



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

January 15, 2020

DHSR - Mental Health

Ms. Marilyn Garner
UMAR Services, LLC
5350 77 Center Drive, Suite 201
Charlotte, NC 28217

JAN 27 2020

Lic. & Cert. Section

Re: Annual Survey completed January 3, 2020
Myer's Park, 2435 UMAR Court, Charlotte, NC 28215
MHL # 060-578
E-mail Address: marilyng@umarinfo.com

Dear Ms. Garner:

Thank you for the cooperation and courtesy extended during the annual survey completed January 3, 2020.

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

- Type A1 rule violation is cited for 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) cross referenced to 10A NCAC 27G .0209 Medication Requirements (V118).
All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type A1 violation must be corrected within 23 days from the exit date of the survey, which is January 26, 2020. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed Type A1 violation by the 23rd day from the date of the survey may result in the assessment of an administrative penalty of \$500.00 (Five Hundred) against UMAR Services, LLC for each day the deficiency remains out of compliance.
Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is March 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.
Sign and date the bottom of the first page of the State Form.

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

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 15, 2020
Ms. Marilyn Garner
UMAR Services, LLC

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 Lynn Grier, Team Leader at 704-596-4072.

Sincerely,



Eileen Sanchez, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: gmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

VIA CERTIFIED MAIL

January 15, 2020

Ms. Marilyn Garner
UMAR Services, LLC
5350 77 Center Drive, Suite 201
Charlotte, NC 28217

Re: Type A1 Administrative Penalty
Myer's Park, 2435 UMAR Court, Charlotte, NC 28215
MHL # 060-578
E-mail Address: marilyng@umarinfo.com

Dear Ms. Garner:

Based on the findings of this agency from a survey completed on 1-3-2020, we find that UMAR Services, LLC. has operated Myer's Park in violation of North Carolina General Statute (N.C.G.S.) § 122C, Article 2, the licensing rules for Mental Health, Developmental Disabilities, and Substance Abuse Services. After a review of the findings, this agency is taking the following action:

Administrative Penalty – Pursuant to N.C.G.S. § 122C-24.1, the Division of Health Service Regulation, Department of Health and Human Services (DHHS), is hereby assessing a Type A1 administrative penalty of \$1,000.00 against UMAR Services, LLC. for violation of 10A NCAC 27G .0209 Medication Requirements (V118). Payment of the penalty is to be made to the Division of Health Service Regulation, and mailed to the Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, North Carolina 27699-2718. If the penalty is not paid within sixty (60) days of this notification, a 5% penalty plus accrued interest will be added to the initial penalty amount as per N.C.G.S. § 147-86.23. In addition, the Department has the right to initiate judicial actions to recover the amount of the administrative penalty. The facts upon which the administrative penalty is based and the statutes and rules which were violated are set out in the attached Statement of Deficiencies which are incorporated by reference as though fully set out herein.

Appeal Notice – You have the right to contest the above action by filing a petition for a contested case hearing with the Office of Administrative Hearings within thirty (30) days of mailing of this letter. *Please write the facility's Mental Health License (MHL) number at the top of your petition.* For complete instructions on the filing of petitions, please contact the Office of Administrative Hearings at (919) 431-3000. The mailing address for the Office of Administrative Hearings is as follows:

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

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www.ncdhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

North Carolina General Statute § 150B-23 provides that you must also serve a copy of the petition on all other parties, which includes the Department of Health and Human Services. The Department's representative for such actions is Ms. Lisa G. Corbett, General Counsel. This person may receive service of process by mail at the following address:

Ms. Lisa G. Corbett, General Counsel
Department of Health and Human Services
Office of Legal Affairs
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001

If you do not file a petition within the thirty (30) day period, you lose your right to appeal and the action explained in this letter will become effective as described above. *Please note that each appealable action has a separate, distinct appeal process and the proper procedures must be completed for each appealable action*

In addition to your right to file a petition for a contested case hearing, N.C.G.S. § 150B-22 encourages the settlement of disputes through informal procedures. The Division of Health Service Regulation is available at the provider's request for discussion or consultation that might resolve this matter. To arrange for an informal meeting, you must contact DHSR at 336-861-7342. Please note that the use of informal procedures does not extend the 30 days allowed to file for a contested case hearing as explained above.

Should you have any questions regarding any aspect of this letter, please do not hesitate to contact us at the Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section, 2718 Mail Service Center, Raleigh, NC 27699-2718 or call Robin Sulfridge, Western Branch Manager at 336-861-7342.

Sincerely,

Stephanie Gilliam

Stephanie Gilliam, Chief
Mental Health Licensure & Certification Section

Cc: dhsreports@dhhs.nc.gov, DMH/DD/SAS
ncdma.dhsrnotice@lists.ncmail.net, DMA
gmemail@cardinalinnovations.org
Peggy Eagan, Director, Mecklenburg County DSS
Pam Pridgen

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ DHSR - Mental Health B. WING: _____	(X3) DATE SURVEY COMPLETED 01/03/2020
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NAME OF PROVIDER OR SUPPLIER MYER'S PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215	JAN 27 2020 Lic. & Cert. Section
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V 000	INITIAL COMMENTS An annual survey was completed on January 3, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	V 000	Per the Plan of Protection, the following measures were put into place to immediately address the deficiencies: 1) The Director of Residential Services has provided immediate, direct oversight to the Home Manager and the QP to ensure that all residents receive their medications as prescribed; this is evidenced by reviewing the MARs weekly, auditing the medication closet, observing administration (see checklist). 2) The Director of Quality Management & Training will provide oversight to the Home Manager and QP by conducting periodic reviews to ensure proper Medication Administration and Documentation (see checklist – audit conducted 1/23/20 by Kathy Grant, designee). 3) The Director of Residential Services will provide on-site support to ensure that the Home Manager and QP are making sound decisions, specifically in regards to the Core Competencies (see Clinical Supervision forms) 4) Home Manager and Residential QP will be retrained on ensuring that all medication is in stock, administered, and documented correctly (see Clinical Supervision forms). 5) Home Manager will check the MAR weekly to be sure all medications are administered and documented correctly (see checklist). 6) Residential QP will check the MAR at least weekly to be sure all medications are administered and documented correctly (see checklist).	
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision	V 109		

