

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-723	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/05/2019
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NAME OF PROVIDER OR SUPPLIER SHARPER IMAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 BRIDGER STREET FAYETTEVILLE, NC 28301
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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	INITIAL COMMENTS An annual survey was completed on December 5, 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		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Lucy Sharp

RECEIVED
By DHSR- Mental Health Licensing at 4:05 pm, Jan 17, 2020

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by the physician and maintain current MARs affecting 1 of 3 clients audited (client #2). The findings are:</p> <p>Review on 12/5/19 of client #2's record revealed: -66 year old male admitted 11/30/09. -Diagnoses included schizophrenia, paranoid type; dementia, not otherwise specified; mild mental retardation; coronary artery disease; hypertension; type 2 diabetes; peripheral vascular disease; polyosteoarthritis, unspecified. -Physician order dated 9/10/19 for Lasix 20 mg daily. (reduce extra fluid in the body (edema) caused by conditions such as heart failure, liver disease, and kidney disease) -No order on chart for Lasix 40 mg daily. No discontinue orders for Lasix in the clients record. -Physician orders dated 1/15/19 for medications scheduled to be administered at 8 am daily were as follows: -Amlodipine 10 mg daily (lowers blood pressure) -Aspirin 81 mg (prevent a heart attack or a stroke) -Pioglitazone 15 mg daily (control blood sugar in patients with type 2 diabetes) -Hydroxyzine 25 mg twice daily (anxiety disorders and allergic conditions) -Lisinopril 40 mg twice daily (lowers blood pressure) -Metformin 500 mg twice daily (control high blood sugar)</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>-Risperdal 4 mg twice daily (mental/mood disorders i.e.schizophrenia and bipolar disorder)</p> <p>Review on 12/5/19 of client #2's MARs for September, October, November, and December 2019 revealed:</p> <p>-Lasix 40 mg daily was printed on the September and October 2019 MARs for administration at 7 am.</p> <p>-Lasix 20 mg daily was printed on the November, and December MARs for administration at 7 am.</p> <p>-The Lasix entries had been crossed off the MARs from September through December 2019.</p> <p>-No Lasix had been documented as administered in September, October, November, or December 2019.</p> <p>-The 7 medications listed above, ordered 1/15/19 and scheduled at 8 am, had been printed on the September, October, November, and December 2019 MARs and documented as administered daily.</p> <p>Observations on 12/5/19 of client #2's medications on hand at 2:36 pm revealed:</p> <p>-Medications were packaged in a bubble pack with all tablets in one bubble for each dosing time. There were 4 "bubbles" labeled to be administered "morning, noon, evening, bedtime."</p> <p>-There were 8 tablets packaged in the bubble pack for the morning dose.</p> <p>Interview on 12/5/19 Staff #1 stated:</p> <p>-She was the "live in" staff for the facility and administered medications.</p> <p>-Client #2 should only be receiving the 7 medications documented as administered on the MARs (Amlodipine 10 mg; Aspirin 81 mg; Pioglitazone 15 mg; Hydroxyzine 25 mg; Lisinopril 40 mg; Metformin 500 mg; Risperdal 4 mg)</p> <p>-She had not noticed there were 8 tablets in the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>morning bubble pack. She had administered all of the tablets in the bubble pack.</p> <p>Phone interview on 12/5/19 Pharmacy staff stated: -The pharmacy had packaged and dispensed Lasix 40 mg with the morning medications from January through October, 2019 for client #2. -The pharmacy had packaged and dispensed Lasix 20 mg in the morning medications from November through December, 2019 for client #2.</p> <p>Interview on 12/5/19 the Licensee stated: -She had not been pleased with the current pharmacy. -She was looking for other options for the clients.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician</p>	V 120		

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V 120	<p>Continued From page 4</p> <p>for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to store medications separately for each client affecting 4 of 6 current clients (clients #2, #3, #4, #6). The findings are:</p> <p>Observations on 12/5/19 at approximately 1:30 pm of medications on hand revealed Clients #2, #3, #4, and #6 had their medications packaged in bubble packs stored together in one plastic container.</p> <p>Interview on 12/5/19 Staff #1 stated she was not aware the medications had to be stored separately.</p>	V 120		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the others responsible for the client's treatment, affecting 2 of 3 clients audited (clients #1 and #2). The findings are:</p> <p>Review on 12/5/19 of client #2's record revealed: -66 year old male admitted 11/30/09. -Diagnoses included schizophrenia, paranoid type; dementia, not otherwise specified; mild mental retardation; coronary artery disease; hypertension; type 2 diabetes; peripheral vascular disease; polyosteoarthritis, unspecified. -7/29/19 ophthalmologist appointment for "blurry vision." Physician documented he discussed blurry vision due to cataracts and "educated" client #2 that he should get glasses to see if it improved his vision, and if not to consider</p>	V 291		

