

Division of Health Service Regulation

PRINTED: 10/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/02/2019
NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #2		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551			
(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 follow up survey was completed on October 2, 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 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 record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 10/01/19 of facility records from October 2018 thru September 2019 revealed: - No documented fire drills from the 4th quarter of 2018 (October 2018 thru December 2018). - No documented disaster drills from the 4th	V 114	Fire and disaster drills will be conducted quarterly and documentation forms completed. Q.P. Michael Sauls will ensure staff documents all drills appropriately + completed forms will be turned into office upon all new quarterly drills to kept on file	10/3/19	

RECEIVED

FEB 06 2020

DHSR-MH Licensure Sect

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

6L1011

2/6/20

If continuation sheet 1 of 10

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V 114	Continued From page 1 quarter of 2018 (October 2018 thru December 2018). Interview on 10/01/19 client #2 stated: - He had resided at the facility for approximately 9 years. - He did not recall participating in fire drills at the facility. Interview on 10/01/19 client #3 stated he participated in fire and disaster drills at the facility. Interview on 10/01/19 client #5 indicated he had participated in fire and disaster drills at the facility. Interview on 10/01/19 the House Manager stated: - She worked 24 hour shifts at the facility. - Additional staff come in to supplement her time on Tuesdays. - The facility completed fire and disaster drills as required. Interview on 10/02/19 the Qualified Professional stated: - The facility completed fire and disaster drills as required. - He would ensure staff document drills appropriately.	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	V 118	finding #1 PRN medication for client #2 Ativan 1mg corrected on MAR to show prescribe dosage and blister pack with proper dosage made available	10-2-19

Division of Health Service Regulation
STATE FORM

6899

6LIO11

If continuation sheet 2 of 10

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1: Review on 10/01/19 of client #2's record revealed: - 32 year old male. - Admission date of 03/01/10.</p>	V 118	<p>and placed in med cart for administration PRN</p> <p>finding #2 medication for client #3 delivered to facility on afternoon of 10-1-19 medications administered as prescribed. Michael Saws q.p ensures medications correct and MARs currently documented</p>	10-1-19

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY PINES #2

**2600 NORTH BESTON ROAD
LA GRANGE, NC 28551**

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Diagnoses of Mild Intellectual Developmental Disability (IDD), Autistic Disorder, Anxiety Disorder and Mood Disorder Not Otherwise Specified. <p>Review on 10/01/19 of a signed physician order for client #2 dated 07/16/19 revealed:</p> <ul style="list-style-type: none"> - Decrease Ativan (antianxiety) to 1 milligram (mg) - every 8 hours as needed. <p>Review on 10/01/19 of client #2's July 2019 thru September 2019 MARs revealed the following transcribed entry:</p> <ul style="list-style-type: none"> - Ativan 2mg - one tablet every 8 hours as needed. <p>Observation on 10/01/19 at approximately 10:30am of client #2's medications revealed:</p> <ul style="list-style-type: none"> - A blister packet labeled for client #2. - The blister pack had tablets and directions to administer Ativan 2mg every 8 hours as needed to client #2. <p>Interview on 10/01/19 client #2 stated he received his medications as ordered.</p> <p>Finding #2: Review on 10/01/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 41 year old male. - Admission date of 12/29/99. - Diagnoses of Mild IDD, Cerebral Palsy, Impulse Control Disorder, Gastroesophageal Reflux Disorder (GERD) and Seasonal Allergies. <p>Review on 10/01/19 of a signed FL-2 for client #3 dated 10/23/18 revealed the following medication orders:</p> <ul style="list-style-type: none"> - Loratadine (treats allergies) 10 mg - take one tablet daily. 	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Nexium (treats GERD) 40mg - take one daily. <p>Review on and observation on 10/01/19 at approximately 10:15am of client #3's October 2019 MAR revealed the following transcribed entry:</p> <ul style="list-style-type: none"> - Loratadine 10 mg - take one tablet daily at 8am - Nexium 40mg - take one capsule daily at 8am. - No staff initials to indicate the Loratadine and Nexium were administered as ordered. <p>Observation on 10/01/19 at approximately 10:15 of client #3's medication supply at the facility revealed no Loratadine or Nexium available for administration.</p> <p>Interview on 10/01/19 client #3 stated he received his medications as order.</p> <p>Interview on 10/01/19 the House Manager stated:</p> <ul style="list-style-type: none"> - Client #3 did not currently have the Loratadine or Nexium this morning. - She was told by the Administrative Assistant the 2 medications would be available later today. <p>Interview on 10/02/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - Medications she be available at the facility for administration. - He would follow up to ensure medications correct and MARs are current <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 536	27E .0107 Client Rights - Training on Alt to Rest. Int.	V 536		

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V 536	Continued From page 5 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior;	V 536	Michael Saws QP obtained information and completed training to become a certified instructor of NCI Plus Training for all staff completed and documentation placed in personnel files Michael Saws will provide training annually for Country Pines staff in NCI-Plus.	1-9-20

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V 536	Continued From page 6 (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.	V 536		

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V 536	Continued From page 7 (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time.	V 536		

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V 536	<p>Continued From page 8</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure 4 of 4 audited staff (#1, #2, House Manager and Qualified Professional (QP)) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 10/01/19 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 06/30/15. - Training in alternatives to restrictive interventions expired 07/31/19. <p>Review on 10/01/19 of staff #2's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 02/28/19. - Training in alternatives to restrictive interventions expired 07/31/19. <p>Review on 10/01/19 of the House Manager's personnel record revealed:</p> <ul style="list-style-type: none"> - Date of Hire: 07/25/06. - Training in alternatives to restrictive 	V 536		

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STATE FORM

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If continuation sheet 9 of 10

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V 536	<p>Continued From page 9</p> <p>interventions expired 07/31/19.</p> <p>Review on 10/01/19 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - He began employment in 2005. - Training in alternatives to restrictive interventions expired 07/31/19. <p>Interview on 10/01/19 the QP stated:</p> <ul style="list-style-type: none"> - The policy was for staff to have current training in alternatives to restrictive interventions. - The facility did not use hands on restraints. - All the staff have expired training in alternatives to restrictive interventions. - He was working with a local trainer to get the required training completed. 	V 536		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

February 4, 2020

Michael Sauls, Director/CEO
Country Pines, Inc.
2307 North Beston Road
LaGrange, NC 28551

Re: Plan of Correction for Annual and Follow Up Survey completed October 2, 2019
Country Pines #2, 2600 North Beston Road, LaGrange, NC 28551
MHL# 096-115
E-mail Address: countrypinesinc@aol.com

Dear Mr. Sauls:

An annual and follow up survey was completed October 2, 2019. A letter was sent to you along with the Statement of Deficiencies which stated a Plan of Correction that addresses each deficiency cited during the survey was to be sent to our office. We never received the Plan of Correction for this survey.

Please submit a plan of correction which indicates what measures will be put in place to **correct** the deficient area of practice and **prevent** the problem from occurring again.

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.

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.

If you have any questions, please call Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,

Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: File

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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/2/2019
NAME OF FACILITY COUNTRY PINES #2	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0120	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0209 (E)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/02/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Keith Hughes</i>	DATE 10/2/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/25/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		