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

K. Grant, Director of Quality Management 1/23/20

STATE FORM 6899 1QX211 If continuation sheet 1 of 17

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 01/03/2020
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V 109	<p>Continued From page 1</p> <p>plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Qualified Professional (Qualified Professional #1) and 1 of 1 Associate Professional (House Manager/Associate Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 1/2/2020 of the House Manager/Associate Professional's record revealed: -Hired 7/8/2019.</p> <p>Review on 1/2/2020 of the Qualified Professional #1's record revealed: -Hired 2/18/2003.</p> <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed: - Responsible for the overall running of the facility and the services provided to the clients; - Albuterol and Budesonide were still listed on the November and December, 2019 and January, 2020 medication administration records (MARs) pre-printed from the pharmacy. It was not recorded on the MARs that Albuterol was discontinued and that Budesonide was not available to Client #2; -Did not know why Prednisolone and nasal flush</p>	V 109	<p>7) Home Manager and Residential QP will verify that all medications are in stock, administered, and documented correctly by initialing the Medication Checklist form (see checklist)</p> <p>8) The Home manager and Residential QP will make sure all staff members are up to date on their training (see trainings).</p> <p>9) All Myers Park staff members will receive coaching through the Human Resources Department Director form UMAR Services, Inc. where established policies and procedures were not followed in November and December 2019 (see enclosed Staff Meeting Agenda/signatures)</p> <p>(Plan of Correction items to begin on next page)</p>	
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V 109	<p>Continued From page 2</p> <p>solution were not listed on the MARs for December, 2019 and January, 2020.</p> <p>-Could not locate the November, 2019 MAR for Client #3;</p> <p>-Duke's mouthwash was to be given to Client #3 for only 7 days per the verbal instructions of the provider. It was prescribed to treat a sore throat. There was no discontinue order. There was no written documentation that the mouthwash was only to be used for 7 days. The House Manager/Associate Professional attended the appointment.</p> <p>Interview on 1/2/2020 with the Qualified Professional #1 revealed:</p> <p>-Responsible for coordination of care for all clients and overseeing services provided at the facility;</p> <p>-Could not locate the November, 2019 MAR for Client #3;</p> <p>-There were many issues surrounding the lack of documentation of services being provided; - The House Manager/Associate Professional reviewed the lack of documentation with the staff but there had been minimal improvement; - There were many staffing concerns during the past several months, and have been down some staff and have new staff starting;</p> <p>-Planned a staff meeting on 1/2/2020 to discuss the concerns but the Division of Health Service annual survey conducted discovered many of the concerns regarding documentation;</p> <p>-The staff were complacent so the supervision style in the facility needs to be changed; -Believed all staff were administering all medications to clients as ordered. The basis for this belief is that staff initial the back of blister packs after administering each medication. The blister packs from previous months were discarded and there was no proof of the initials on</p>	V 109	<p>Plan of Correction:</p> <p>The following additional measures will be put into place to correct and prevent the deficient areas of practice:</p> <p>Myer's Park staff will be trained by the QP/Manager to utilize the calling tree should they notice errors and/or missing documentation. Calling Tree put in place at January 14, 2020 staff meeting (see agenda).</p> <p>Residential Director will continue to provide, at minimum, quarterly supervision to QP regarding all Core Competencies, but specifically Clinical Skills and Decision Making.</p> <p>QP will continue to provide, at minimum, quarterly supervision to the Manager regarding all Clinical Skills, but specifically, Medication Administration and Documentation requirements.</p> <p>New filing requirements have been put into place by the QP of the home; all documents are to be filed immediately in the appropriate notebook (Medication Administration Notebook, Participant Notebook, etc.)</p> <p>The two employees that were directly involved in the medication errors are no longer employed by UMAR Services, Inc. One employee has been on medical leave since 1/1/20 therefore, clinical supervision for the first quarter was not possible. All other employees will be retrained in Medication Administration by the completion deadline of 1/26/20.</p> <p>(continued on next page)</p>	1/26/2020

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V 109	<p>Continued From page 3</p> <p>previous months' blister packs; -Did not know why the MARs were not kept current for Clients #2 and #3; -Did not know the details of Client #3's use of Duke's mouthwash; -Identified that the issues with documentation at the facility had not been rectified sooner due to additional needs at a sister facility.</p> <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed: -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 109	<p>Notes: The Director of Residential Services will be taking time off over the coming weeks; the Assistant Director, or designee will be responsible for conducting reviews and ensuring oversight during his absence. The Director of Quality Management & Training was out of the office due to illness; she designated Kathy Grant, Training Coordinator to assist with the medication review.</p>	1/26/2020
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible;</p>	V 112		

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V 112	<p>Continued From page 4</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain written consent for the treatment plan affecting 1 of 3 audited clients (Client #1). The findings are:</p> <p>Review on 1/2/2020 of Client #1's record revealed: -Admitted 10/18/1996; -Diagnosed with Intellectual Developmental Disability - Mild, Anxiety Disorder, Epilepsy, Allergic Rhinitis; -Treatment plan dated 10/1/2019 did not include Client #1's Brother/Legal Guardian's signature granting consent for the plan.</p> <p>Interviews on 1/2/2020 with the House Manager/Associate Professional and Qualified Professional #1 revealed: -There was no signature page available for review because Client #1's Brother/Legal Guardian is "not always available;" -Client #1's Brother/Legal Guardian had been at the facility during the holiday season to pick up</p>	V 112		
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V 112	Continued From page 5 Client #1 for visits, but no signature was obtained at those times; -The Qualified Professional understood the need for the treatment plan signature and will ensure it is obtained. Interview on 1/2/2020 with the Quality Assurance Manager revealed: -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure fire and disaster drills were held at least quarterly and were repeated for each	V 114		

