 12-9-19. Deficiencies were cited. This facility is licensed for the following service category 10A NCAC 27G .5600F Supervised Living for Individuals 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		

DHSR - Mental Health
JAN 10 2020
Lic. & Cert. Section

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

TITLE

(X6) DATE

Susan Trampson BSQP

12.20

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LAKE JAMES ALTERNATIVE FAMILY LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5741 FISH HATCHERY ROAD MORGANTON, NC 28655
---	---

(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 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure MAR's were kept current for 1 of 3 clients (Client #3). The findings are:</p> <p>Review of Client #3's record on 12-9-19 revealed: -Date of admission: 1-21-19; -Diagnoses: Borderline Intellectual Functioning, Language Disorder, Schizoaffective Disorder, Chronic Kidney disease, Hyperlipidemia and Hypothyroidism; -Physician's orders for the following medications: -lamotrigine 100 milligram (mg) 1 tablet by mouth each evening and fluoxetine hydrochloride 20 mg 1 capsule by mouth daily dated 2-1-19; -omeprazole 20 mg 1 capsule by mouth daily dated 3-28-19; -buspirone hydrochloride 5 mg 1 tablet by mouth three times daily as needed for anxiety dated 7-19-19; -lisinopril 10 mg 1 tablet by mouth daily dated 8-22-19; -aripiprazole 30 mg 1 tablet by mouth at bedtime and divalproex sodium extended release 500 mg 1 tablet by each morning and 2 tablets by mouth each evening dated 10-8-19; -Physician's order allowing client to self-administer his medications dated 2-1-19; -No MAR was on file in the client's record from the date of admission.</p> <p>Interview with Client #3 on 12-9-19 revealed: -He self-administered his medications; -Staff #1 ensured he was compliant with taking</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL012-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/09/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
LAKE JAMES ALTERNATIVE FAMILY LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**5741 FISH HATCHERY ROAD
MORGANTON, NC 28655**

(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 118	<p>Continued From page 2</p> <p>his medications as prescribed.</p> <p>Interview with Staff #1 on 12-6-19 revealed: -Client #3 did not have a MAR; -She was told by the Qualified Professional (QP) that Client #3 did not require a MAR since he had an order to self-administer his medications.</p> <p>Interview with the QP on 12-9-19 revealed: -She was unaware that a MAR was needed for clients who self-administered their medications; -A MAR would be prepared this week for Client #3; -The use of the MAR for Client #3 would be implemented immediately.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p>On 12-11-19, QP composed MAR's for client #3 with current medications.</p> <p>On 12-11-19 QP met @ the AFL; client #3, presenting the MAR's. QP explained to client #3 the reasoning for putting MAR's in place; that he should provide his hand-written name monthly before submitting to office for filing. Client #3 agreed to request.</p> <p>Attached is copy of the MAR's along with the doctor's order for Client #3 to self-administer his medications. This order will be updated yearly; kept in Client record.</p> <p>Also is attached the supervision note for 12-11-19, indicating that the MAR's were presented on this date.</p> <p>QP will monitor the AFL; MAR's monthly.</p>	
-------	--	-------	---	--

Month/Year: _____

Community Companion Home Care, LLC. Medication Administration Record

Name: [REDACTED]

DOB: [REDACTED]

Sex: M

Record #: [REDACTED]

Allergies: NKA

Name	Initials		Name	Initials
		<p>A. Put initials in appropriate box when medication is given. B. State reason for refusal / omission on back of form. C. PRN Medications: Reason given and results must be noted on back of form. D. Legend: S = School; H = Home visit; W = Work</p>		

Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Omeprazole 20 mg DR CAP 1 cap PO once daily																																	
Lamotrigine 100 mg 1 tab PO each morning																																	
Divalproex SOD ER 500 mg TA 1 tab PO each morning & 2 tabs each evening																																	
Fluoxetine HCL 20 mg Take 1 cap PO once daily																																	
Lamotrigine 100 mg 1 tab PO each evening																																	

Member Self Administers
All Medications

Community Family Healthcare

219 A Avery Ave Morganton, NC 28655

Alan M. Hicks, DNP, FNP-C

Board Certified Nurse Practitioner (AANP)

Orders

Name: [REDACTED] Age/DOB: _____

Address: _____

Date: 2/1/19

	Pt may administer his medications to himself.

Diagnosis: Bipolar II

Notes:



Alan M. Hicks, DNP, FNP-C

DEA: MH4442074

LIC#: 5009756

NPI: 1720503972

EMERGENCY / AFTER HOURS LINE: 828-439-4057 or 828-260-4125

219 A Avery Ave Morganton, NC 28655

Tel: (828)391-83264 / Fax: (828)391-1972

Supervision Note


Community Companion Home Care, LLC
Supervision Notes

Employee First Name: Laura Employee Last Name: Smith
Date: 12/11/2019 Time: 3:45 pm Location: Home

Topics Discussed

- Communication
- Crisis Prevention and Intervention
- Confidentiality
- Person-Centered Thinking
- Service Definitions
- Incident Reporting
- Client Specific Behavioral Issues
- Client Support Needs
- Positive Behavior Supports
- Home/Environmental Modifications
- Employee Counseling
- Employee Evaluation
- Therapeutic Relationships
- Client Rights
- Abuse and Neglect
- Philosophy of Services
- Documentation
- Client Specific Medical Issues
- Diagnoses
- Planning Needs/Progress on Goals
- Natural Supports
- Employee Support Needs
- Training Updates
- Other

Comments: QP returned to Laura's home this PM to deliver her new licensure & the updated MAR's for 2 of her members. Laura turned in her MAR for member DH for Oct. 2019. Laura will provide copy of her fire inspection once she receives from the inspector.



SUSAN
Thompson
BSCP

- Dashboard
- Notes
- Timesheets
- Clients
- Employees
- Scheduling

Search Emplo
Smith, La
Demogr
Add
Type
Supervision
Supervision
Supervision
Supervision
Supervision
Supervision
Expert
Add Filter
Gender
Add Filter
Date Employ
Add Filter
Date Termin

Menu Settings