STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 14, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities.	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 with a physician.	V 118	RECEIVED JAN 06 2020 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 12/5/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician, maintain current MARs, or record medications immediately after administration affecting 3 of 3 clients audited (clients #2, #4, #5. The findings are: Finding #1: Review on 11/7/19, 11/8/19, and 11/13/19 of client #5's record revealed: -42 year old male admitted 10/22/18. -Diagnoses included traumatic brain injury, mood disorder, dementia, and mild intellectual developmental disorder. -Orders dated 8/12/19 included: -Clonazepam 0.5 mg (milligrams) at bedtime (Anticonvulsant) -Olanzapine 20 mg every evening (Antipsychotic/Antimanic) -Valproic Acid Solution 250 mg/ml (milliliter), 10 ml's twice daily (Anticonvulsant) -Order dated 8/12/19 for Amoxicillin 500 mg, take 2 capsules at once, then 1 every 6 hours for 10 days. (Antibiotic) -Order dated 10/3/19 for Amoxicillin 500 mg, take 2 capsules at once, then 1 every 6 hours until gone. Dispense 40 tablets. Review on 11/7/19 of client #5's November 2019 MARs revealed: -Clonazepam 0.5 mg, Olanzapine 20 mg, and Valproic Acid Solution 250 mg/ml, 10 ml's were scheduled to be administered at 8 pm daily. -On 11/7/19 at 4:30 pm all medications scheduled	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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	Continued From page 2 to be administered at 8 pm on 11/7/19 had been documented as administered. Review on 11/13/19 and 11/14/19 of client #5's August and October 2019 MARs revealed: -In August 2019 Amoxicillin 500 mg had been scheduled and documented as administered at 8 am, 2 pm, and 8 pm for 10 days beginning at 8 pm on 8/12/19 and ending on 8/22/19 at 8 pm. -In October 2019 Amoxicillin 500 mg had been scheduled and documented as administered at 8 am, 2 pm, and 8 pm for 8 days beginning at 8 pm on 10/4/19 and ending on 10/12/19 at 8 pm. The scheduled dose for 10/6/19 at 8 am was not documented as administered. Finding #2: Review on 11/7/19, 11/8/19, and 11/13/19 of client #4's record revealed: -49 year old male admitted 7/1/11. -Diagnoses included schizophrenia, anxiety disorder; insomnia, intellectual developmental disorder-moderate, hypercholesterolemia, osteoarthritis, sinusitis, allergic rhinitis, diabetes, gastroesophageal reflux disease (GERD), diabetes. -Orders dated 8/21/19 included: -Atorvastatin 10 mg at bedtime (lowers cholesterol) -Benztropine 1 mg twice daily (reduce symptoms of Parkinson's disease or involuntary movements) -Clonazepam 0.5 mg twice daily -Clozapine 100 mg, 2 tablets at bedtime (used to treat certain mental/mood disorders, i.e. schizophrenia) -Senna Plus 50-8.6 mg at bedtime (constipation) -Keppra 750 mg twice daily (anticonvulsant) -Singulair 10 mg at bedtime (reduce allergy	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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	Continued From page 3 symptoms) Review on 11/7/19 of client #4's November 2019 MARs revealed: -Atorvastatin 10 mg, Benztropine 1 mg, Clonazepam 0.5 mg, Clozapine 100 mg, 2 tablets at bedtime, Senna Plus 50-8.6 mg, Keppra 750 mg, and Singulair 10 mg were scheduled to be administered at 8 pm daily. -On 11/7/19 at 4:30 pm all medications scheduled to be administered at 8 pm on 11/7/19 had been documented as administered. Finding #3: Review on 11/7/19, 11/8/19, and 11/13/19 of client #2's record revealed: -29 year old male admitted 10/26/19. -Diagnoses included mild intellectual developmental disorder, mild neurocognitive disorder due to multiple etiologies. -Orders dated 10/15/19 included: -Depakote 1500 mg at bedtime (anticonvulsant) -Keppra 1000 mg at bedtime Review on 11/7/19 of client #2's November 2019 MARs revealed: -Depakote 1500 mg and Keppra 1000 mg were scheduled to be administered at 8 pm daily. -On 11/7/19 at 4:30 pm Depakote 1500 mg and Keppra 1000 mg scheduled to be administered at 8 pm on 11/7/19 had been documented as administered. Interview on 11/7/19 the Group Home Manager stated: -He had been in a hurry the morning of 11/7/19 and documented the 8 pm medications in error. -Staff #2 had failed to document medications given the prior day and he had the staff fill in the	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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	Continued From page 4 MARs on 11/7/19. They did not document these entries as late entries. He was sure staff #2 had given the medications because they log a medication count in addition to the MAR documentation. Interview on 11/14/19 the Licensed Practical Nurse (LPN) stated: -Client #5's dentist had ordered the antibiotics in August and October 2019. -The dentist had said for them not to awaken client #2 in the middle of the night to give his antibiotics. -She scheduled the antibiotics on the MARs. -She had not thought of choosing scheduled dosing times that would avoid waking the client during the night, but making sure the client received the medications as ordered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 366	Continued From page 5 (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 366	Continued From page 6 review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 366	Continued From page 7 applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement policies for response to incidents as required. The findings are: Review on 11/7/19, 11/8/19, and 11/13/19 of client #5's record revealed: -42 year old male admitted 10/22/18. -Diagnoses included traumatic brain injury, mood disorder, dementia, and mild intellectual developmental disorder. -Medical Appointment Consultation Record dated 7/30/19 documented: -client #5 fell and had tooth pain and left knee pain -client #5 had abrasion/contusion of left knee and right cheek, and a chipped tooth right upper tooth. -dental evaluation needed within 48 hours -Dental consultation Record dated 7/31/19 documented client #5 fractured tooth #7 off below the alveolar crest and required an extraction. -Medical Appointment Consultation Record dated 8/12/19 documented tooth #7 was extracted. Review of facility incident reports from 4/1/19 - 11/7/19 revealed no internal incident report or incident response documented for client #5's fall in July 2019. Interview on 11/14/18 the Qualified Professional	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 366	Continued From page 8 stated: -Client #5's gait was getting worse. She had reported this to the nurse. -In July 2019 he fell at the group home. -There was no level incident report done.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 367	Continued From page 9 day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL009-041	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLADEN COUNTY #2 RIVERWOOD	706 WEST SWANZY STREET ELIZABETHTOWN, NC 28337