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V 114	<p>Continued From page 6 shift. The findings are:</p> <p>Review on 1/2/2020 of the facility's Fire and Disaster Drill Log revealed: -No 2nd shift fire drill for 2nd Quarter (April - June), 2020; -No 1st and 3rd shift fire drills for 3rd Quarter (July - September), 2020; -No fire drills and no disaster drills for 4th Quarter (October - December), 2020.</p> <p>Interviews on 1/2/2020 with Client #1, #2, and #3 revealed: -Practiced fire and disaster drills in the facility; - Exited the facility and met at the mailbox during fire drills; -Went to the bathroom, sat on the floor, and covered their heads during disaster drills; - Could not identify the exact frequency of the drills.</p> <p>Interviews on 1/2/2020 with the House Manager/Associate Professional and the Qualified Professional #1 revealed: -All drills were completed but there is no documentation regarding the completion of the drills; -Knew the drills were completed because the drill schedule was posted on the calendar; -Had addressed issues with staff regarding the lack of documentation of services provided but there was no improvement; -Will continue to address documentation issues with staff and include supervisory actions as needed.</p> <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed: -Would increase training, supervision, and supports to House Manager/Associate</p>	V 114		
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V 114	Continued From page 7 Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed.	V 114		
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		

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NAME OF PROVIDER OR SUPPLIER MYER'S PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215		
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V 118	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to ensure MARs were kept current affecting 2 of 3 audited clients (Clients #2 and #3) and failed to ensure medications were administered according to the written order of a person authorized by law to prescribe drugs affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>CROSS REFERENCE: 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) Based on interview and record review, 1 of 1 Qualified Professional (Qualified Professional #1) and 1 of 1 Associate Professional (House Manager/Associate Professional) failed to demonstrate the knowledge, skills, and abilities required by the population served.</p> <p>Finding #1 Review on 1/2/2020 of Client #2's record revealed: -Admitted 4/1/2005; -Diagnosed with Intellectual Developmental Disability - Mild, Gastroenteritis, Gastroesophageal Reflux Disorder (GERD), Down Syndrome, Hypothyroidism, and Prone to Respiratory Bronchitis and Pneumonia; - Physician's orders dated 2/2/2019 for: -Aripiprazole (antipsychotic) 2milligram (mg) 1/2 tablet (tab) daily; -Celecoxib (anti-inflammatory) 200mg 1 tab daily; -Levothyroxine (treatment of hypothyroidism) 75microgram (mcg) 1 tab daily; -Omeprazole (treatment of GERD) 40mg 1</p>	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2020
NAME OF PROVIDER OR SUPPLIER MYER'S PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215		
(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 9 tab daily; -Acetaminophen (pain reliver) 325 mg 1 tab daily; -Donepezil (cognition enhancing medication) 5mg 1 tab daily; -Montelukast (treatment of asthma and allergic rhinitis) 10mg 1 tab daily; -Escitalopram (treatment of anxiety and depression) 10mg 1 tab daily; -Physician's orders dated 5/28/2019 for Albuterol (bronchodilator) 108mcg 2 puffs four times daily as needed for wheezing with a discontinue order on 10/28/19; -Physician's orders dated 10/28/2019 for: -Cetirizine (treatment of allergic rhinitis) 10mg 1 tab; -Budesonide (treatment of asthma and respiratory difficulty) 1mg/2milliliter (ml) inhale 1 vial twice daily; -Triamcinolone (treatment of asthma and respiratory difficulty) 55mcg 1 spray per nostril twice daily; -Physician's orders dated 11/14/2019 and 12/18/2019 for Prednisolone (steroid/anti-inflammatory) 10mg oral disintegrating tablet dissolved in 8 ounces saline nasal solution and flush each nare with 4 ounces daily for 2 weeks and then decrease to 4 ounces saline nasal solution and flush each nare with 2 ounces of solution daily; -November, 2019 MAR revealed no documentation of administration of: -Aripiprazole for 9 doses; -Celecoxib for 4 doses; -Levothyroxine for 3 doses; -Acetaminophen for 12 doses; -Donepezil for 4 doses; -Escitalopram for 4 doses; -Montelukast for 4 doses; -Cetirizine for 5 doses;	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 01/03/2020
		A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER MYER'S PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 UMAR COURT CHARLOTTE, NC 28215
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V 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Triamcinolone for 18 doses; -December, 2019 MAR did not list treatment with Prednisolone and saline nasal solution; -January, 2020 MAR revealed no documentation of: <ul style="list-style-type: none"> -Aripiprazole for 2 doses; -Acetaminophen for 1 dose. <p>It was documented that Budesonide was administered on 1/1/2020 at 8pm and again on 1/2/2020 at 7am and that Albuterol was administered on 1/1/2020 at 5pm and again at 9pm. The MAR did not list treatment with Prednisolone and saline nasal solution.</p> <p>Interview on 1/2/2020 with Client #2 revealed: - Took medicine at the facility but did not know the names of the medications but "...that is where staff come in ...staff know my medications by the medicine book ...;"</p> <ul style="list-style-type: none"> -Had a new nasal inhaler; -Could not identify if she ever missed any doses of medications. <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed: - Budesonide was never filled by the pharmacy because of an insurance and financial matter. After discussion with Client #2's physician and legal guardian/family members, it was decided to start Client #2 on a combination of Prednisolone 10mg with a nasal flush solution rather than Budesonide;</p> <ul style="list-style-type: none"> -Albuterol was discontinued at the end of October, 2019; -Albuterol and Budesonide were still listed on the November and December, 2019 and January, 2020 MARs pre-printed from the pharmacy. It was not recorded on the MARs that Albuterol was discontinued and that Budesonide was not available to Client #2; 	V 118		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 01/03/2020
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V 118	<p>Continued From page 11</p> <p>-The combination of Prednisolone and nasal flush solution was not started until the end of December, 2019 after the physician and legal guardian/family members agreed upon treatment; -Did not know why Prednisolone and nasal flush solution were not listed on the MARs for December, 2019 and January, 2020.</p> <p>Observation on 1/2/2020 at approximately 12:15pm of Client #2's medications revealed: - There was no Albuterol and no Budesonide in the facility.</p> <p>Finding #2 Review on 1/2/2020 of Client #3's record revealed: -Admitted 12/1/1989; -Diagnosed with Intellectual Developmental Disability - Mild, Hypothyroidism, Bilateral Lens Implant; -Physician's orders dated 2/5/2019 for: -Bupropion (anti-depressant) 300mg 1 tab daily; -Flunisolide (treatment of allergic rhinitis) 0.025% nasal spray 2 sprays per nostril daily; -Levothyroxine (treatment of hypothyroidism) 112 mcg 1 tab daily; -Loratadine (treatment of allergic rhinitis) 10mg 1 tab daily; -Sertraline (anti-depressant) 100mg 1 1/2 tabs daily; -Banophen (antihistamine) 25mg as needed; -Ciclopirox Nail Lacquer (treatment of nail fungus) 8% solution to affected areas daily; -Prevident 5000 Booster (fluoride topical) brush teeth before bed thoroughly; -Physician's orders dated 12/12/19 for: - -Azithromycin (antibiotic) 250mg 2 tabs day one and 1 tab for four days; -Duke's mouthwash 5ml 4 times per day;</p>	V 118		
