Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL016-005	A. BUILDING: _____ B. WING _____	01/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWPORT	2331 NORTH LAKEVIEW DRIVE NEWPORT, NC 28570

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on January 10, 2020. The complaints were unsubstantiated (intakes #NC00158808 and #NC00159255). 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	V 118	Intentionally Left Blank DHSR - Mental Health JAN 30 2020 Lic. & Cert. Section	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Enoch Adam Albertson | TITLE: Director of Program Operations | (X6) DATE: 1-24-20

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to make prn (as needed) inhalers available as ordered by the physician to 2 of 3 audited clients (#2 and #3). The findings are: Review on 1/08/20 of client #2's record revealed: - 57 year old female admitted 1/11/17. - Diagnoses included Anxiety and Intellectual/Developmental Disability. - Physician's order signed 6/07/19 for Ventolin inhaler, inhale 2 puffs by mouth every 4 hours as needed. - No physician's order to discontinue Ventolin inhaler. Observation on 1/08/20 at approximately 2:15 pm of client #2's medications revealed Ventolin inhaler, inhale 2 puffs by mouth every 4 hours as needed, dispensed by pharmacy 6/07/19. During interview on 1/10/20 client #2 stated: - She worked at a local pizza restaurant. - No facility staff accompanied her to work, "just my boss man." - She needed her inhaler "sometimes" if she was "wheezing bad." - She did not take her inhaler with her when she left the facility, if she needed it staff got it for her. Review on 1/08/20 of client #3's record revealed: - 50 year old female admitted 2/22/13.	V 118	Two of the individuals at Newport recently had upper respiratory infections and were prescribed Ventolin inhalers as part of the treatment. Subsequently, Ventolin was prescribed as a PRN treatment. Neither of the ladies are able to self-medicate. They both attend a Day Program that does not have a Medication Technician (medication administration staff) on duty at this time and the inhalant were kept in the home for that reason. The medications were both discontinued by the medical provider. In the event that either of the individuals exhibit respiratory problems, they will be returned to their primary care physicians and/or emergency medical services as warranted.	1/24/2020

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V 118	Continued From page 2 - Diagnoses included Intellectual/Developmental Disability, moderate, Down Syndrome, pulmonary hypertension and congenital heart defect. - "Patient Visit Information" from a local acute care hospital dated and signed by a physician 10/10/19 included "Discharge Diagnoses: (1) Acute on chronic respiratory failure with hyperemia . . . (2) Aspiration pneumonia . . . (3) Pulmonary hypertension . . . " - Physician's order signed 11/18/19 for Ventolin inhaler, inhale 2 puffs by mouth every 4 hours as needed. - No physician's order to discontinue Ventolin inhaler. Observation on 1/08/20 of client #3's medications revealed a supply of Ventolin inhaler, inhale 2 puffs by mouth every 4 hours as needed, dispensed by the pharmacy 11/18/19. During attempted interview on 1/10/20 client #3 became tearful and did not answer questions about the use of her inhaler. During interview on 1/08/20, the Residential Manager stated inhalers were not sent out of the facility with clients. If they needed the inhalers while away from the facility, staff and clients would return to the facility. During interview on 1/8/20 the Residential Team Leader/Qualified Professional stated the inhalers were not sent out of the facility with the clients. Client #3 was hospitalized for treatment of aspiration pneumonia in October 2019. "The next time [client #3] starts wheezing, she's going straight to the doctor." She understood that inhalers ordered to be used as needed should be sent everywhere with the clients. She would discuss both clients' continued need for the	V 118	Intentionally Left Blank	

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V 118	Continued From page 3 inhalers with the Nurse and Physicians. She would coordinate with client #3's day program for the inhaler to be available to her throughout the day if necessary.	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if	V 290	Intentionally Left Blank	

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V 290	Continued From page 4 specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a client's treatment or habilitation plan documented the client was capable of remaining in the community without supervision affecting 1 of 3 audited clients (#2). The findings are: Review on 1/08/20 of client #2's record revealed: - 57 year old female admitted 1/11/17. - Diagnoses included Intellectual/Developmental Disability and Anxiety. - Person Centered Plan dated 2/06/19 included a goal to respond accurately to scenarios included in the Licensee's "Unsupervised Time Assessment." - No documentation that client #2 was capable of remaining in the community without supervision. During interview on 1/10/20 client #2 stated: - She worked at a local pizza restaurant. - She wasn't sure how many hours she worked each week. - She did not have a job coach, "my job coach let	V 290	Client #2 has a desire for independence. She wanted a job in the community setting and was assigned a job Coach through Cape Fear Vocational Services. Team Members felt that she was able to work independently under the guidance of her on duty supervisor. Client #2 enjoys being out in the community setting where she can meet and interact with others in the community. She exhibits appropriate safety and social skills. She also has a training objective in which she is achieving progress on to teach her things to know when she is unsupervised as well as unsupervised time determined by an assessment. Client #2 Person Centered Plan was completed on January 15, 2020 and Team Members continue to agree that she remains able to work independently under the guidance of her on duty supervisor. This information was added to her Person-Centered Plan.	1/15/2020

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V 290	Continued From page 5 me go." - No facility staff accompanied her to work, "just my boss man." - She enjoyed working at the restaurant. During interview on 1/10/20 the Residential Team Leader stated: - Client #2's plan did not include unsupervised time in the home or in the community. - Client #2 worked at a local pizza restaurant, usually four days a week from 10:00 am -1:00 pm. - Client #2 did not have a job coach; no staff accompanied her to work or supervised her at work. - Client #2's former job coach said she was doing well enough on the job that she could work without someone being there with her. - The restaurant manager "agreed to watch out for her." - Client #2's goal of responding accurately to scenarios from the "Unsupervised Time Assessment" was to help her "earn" unsupervised time. - Client #2's guardian gave consent for her to work at the restaurant without a job coach. - Client #2's annual Person Centered Plan meeting was to be held within a week and she would address client #2's unsupervised time with the team.	V 290	Intentionally Left Blank	

Monarch
Helping Dreams Take Flight

January 27, 2020

Connie Anderson, Faciity Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health
JAN 30 2020
Lic. & Cert. Section

RE: Annual & Complaint Survey 1/10/20 Newport

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512