(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 367	Continued From page 10 the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report Level II incidents as required to the LME (Local Management Entity) within 72 hours. The findings are: Review on 11/7/19, 11/8/19, and 11/13/19 of client #5's record revealed: -42 year old male admitted 10/22/18. -Diagnoses included traumatic brain injury, mood disorder, dementia, and mild intellectual developmental disorder. -Medical Appointment Consultation Record dated 7/30/19 documented client #5 required a dental extraction of a tooth fractured in a fall: Review of the North Carolina Incident Response Improvement System (IRIS) reports for July 2019 revealed there was not IRIS report for client #5's fall in July 2019. Interview on 11/14/18 the Qualified Professional state there was not level 2 incident report done. See V366 for additional details.	V 367		

RHA
& AFFILIATED COMPANIES

Inservice Training

Date	Location: RHA Lumberton
12-6-19	

Title of Training

The Nurse's Role in Ensuring Medications are Administered According to Physician (transcribing medications correctly and MAR monthly crossover)

Instructor's Name	Title
Robin Correll, RN, DNP	Vice-President of Nursing Services
Instructor's Name	Title

Purpose/Outline of Training

The nurse has the responsibility to ensure all medications are transcribed onto the MAR appropriately per policy and according to the physician's orders. When transcribing medications, compare the information transcribed onto the MAR with the Physician's Order carefully. Check and compare at least three times. If med techs transcribe onto the MAR, the nurse should review the information for accuracy prior to the medication being administered. If the nurse is not available to come on-site, the nurse may use HIPAA approved mechanisms to review the information for accuracy.

Medications are to be started within a timely fashion. Antibiotics (anti-infectives) and pain medications should be started as soon as possible per physician's orders. If the physician permits routine medications may be started with the next pharmacy delivery (which is typically the next day). In the event that a medication is not able to be started within a timely fashion due to the pharmacy and back-up pharmacy not having the medication in stock, the physician shall be notified and an alternative medication should be ordered. The home and the clinical staff should be notified, as well.