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V 118	<p>Continued From page 12</p> <p>-There was no November, 2019 MAR available for review; -December, 2019 MAR revealed Duke's mouthwash administered for 7 days starting 12/13/19.</p> <p>Interview on 1/2/2020 with Client #3 revealed: - Took medicine while at the facility; -Identified she took "thyroid medicine," nasal spray, and allergy medicine; -Identified she took another medication for which she took 1 and 1/2 pills but could not identify the name of the medication; -Unable to identify is she ever missed any doses of medication; -"Staff help with medicine."</p> <p>Interview on 1/2/2020 with the House Manager/Associate Professional revealed: - Could not locate the November, 2019 MAR for Client #3; -Duke's mouthwash was to be given to Client #3 for only 7 days per the verbal instructions of the provider. It was prescribed to treat a sore throat. There was no discontinue order. There was no written documentation that the mouthwash was only to be used for 7 days. The House Manager/Associate Professional attended the appointment.</p> <p>Interview on 1/2/2020 with the Qualified Professional #1 revealed: -Could not locate the November, 2019 MAR for Client #3; -There were many issues surrounding the lack of documentation of services being provided; - The House Manager/Associate Professional reviewed the lack of documentation with the staff but there had been minimal improvement; - There were many staffing concerns during the</p>	V 118		
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V 118	<p>Continued From page 13</p> <p>past several months, and have been down some staff and have new staff starting;</p> <ul style="list-style-type: none"> -Planned a staff meeting on 1/2/2020 to discuss the concerns but the Division of Health Service annual survey conducted discovered many of the concerns regarding documentation; -The staff were complacent so the supervision style in the facility needs to be changed; - Believed all staff were administering all medications to clients as ordered. The basis for this belief is that staff initial the back of blister packs after administering each medication. The blister packs from previous months were discarded and there was no proof of the initials on previous months' blister packs; -Recently met with the pharmacy regarding updates and corrections to the MARs; -Did not know why the MARs were not kept current for Clients #2 and #3; -Did not know the details of Client #3's use of Duke's mouthwash; -Identified that the issues with documentation at the facility had not been rectified sooner due to additional needs at a sister facility. <p>Interview on 1/2/2020 with the Quality Assurance Manager revealed:</p> <ul style="list-style-type: none"> -Would increase training, supervision, and supports to House Manager/Associate Professional and Qualified Professional #1 to ensure all issues of programming services and documentation are addressed. <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> <p>Review on 1/3/2020 of the Plan of Protection written by the Program Director dated 1/3/2020</p>	V 118		
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V 118	Continued From page 14 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? In accordance with UMAR (Licensee) Policies and Procedures, the following steps have been put in place: 1) The Director of Residential Services will provide immediate, direct oversight to the Home Manager and the QP to ensure that all residents receive their medications as prescribed; this will be evidenced by reviewing the MARs weekly, auditing the medication closet, observing administration. 2) The Director of Quality Management & Training will provide oversight to the Home Manager and QP by conducting periodic reviews to ensure proper Medication Administration and Documentation. 3) The Director of Residential Services will provide on-site support to ensure that the Home Manager and QP are making sound decisions, specifically in regards to the Core Competencies. 4) Home Manager and Residential QP will be retrained on ensuring that all medication is in stock, administered, and documented correctly. 5) Home Manager will check the MAR weekly to be sure all medications are administered and documented correctly. 6) Residential QP will check the MAR at least weekly to be sure all medications are administered and documented correctly. 7) Home Manager and Residential QP will verify that all medications are in stock, administered, and documented correctly by initialing the Medication Checklist form. 8) The Home manager and Residential QP will make sure all staff members are up to date on their training. 9) All Myers Park staff members will receive	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/03/2020
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V 118	<p>Continued From page 15</p> <p>coaching through the Human Resources Department Director form UMAR Services, Inc. where established policies and procedures were not followed in November and December 2019.</p> <p>Describe your plans to make sure the above happens.</p> <p>1) This training for Direct Care Staff will happen immediately and be completed by January 10, 2020. The current Live-in was immediately trained on January 2, 2020 on proper medication administration and documentation by the QP and Manager. All Myers Park Staff will also be retrained by a licensed nurse no later January 31, 2020.</p> <p>2) This will begin effective immediately and verified by the Home Manger and Residential QP initialing the Medication Checklist form."</p> <p>Documentation of medication administration was not kept current making it impossible to determine if clients were receiving the necessary medical care while at the facility. Clients #2 and #3 were dependent upon staff to ensure they received the correct medication and care. Client #2 was diagnosed with Intellectual Developmental Disability - Mild, Gastroenteritis, Gastroesophageal Reflux Disorder (GERD), Down Syndrome, Hypothyroidism, and was prone to Respiratory Bronchitis and Pneumonia. Client #2's medications included antipsychotics, thyroid regulating medications, anti-inflammatory and pain relievers, cognition enhancing medications, and respiratory enhancing medications. There were over 70 medication passes over a 2 month period for which there was no documentation of Client #2 receiving medications. Additionally, some critical medications required to improve respiratory function were not listed on Client #2's medication administration record. Furthermore,</p>	V 118		