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V 291	<p>Continued From page 6</p> <p>cataract surgery. -Order dated finger stick blood sugar (BS) testing 3 times daily.</p> <p>Review on 12/5/19 of client #1's record revealed: -45 year old male admitted 5/22/09. -Diagnoses included chronic schizophrenia, unspecified intellectual disorder, diabetes, hypertension, hypercholesterolemia. -Order for finger stick blood sugar testing 3 times daily.</p> <p>Interview on 12/5/19 Staff #1 stated: -Client #2's appointment on 7/29/19 was for a diabetic eye exam. -Client #2 was not taken for a vision exam or for glasses. She thought it was because there was no payer source. -Client #2 had not gotten glasses after his 7/29/19 appointment to see if this could help with his blurry vision. -Clients #1 and #2 performed their own BS testing and the staff recorded the results. -There were no physician orders to identify parameters/guidelines for monitoring BS ranges/results that would require action. -She would look for a policy for BS monitoring and, if one was in place, send to the surveyor by facsimile.</p> <p>There were no policy or guidelines for monitoring BS results received by facsimile as of 12/9/19.</p>	V 291		

**LUCY SHARP
SHARPER IMAGES
3203 McChoen Drive
Fayetteville, NC 28301
910-574-4716
January 9, 2019
dstcntrm23@aol.com**

**RE: Sharper Images –Annual Survey completed December 5, 2019
1700 Bridger Street
Fayetteville, NC Cumberland County
MHL #026-723**

As a result of the survey, Sharper Images is submitting the Plan of Correction. It should be noted that Sharper Images would like to apologize for the lateness of this Plan of Correction, dues to a series of unfortunate situations, including the holiday season which occurred during the required response time frame.

V 118 27G.0209 (C) Medication Requirements

MEASURES TO CORRECT

Sharper Images corrected this issue by contacting the prescribing pharmacy and reviewed each consumers medication for clarity and correction.

CORRECTIVE ACTION/TRAINING

Sharper Images shall conduct staff training pertaining to each consumer medications; physician orders, prescription script, MAR, prescription bubble and bottles matches and counts. Sharper Images shall receive monthly MAR reviews of each consumer's medications from the facility Registered Nurse.

MONITORING/ TIME FRAME

The monitoring of this project will be the responsibly of the Owner/President of Sharper Images. The monitoring of this medication issue will be on-going.

COMPLETED

January 9, 2020

V 120 27G. 0209 (E) Medication Requirements

MEASURES TO CORRECT

Sharper Images has repaired the deficiencies that were found at the survey completed as reference to the storage of medications.

CORRECTIVE ACTIONS

Sharper Images has placed each consumers medication in separate containers with each consumer name placed on their individual container. The medication containers are secured in a locked cabinet.

MONITORING

The monitoring of this statue will be the responsibility of the Home Manager of the facility and facility Registered Nurse.

MONITORING TIME FRAME

The monitoring of this statue will be on-going.

COMPLETION DATE

January 9, 2020



V 291 27G.5603 Supervised Living – Operations

MEASURES TO CORRECT

Sharper Images reviewed and the survey accounts and made the required contacts to correct to correct the deficiencies.

CORRECTIVE ACTIONS

Sharper Images contacted and transported client #2 to the ophthalmologist for a scheduled appointment for a diabetic eye examination. Sharper Imagine scheduled an eye examination for client #2 for client #2 blurry vision where in client #2 informed he eye doctor that he refused to submit to the cataract surgery. Sharper Images requested and received the copy of the parameters/guidelines for monitoring Blood Sugar Levels entitled (Target Blood Sugar Levels for Diabetes).

MONITORING

The monitoring of this statue will be the responsibility of the Home Manager of the facility and facility Registered Nurse.

MONITORING TIME FRAME

The monitoring of this statue will be on-going.

COMPLETION DATE

January 9, 2020

Target Blood Sugar Levels for Diabetes

Fasting less than 100

Before Meal 70-130

After Meal (1-2hrs) less than 180

Before Exercise if taking insulin,
at least 100

Bedtime 100-140

Amounts shown above mg/dL

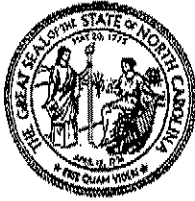
A1c less than
or around 7.0%

These are general medical guidelines.
Please follow your doctor's instructions.



WebMD

Date: 1/17/2020
Subject: Plan of Correction
To: NC DHHS- Health Srvc. Regulation
Wendy Boone and/or Betty Godwin
Fax: 919 – 715 – 8078
From: Lucy Sharp – Sharper Images
Number: 910 – 574 – 4716
#of Pages: 14



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

December 19, 2019

Lucy Sharp, Licensee
3203 McChoen Drive
Fayetteville, NC 28301

Re: Annual Survey completed December 5, 2019
Sharper Images, 1700 Bridger Street, Fayetteville, NC 28301
MHL # 026-723
E-mail Address: dstcntrm23@aol.com

Dear Ms. Sharp:

Thank you for the cooperation and courtesy extended during the annual survey completed December 5, 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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is February 3, 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.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mall Service Center, Raleigh, NC 27609-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Sign and date the bottom of the first page of the State Form.

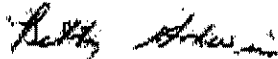
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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 Wendy Boone at 252-568-2744.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Pam Pridgen, Administrative Assistant