MARS must reflect the current physician orders. At the end of each month, you will print off the MARS for the next month from PharmCom. Compare the MARS with the current MAR for accuracy. If medications have been discontinued, mark appropriately on the MARS and include the date that it was discontinued. If a current medication is not on the MAR, verify whether the medication was discontinued. If there is no order to discontinue the medication, write the medication onto the MAR according to physician orders. After you review all of the MARS for accuracy, make a copy of the MARS with corrections and scan to the pharmacy. The pharmacy may request copies of the physician order to discontinue the medication. Failure to scan corrected copies of the MARS to the pharmacy will result in repeated errors on the next month's MAR.

In addition, prior to beginning the next month's MAR, the home manager or designated staff should check and compare the old MAR to the new MARS. If any discrepancies are found, the nurse should be notified immediately and the orders clarified for accuracy prior to administering medications.

Instructor's Signature	Instructor's Signature
Robin Correll RN, DNP	

RHA HEALTH SERVICES, INC.

In-service Training

Date 11/26/19	Place Held OFFICE-BLA1/BLA2
Title of Training Refusing meds	
Instructor's Name K. Oxendine	Title LPN
Instructor's Name	Title

Purpose/Outline of Training

Clients have the right to refuse meds, if a client refuses meds, remember meds are scheduled for 8AM/8PM we have a hour before or a hour after to give meds, so wait until 9 to see if they change their mind, if not, put a R in the box circle it and write on the back of MAR time date, meds refused. You also have to do a incident report. If they refuse all meds write refused all 8AM/8PM meds, if they only refuse certain meds please write the name of the medication.

Instructor's Signature	Instructor's Signature

Attendance Roll

Full Name	Clock #	Shift	Home	Grade
Amanda Council		Ton/Toff	Bladen 1	
Sherry Thompson		7on 7off 1st	Bladen 1	
Sonja McKay			Bladen 2	
Aaron Lockhear	018809	1st	Bladen 2	

Appendix 1-B: Plan of Correction Form

Plan of Correction	
Please complete <u>all</u> requested information and mail completed Plan of Correction form to:	In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	RHA HEATH SERVICE Inc. LLC	Phone:	910-739-1468
Provider Contact Person for follow-up:	Tammie Hollingsworth, Administrator	Fax:	910-739-6134
		Email:	Tammie Hollingsworth tammie.hollingsworth@rhanet.org
Address:	706 West Swanzy Street Elizabethtown, NC		Provider # MHL#009-041

Finding	Corrective Action Steps	Responsible Party	Time Line
V118 27G .0209 (C) Medication Requirements-The facility failed to administer medications on the written order by the physician, maintain current MARs, or record medications immediately after administration affecting 3 of 3 clients audited (client #2, #4, #5).	1. The facility will administer medication on the written order of a physician and will keep the MARs current. 2. Director of Nursing will in service the LPN on ensuring medication is transcribed onto the MAR appropriately per policy and accordingly to the physician order. 3. Nursing will re in-service all staff at Bladen #2 on how to properly document on the MARs immediately after administration. They will understand the importance of accurate documenting the MARs so to determine clients are receiving their medications as ordered by the physician. 4. The administrator and LPN will check the MARs twice a month to ensure proper documentation. The LPN, Home Manager will check and compare the old MARs to the new MARs. If any discrepancies are found, the	Kola Oxendine, LPN Robin Correll, RN Corporate Director of Nursing Rashida Prather, QP Tammie Hollingsworth Administrator,	Implementation Date: December 9, 2019 Projected Completion Date: December 30, 2019

	nurse should be notified immediately and the orders clarified for accuracy prior to administering medications.		
V366 27G.0603 Incident Response Requirements The facility failed to implement policies for response to incidents as required.	**The administrator will in-service the Qualified Professional on the Incident Response and Reporting Manual. The in-service discussed the quarterly reporting for Level 1, 2 and 3, when to file each, how to submit, and updating information on the report.**	Tammie Hollingsworth, Administrator	Implementation Date December 9, 2019 **Projected Completion Date December 30, 2019**
V367 27G.0604 Incident Response Requirements The facility failed to Level II incidents as required to the Local management Entity within 72 hours.	**The administrator will in-service the Qualified Professional on the Incident Response and Reporting Manual. The in-service discussed the quarterly reporting for Level 1, 2 and 3, when to file each, how to submit, and updating information on the report.** **The administrator will review the Incident Report Manual 1 time a week and all incident Reports 1 time a week to ensure all incidents are reported in a timely fashion**	Tammie Hollingsworth, Administrator	Implementation Date December 9, 2019 **Projected Completion Date December 30, 2019**