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V 118	Continued From page 16 staff were documenting Client #2 received medications which had been discontinued or never started. Client #3 was diagnosed with Intellectual Developmental Disability - Mild, Hypothyroidism, and Bilateral Lens Implant. Client #3's medications included antidepressants, thyroid regulating medications, antihistamines and allergy medications. There was no documentation of Client #3 receiving medication during November, 2019. Furthermore, medication was discontinued without clear written orders. The House Manager/Associate Professional and Qualified Professional #1 identified the deficits with medication administration several months prior to the discovery by Division of Health Services Regulation. While the matter had been discussed in staff meetings, the House Manager/Associate Professional and Qualified Professional #1 did not implement corrective measures to rectify matters ensuring the clients received the medical care and supervision required. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		



UMAR MEDICATION ADMINISTRATION CHECKLIST FOR HOME: Myers Park

Your initials acknowledge that you have verified the accuracy of the MAR (Medication Administration Record) for all residents. This acknowledgement of verification includes: the presence of initials and/or signatures that indicate the right documentation of the right dose of the right medication is administered to the right individual at the right time by the right method/way.

Month <i>January</i>	Direct Care Staff Initials/Signature Daily Review		Daily Review	Weekly Review	Quarterly or prn Review	Random or Scheduled Review
	Morning (a.m.) Meds	Evening (p.m.) Meds	Home Manager	Qualified Professional	Compliance Coordinator	Other Auditor
1	03/2020	CR	CR	IP		
2	04/2020	CR	CR	IP		
3	05/2020	CR	CR	IP		
4	05/2020	CR	CR	IP		
5	06/2020	CR	CR	IP		
6	07/2020	CR	CR	IP	JS	CB
7	08/2020	CR	CR	IP		
8	08/2020	CR	JR	IP		
9	09/2020	JR	JR	IP		
10	10/2020	JR	JR	IP		
11	11/2020	JR	JR			
12	12/2020	JR	JR			
13	13/2020	JR	JR	IP		
14	14/2020	JR	JR	IP	JS	
15	15/2020	JR, #	MS/CR	IP		
16	1-16-2020	CR	MS/CR	IP		
17	1-16-2020	CR	ED/CR	IP		
18	1-17-2020	CR	CR/MS	IP		
19	1-18-20	CR	CR	IP		
20	1-19-20	CR/MS	CR	IP		
21	1-20-20	CR	MS/CR	IP	JS	
22	1-21-20	CR	MS/CR	IP		
23	1-22-20	CR	IP/MS/JR	IP		
24	1-23-20	JR				
25						
26						
27						
28						
29						
30						
31						

KG CB
Kathy Grant - Med
Review

Verification of staff name as compared to signature and initials

Printed Staff Name	Staff Signature	Staff Initials
Jamie Street, OP	Jamie Street, OP	JS
Irma Pitner, RM	Irma Pitner	IP
Jonathan Briggs	Jonathan Briggs, Director	JB
Carolyn Robinson	Carolyn Robinson	CR
Jasmine Ridges	Jasmine Ridges	JR
Mary Stewart, DSP	Mary Stewart, DSP	MS
Mary Stewart, DSP	Mary Stewart, DSP	MS
Georgine Dye, DSP	Georgine Dye, DSP	GD
MONICA BOYD	MONICA BOYD	MS

UMAR Staff Meeting Agenda and Attendance

Site Name: Myers Park
 Date: 01/14/2020
 Begin Time: 2:30pm
 End Time: 3:30pm
 Supervision Provided By: Jamie Street

January 2020

New News

- Annual State Inspection Findings
-
-

Handouts

- Medication Check List
- Medication Policy
-
-
-

Topics to Discuss

- Medication Policy
- Documentation
- New Medication Check List
- New Myers Park System
- Cleanliness of the group home
- Healthy Eating/Exercise
- Staff Visitors
- Therap

SIGNATURES OF THOSE IN ATTENDANCE
 Signature indicates you have received and understand any handouts and information provided.

* John Weatherford
 Samantha Quackenbush
 Carolyn Robinson
 Jasmine Ridges
 Irma Putinci
 Jamie Street

Topic details are on the next page

PURPOSE – Based on employee responses, comment, and suggestions, the need for improved communication was identified. As a result, as part of the quality management communication improvement plan, this standard staff meeting agenda and attendance will be used as a tool to improve communication at UMAR.

HOW THIS WORKS – Managers will receive this agenda that contains information from management team meetings. The agenda will contain important information that should be discussed with all staff. Prior to the regularly scheduled staff meetings, the supervisors will add facility specific topics. During the meeting, the supervisors will have this tool and the consistent information needed to ensure all staff receives the same information. Staff should sign the attendance portion. And after the meeting, the manager will email kimj@umarinfo.com or fax (704-875-9276) a copy to the Quality Management department.

* John Weatherford, HR Director, attended Staff meeting to review policies and procedures regarding Medication Administration, Medication Checklist. Kim Jonas, Dir. of QM + Training

* Review of Policy

1st Medication Error- Employee will receive a written reprimand and will receive immediate one-on-one training from the supervisor. Employee can continue to give medications.

2nd Medication Error-Employee will receive a written reprimand and will have to attend Medication Administration re-training. Employee will be suspended from giving medications until training is received.

3rd Medication Error- Employee will be terminated.

