91 - 1 Division of Health Service Regulation PRINTED: 01/22/2020 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL0411101 WING C NAME OF PROVIDER OR SUPPLIER 01/13/2020 STREET ADDRESS, CITY, STATE, ZIP CODE M & S CREEKSIDE 7312 FRIENDSHIP CHURCH ROAD **BROWN SUMMIT, NC 27214** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) DATE V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 1/13/2020. The complaint was substantiated (intake #NC159562). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS **DHSR** - Mental Health (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written FEB 03 2020 order of a person authorized by law to prescribe drugs. Lic. & Cert. Section (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:

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the drug.

file followed up by appointment or consultation Division of Health Service Regulation
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR

(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

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Division of Health Service Regulation

STATEMENT OF DE	FICIENCIES
AND PLAN OF CORI	RECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

MHL0411101

(X2) MULTIPLE CONSTRUCTION A BUILDING:

(X3) DATE SURVEY COMPLETED

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01/13/2020 B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

# 7312 FRIENDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214

ME OF PROVIDER OR SUPPLIEN  7312 FE  8 S CREEKSIDE  BRO		N SUMMIT, NC 272		(X5) COMPLETE
1	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
/ 118	Continued From page 1 with a physician.	V 118		
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by an authorized person and failed to ensure administration of medications was documented immediately following administration affecting 1 of 4 clients (#4). The findings are:  Review on 1/9/2020 of client #4's record revealed: - Admission date: 7/28/2016 - Diagnoses: Bipolar I Disorder; Attention Deficit-Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder; Profound Intellectual Disability; Unspecified Iron Deficiency; 1 - Physician's orders for the following medications: 1- Linzess 145 micrograms (mcg) (used to treat irritable bowel syndrome with constipation and chronic idiopathic constipation), 1 tablet QD, dated 7/17/2019; 2 - Quetiapine (Seroquel) 100 mg (used to prevent episodes of mania or depression in patients with bipolar disorder), 1 tablet twice dail (BID) at 2:00PM and 4:00PM, dated 9/7/2019; 3 - Amphetamine salts (Adderall) 20 mg (used to treat ADHD), 1 tablet QD, dated 10/17/2019.  Review on 1/9/2020 of client #4's MARs dated			
	10/1/2019 to 1/9/2020 revealed:  - Linzess was scheduled to be administered every day at 8:00AM;  - Linzess was documented as having been administered every day at 8:00AM;  I - There was no documentation that Linzess was			If continuation she

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING: AND PLAN OF CORRECTION (X3) DATE SURVEY C MHL0411101 B. WING 01/13/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE M & S CREEKSIDE 7312 FRIENDSHIP CHURCH ROAD BROWN SUMMIT, NC 27214

Division of Health Service Re	gulation		(X3) DATE SURVEY
	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	COMPLETED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 7312 FRIENDSHIP CHURCH ROAD

M & S CREEKSIDE  BROWN SUMMIT, NC 27214  PROVIDER'S PLAN OF CORRECTION				(X5)
X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
V 118	Continued From page 3	V 118		
	bowel movements on the floor and in the car when on home visits;  - Over the Thanksgiving holiday (approximately 11/26/2019), client #4 went on a home visit with her Guardian;  - The QP/D had removed client #4's Linzess tablets from the medication bubble pack and did not administer it at the Guardian's request;  - There was not a physician's order to hold the Linzess dosage;  - The QP had administered client #4's doses of quetiapine and amphetamine salts from 11/24/2019 to 11/31/2019;  - The QP/D usually signed the MAR after administering medications.		Not sure about dates listed, because only 30 days in November.	2/5/2020
V 73	27G .0303(d) Pest Control  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.	V 738	Director/QP will continue to make sure medication is administered correctly and signed off at the time of administering.	Weekly
	This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the building free of rodents. The findings are:  Observation at approximately 12:05PM on 1/9/2020 of the facility revealed:  - Client #4's mattress was on the floor on a wooden frame approximately 6 inches high.  Review on 1/10/2020 of a photograph provided by former staff (FS) #4 revealed:			

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### Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING:

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01/13/2020

MHL0411101

B. WING

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

#### M & S CREEKSIDE

#### 7312 FRIENDSHIP CHURCH ROAD **BROWN SUMMIT, NC 27214**

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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)
V 738	Continued From page 4	V 738	
In ta	Continued From page 4  - A small rodent was on the floor in front of the freezer in the facility's kitchen.  Interview on 1/8/2020 with client #2 revealed: - Client #2 had seen a mouse in the facility sometime between Thanksgiving and Christmas 2019;  - Client #2 was worried that mice would return to the facility and chew through the electrical cords in her bedroom.  Interview attempt on 1/8/2020 with client #4 revealed: - Client #3 was non-verbal and unable to answer questions about her care.  Interview on 1/13/2020 with staff #1 revealed: - Staff #1 had not seen any rodents in the facility herself, but had heard that other staff had seen them;  On an unknown date, client #2 had reported that she had seen a mouse during the night;  FS #4 had panicked about seeing a mouse; The facility staff tried to keep the facility clean to prevent rodents from entering the facility.  Interview on 1/10/2020 with FS #4 revealed: The photograph she had provided had been also prevent rodents from entering the facility.  Interview on 1/10/2020 with FS #4 revealed: The mouse in the photograph was located in ont of the freezer in the facility's kitchen; - FS #4 ad seen the mouse run from the hallway to the techen;  FS #4 had complained to the Qualified ofessional/Director (QP/D) and other anagement staff about having seen mouse oppings in the facility during the two weeks or to actually seeing the mouse; it took over a hours before anyone went to the facility dervice Regulation	th h T fa a si pi	QP/Director received call and text on 12/20/2019 @ 4:24pm in reference to a rodent. That was the first time we were notified of any type of rodent (Picture state received was dated 12/20/2019 @ 4:31 pm). QP/Director was not notified 2 weeks prior to this citing. QP had mousetraps set that day and a single rodent was caught a few days later without further incident.  Client #2 has a history of lying and repeating things that she hears. She stated that she heard FS#4 tell hem that there was a rodent in the nouse.  The facility is cleaned daily and the acility recently had its sanitation and construction inspections which howed no indication of any rodent roblems.  Is a precautionary measure and in cood faith, QP/Director will have est management company to ome out and treat facility on an angoing basis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0411101		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  C 01/13/2020	
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of B5	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
M & S CRE		7312 F BROW	RIENDSHIP CHU N SUMMIT, NC 2	.7214		(X5)
(X4) ID PREFIX TAG	SUMMARY STATEMENT (EACH DEFICIENCY MUST REGULATORY OR LSC II	OF DEFICIENCIES BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOUL  CROSS-REFERENCED TO THE APPROPERTION  DEFICIENCY)	D RF	COMPLETE
1AG	Continued From page to place mouse traps - Client #4's bed was - FS #4 had not seen Interview on 1/13/20 The QP/D had only mouse in the facility - A trap had been s being informed of to caught;	e 5 s; s located on the floor; n any mice in client #4's bed. 20 with the QP/D revealed: - y heard about there being a	V 738	QP/Director would like the reshow that this complaint is disgruntled employee who terminated on 12/23/2019 figob performance and attend This report was called in or same day per another emp FS#4 had the best interest clients, the photo would have submitted on the 20th when the picture.  QP/Director believes that thing was staged.	from a was for poor dance. In the bloyee. If of these ave been In she took	

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