★ Review of Policy + Procedure

CLINICAL POLICY & PROCEDURE	Page #1 of 4
POLICY DESCRIPTION: MEDICATION POLICY	DEPARTMENT:
	REVISED/REVIEW DATE: 07/2012

MEDICATION POLICIES

I. POLICY:

In all UMAR Programs/Day Programs Medications will be administered only with a physician's written order. A pharmacist will evaluate the medications every six months for psychotropic medications only. Appropriate measures are taken to insure that all medications are used and stored in a manner that will prevent accidental or intentional misuse. Poison Controls number will be easily accessible to all staff and program participants. A locked box is located in the refrigerator to store medications that need refrigeration between 36 and 46 F. The Program Director is responsible for encouraging that the program participants comply with the prescribed drug regimen. At the Program Director's discretion and with a doctor's order, program participants will be trained to administer their own drugs to become more self-reliant and less dependent on staff. UMAR will follow physician's orders for follow-up labs; however, staff will provide necessary information on program participant. Supported Living Individuals will receive support from UMAR staff in locating and accessing mental and physical resources as needed and in scheduling appointments and transportation. Supported Living Individuals independently store and administer their own prescription and over the counter medications. UMAR staff provides support in answering questions as needed concerning medication management and work with the individual, appropriate medical personnel, and the pharmacies in ensuring that medications are available to the individual and their medication needs are met.

II. PROCEDURE:

- A. Only staff that has completed a State and facility approved Medication Administration for Unlicensed Personnel in Community Facilities (knowledge portion only provided by Registered Nurse/Pharmacist) and then completion of the Orientation to Medication Administration checklist to be completed by direct supervisor shall be allowed to administer medications to the program participants in the facility. Staff members must only administer medications for the types and by the routes, which they have been trained to administer. No staff member other than a physician or registered nurse working under the direct supervision of a physician may administer intravenous medications.
- B. The contracted pharmacy will provide medications as prescribed in tamper resistant packaging.
- C. For the purpose of differentiating medications for treatment purposes from general "PRN" health care products, the following shall apply.

CLINICAL POLICY & PROCEDURE	Page #2 of 4
POLICY DESCRIPTION: MEDICATION POLICY	DEPARTMENT:
	REVISED/REVIEW DATE: 07/2012

1. All prescription medication or preparations are considered medications for treatment and thereby require a physician's order for administration.
 2. All "PRN" medications and preparations, which are used for the treatment of symptom, diagnosed medical condition, injury or illness, are considered medications for treatment; thereby require a physician's order. All residents will have a standing order signed annually by a physician for over-the counter medications. PRN medications that are not on the standing order should not be given. Medications that are given should be documented on the back of the MAR including the date and time given, the name of the medication, the reason the medications was given and the effect the medication had, at what time and the initials of the person given the medication and accessing the effect. The group home supervisor should be notified when a PRN medication is given.
 3. All "PRN" medications and preparations which are used for the treatment of symptom, diagnosed medical condition, injury or illness are considered medications for treatment; thereby require a physician's order.
 4. Only first aid supplies which are not used to remedy medical conditions may be administered by staff without a physician's order.
- D. All medications requiring a physician's order to administer must be ordered in writing prior to being administered. Physician's verbal/written orders taken over the phone must be signed by the physician within 48 hours of administration.
- E. Only a registered pharmacist or physician may dispense, label, and re-label package or re- package any medication. A pharmacist may dispense medications upon verbal orders from a physician. "PRN" medications may be obtained and administered by staff, when a physician's orders are in place.
- F. Medication Administration Records for each program participant are prepared monthly by the Program Director/Pharmacy. These records must be reviewed in writing at least every 6 months (for psychotropic medications only) by a pharmacist and findings noted in the Medical Information Section of the clinical record. On-site manager will notify physician if any medical intervention is needed based on the findings.
- G. Medications must be kept in a locked cabinet except when being administered. Cabinet will be located in a clean, well-lighted, ventilated room between 59 and 86 F. Controlled medications will be locked under two locks. Care must be taken to prevent accidental access of program participants to the medications during administration time. Refrigerated medications are to be kept in a separate locked container than food between 36 and 46 degrees F.

CLINICAL POLICY & PROCEDURE	Page #3 of 4
POLICY DESCRIPTION: MEDICATION POLICY	DEPARTMENT:
	REVISED/REVIEW DATE: 07/2012

H. Procedure for administering medications is as follows:

** The keys to the medication closet will be kept on your person while administering medications. **

1. Read the instructions recorded on the Medication Administration Record (MAR).
2. Remove the medication container from the drug cabinet, checking the label to be sure the correct medication is removed.
3. Compare the label directions on the medication to be administered against the Medication Administration Record (MAR).
4. Remove the appropriate dosage of medication and place it in a clearly labeled container prior to administration.
5. Compare the label direction and Medication Administration Chart again and return the medication to the storage cabinet.
6. Medications will be administered at the medication cabinet. Administer the dosage(s) to the program participant making certain that the full dosage is administered and was appropriately ingested. If a medication is dropped on the floor, the medication dropped will be returned to the pharmacy.
7. Record administration of the dosage(s) by initialing the appropriate square on the Medication Administration Record (MAR).
8. Medication Administration Record (MAR) will include:
 - Program participant name
 - Name, strength, and quantity of the drug Instructions for administering the drug Date and time the drug is administered
 - Name/initials of person administering the drug
 - Program participant requests for medication changes or checks
- I. The medication cabinet must be locked at all times when not in use with a staff member present. Whenever possible, a single staff member shall be responsible for medication administration for a given day.
- J. Medications must be used only by program participant for whom it is issued. UMAR will not maintain a stock of prescription legend drugs. Contents of all individuals' prescriptions must be kept in the original container bearing the original label. Unused and discontinued medications (prescribed or over-the-counter) will be returned to the pharmacy. Any medication with worn, illegible or missing labels must be returned to the pharmacy for proper disposal. Medications that have been dropped on the floor will be returned to the pharmacy for disposal. The staff will send a medication disposal sheet with the medication to the pharmacy stating why the medication is being returned. A drug recall procedure will be available at the pharmacy. The pharmacist will be responsible for implementation of recall as needed.
- K. Each program participant to be started or maintained on prescription medication shall receive individual education regarding prescribed medication using the drug information sheets provided by the pharmacy.

CLINICAL POLICY & PROCEDURE	Page #4 of 4
POLICY DESCRIPTION: MEDICATION POLICY	DEPARTMENT:
	REVISED/REVIEW DATE: 07/2012

Each program will utilize a pharmacy printout with medication information.

- L. While the use of medication often has therapeutic value, UMAR will not participate in experimental medication for the purpose of research.
- M. Basic first aid supplies are located in the medication cabinet.
- N. Each program participant will have medication stored in a separate external and internal container.
- O. Medications orders will be faxed in to the contracting pharmacy. The pharmacy will deliver the medications within 24 hours. If medications are needed immediately, the contracting pharmacy will call the back-up pharmacy for that individual group home. Staff will then pick the medication up at the back-pharmacy. The back-up pharmacy will also be used if there is medication shortage after hours or on the weekend.
- P. All medications will be transported in a locked container. Each medication transported should be in the original packaging from the pharmacy. When it is necessary to give medications off-site, all medications and the MAR should be carried in a locked container and remain with staff when not locked in the vehicle.
- Q. The treatment team will develop a secure procedure for self-medicating. (Self-medication occurs only with the physician's approval.) Residents who self-administer medications while at work or in the community will carry their medications in a sealed packet clearly marked with their name, medication, dose, and route on a label.
- R. Packaging label for prescription drugs dispensed will include:
 - Program participant name
 - Prescriber's name
 - Current dispensing date
 - Directions for administration
 - Name, strength, quantity, and expiration date of medication
 - Name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner.
- S. When a new program participant moves into UMAR, all prescriptions and medical appointments must be properly documented and reviewed by the Program Director.
- T. The prescribing Practitioner (Physician) shall monitor all Neuroleptic medications. All lab work and follow up needed will be conducted based on physician orders regarding frequency of lab work and other monitoring needs. A physician appointment record should indicate if lab work or follow up is needed.
- U. The Residential Staff will coordinate appointments with the physicians to access the program participant's needs and care. The individual's doctor-on-call, nurse-on-call or an emergency room attendant may render medical consultation during regular program operation hours.

01/09/20

* Med Sample Activity

- Irma to transcribe changes to Southern Pharmacy
- procedures re: changes to MAR

South Charlotte Primary Care

Johnny Francis

Clobetasol 0.05% ointment

Apply to affected area twice daily for 10 days and then stop

MEDICATION ADMINISTRATION
FOR UNLICENSED PERSONNEL

This certifies that

Erma Pitini

Has successfully completed the knowledge portion of a three hour course on medication administration.

This course was based on section one of the DHR-approved manual, "Medication Administration for Unlicensed Personnel"

Credit Hours: 3.0 hrs.

Date Taken 7-9-19

Expiration Date 7-8-20

Jamie Sumpter

INSTRUCTOR: Jamie Sumpter, BSN, R.N., MBA



**MEDICATION ADMINISTRATION
FOR UNLICENSED PERSONNEL**

This certifies that

Jasmine Ridges

Has successfully completed the knowledge portion of a three hour course on medication administration.
This course was based on section one of the DHR-approved manual, "Medication Administration for
Unlicensed Personnel"

Credit Hours: 3.0 hrs.

Date Taken : 12/10/2019

Expiration Date : 12/31/2020

INSTRUCTOR: Sandra J. Thorson, RN



Tests
(index.php)

(tests.php?)
action=view_tests)

Samantha Quackenbush

Medication Administration Update Test

Congratulations, You Passed!



name=Quackenbush%2C+Samantha&facility=UMAR&test_name=Medication+Administration+Update&state=NC&hours=6) SCORE: 100

View Certificate (inc/certificate.php?)

name=Quackenbush%2C+Samantha&facility=UMAR&test_name=&test_name=Medication+Administration+Update&state=NC&hours=6) | Download
(inc/certificate.php?)
name=Quackenbush%2C+Samantha&facility=UMAR&test_name=&test_name=Medication+Administration+Update&state=NC&hours=6&download=yes) | Print



Certificate of Completion

May it be known that this
certificate has been presented to

Street, Jamie

for completion of Medication Administration Update

from UMAR

6

www.southernrx.com

22nd of January, 2020

CEUs Awarded

BY

DATE



Southern
PHARMACY
SERVICES



Certificate of Completion

May it be known that this
certificate has been presented to

Street, Jamie

for completion of Medication Administration Update

from UMAR

no CE credits are associated with this educational activity

www.southernrx.com

5th of June, 2019

CIEUs Awarded

BY

DATE

**MEDICATION ADMINISTRATION
FOR UNLICENSED PERSONNEL**

This certifies that

Monica Boyd

Has successfully completed the knowledge portion of a three hour course on medication administration.
This course was based on section one of the DHR-approved manual, "Medication Administration for
Unlicensed Personnel"

Credit Hours: 3.0 hrs.

Date Taken : 01/14/2020

Expiration Date : 01/31/2021

Sandra J. Thorson, RN
INSTRUCTOR: Sandra J. Thorson, RN



**UMAR
ACKNOWLEDGEMENT OF TRAINING**

STAFF NAME: Carolyn Robinson

LOCATION: Myers Park

TRAINING PROVIDED:

Today the Myers Park Home received their annual site visit from the State. During their annual survey, it was found that staff was not documenting on the MAR, Fire and Emergency Drills. Myers Park received a Standard Violation on Fire and Emergency Drills. Due to the amount of missing signatures, Myers Park received a Type A violation. On 01/02/20, Irma Pilici (Residential Manager) and I (Jamie Street, QP) sat down with Willie Carolyn Robinson (Live-In Para-Professional) and spoke about the findings from the survey. Carolyn was trained on the following issues:

1. Documentation on the MAR (How and When to document)
2. Documentation on the Fire and Emergency Sheets
3. It was discussed with Carolyn that signing the back of the pill packs does not count as a documented signature. All signatures for medication should be documented on the MAR.
4. Carolyn, Irma, and I went through all MAR's to ensure all medication listed by Southern Pharmacy were correct.
5. Carolyn, Irma, and I discussed the number of missing signatures and explained to Carolyn that she HAD to sign the MAR.
6. Carolyn, Irma and I discussed the importance of giving one medication at a time to a participant and to document on that medication as soon as it was given.
7. Carolyn, Irma, and I discussed the importance of only having one participant in the office at a time to avoid confusion.
8. Carolyn will go through more Medication Administration on Thursday January 9th at 2pm.
9. Communication with manager and Residential Coordinator was also discussed. It was discussed the importance of communicating to supervisors instead of with co-workers.
10. Being on time to work and to staff meetings was also discussed.

TRAINING PROVIDED BY:

I have received the above training and had the opportunity to have all my questions answered.

Carolyn Robinson
Signature

1-2-20
Date

Irma Pittner
Trainer

1/2/20
Date

Jamie Street *JP*

1/2/20

UMAR Clinical Supervision Note

Job Title: Residential Manager

Staff Name: Irma Pilinci

QP: Jonathan Briggs

Month: January 2020
Duration: 45

Method of Contact (Please Check All That Apply): Face-to-Face Phone Email Other

Quarter 1 (Jan-Mar): Quarter 2 (April-June): Quarter 3 (July-Sept): Quarter 4 (Oct-Dec):
(Required: Once per quarter for minimum of 30 min session; Implementation should include review period)

Purpose/Goal: medication Procedures Review. Compare & make to Orders. Review of Plan of Protection steps. Staffing & Schedule Staffing, visit to Myers Park home on 11/6/2020

Intervention/Activity: visit to Myers Park home on 11/6/2020

Outcomes/Effectiveness: Staff meeting scheduled for January 14, 2020. Mr. Director John Weatherford to be invited to attend staff meeting.

QP: [Signature] Date: 1/6/2020
*Topics include, but not limited to: Cultural Awareness, Incident Report/Crisis, Service Definition Compliance, Clinical Model (ie: Behavioral Therapy/CBT), EBPs/Evidenced Based Tx and Interventions, Scope of Practice, Client Specific PCP/ISP, Clinical Service Documentation, Others

UMAR Clinical Supervision Note

Job Title:

Staff Name:

Residential Coordinator

Terrie Street

QP: Terahon Briggs

Month: January 2020

Duration: 135

Method of Contact (Please Check All That Apply): Face-to-Face Phone Email Other

Quarter 1 (Jan-Mar): _____ Quarter 2 (April-June): _____ Quarter 3 (July-Sept): _____ Quarter 4 (Oct-Dec): _____
(Required: Once per quarter for minimum of 30 min session; Implementation should include review period)

Purpose/Goal: Review of Residents RK, HF, CD Medications and orders. Review of Coaching Note.

Intervention/Activity: All MR's match Orders for RK, HF, & CD. GP wants to write a response to Coaching note.

Outcomes/Effectiveness: Staff meeting held January 14, 2020. HR Director John Weatherford Present for meeting.

QP: [Signature] Date: 1/23/2020

*Topics include, but not limited to: Cultural Awareness, Incident Report/Crisis, Service Definition Compliance, Clinical Model (ie: Behavioral Therapy/CBT), EBP's/Evidenced Based Tx and Interventions, Scope of Practice, Client Specific PCP/ISP, Clinical Service Documentation, Others

UMAR Clinical Supervision Note

Job Title:

Residential

Staff Name:

Conductor

Jamie Street, QR

QP:

Jonathan Briggs

Month:

January 2021

Duration:

115

Method of Contact (Please Check All That Apply):

Face-to-Face

Phone

Email

Other

Quarter 1 (Jan-Mar):

Quarter 2 (April-June):

Quarter 3 (July-Sept):

Quarter 4 (Oct-Dec):

(Required: Once per quarter for minimum of 30 min session; Implementation should include review period)

Purpose/Goal:

Review of January 2020 Fire Drills

Intervention/Activity:

All completed for January 2020
Live-ops conducted Drills
as instructed

Outcomes/Effectiveness:

Staff following procedure & Directions
from Home manager and QR.

QP:

[Signature]

BSM/QR

Date:

1/23/2020

*Topics include, but not limited to: Cultural Awareness, Incident Report/Crisis, Service Definition Compliance, Clinical Model (ie: Behavioral Therapy/CBT), EBP/Evidenced Based Tx and Interventions, Scope of Practice, Client Specific PCP/ISP, Clinical Service Documentation, Others

UMAR Clinical Supervision Note

Job Title:

Residential Coordinator

Staff Name:

Jamie Street, QP

QP:

Jonathan Briggs

Month: *January 2020*

Duration: *45*

Method of Contact (Please Check All That Apply):

Face-to-Face

Phone

Email

Other

Quarter 1 (Jan-Mar):

Quarter 2 (April-June):

Quarter 3 (July-Sept):

Quarter 4 (Oct-Dec):

(Required: Once per quarter for minimum of 30 min session; Implementation should include review period)

Purpose/Goal:

Review of Systems put in Place at Myers Park for Staffing, medications, and Fire Drills.

Intervention/Activity:

Staff not to remove any papers from note books put in place at 14th of January.

Outcomes/Effectiveness:

On this day all staff following procedures.

QP:

[Signature]

Date:

1/15/2020

*Topics Include, but not limited to: Cultural Awareness, Incident Report/Crisis, Service Definition & Compliance, Clinical Model (ie: Behavioral Therapy/CBT), EBPs/Evidenced Based Tx and Interventions, Scope of Practice, Client Specific PCP/ISP, Clinical Service Documentation, Others