



## YELLOW MOUNTAIN ENTERPRISES

*building self-respect*

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David L. Tate, Executive Director

**AVERY COUNTY CHAMBER OF COMMERCE'S 2018 BUSINESS OF THE YEAR  
THE AVERY JOURNAL-TIMES BEST OF THE BEST NON-PROFIT ORGANIZATION FOR 2019**

February 10, 2020

Mental Health Licensure and Certification Section  
Attention: Rebecca Hensley  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**DHSR - Mental Health**

**FEB 13 2020**

**Lic. & Cert. Section**

Regarding: Plan of Correction for Avery County Group Home (MHL# 006-006)

Dear Ms. Hensley:

Enclosed please find a copy of our plan of correction and a copy of our redesigned form: Disposal Log for Expired or Discontinued Prescription Medications.

Thank you for your helpful review of our residential program. We appreciate your detailed review and supportive attitude.

Sincerely,

David L. Tate  
Executive Director

**Yellow Mountain Enterprises**  
PO Box 548, 255 Estatoa Street  
Newland, NC 28657  
828-733-2944

**Yellow Mountain Treasure Box**  
442 West Mitchell Street  
Newland, NC 28657  
828-733-0149

**Avery County Group Home**  
PO Box 176, 198 Cemetery Road  
Newland, NC 28657  
828-733-1273

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL006006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/29/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVERY COUNTY GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>198 CEMETARY ROAD NEWLAND, NC 28657</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS  An annual and follow-up survey was completed on January 29, 2020. 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 ensure that fire and disaster drills were conducted and repeated for each shift for each quarter. The findings are:  Review on 1/29/2020 of the facility's written fire drills from 1/31/19 to 12/31/19 revealed: -no morning (AM) drill during 2nd quarter, 2019 (April-June).	V 114		
			<p><b>DHSR - Mental Health</b></p> <p><b>FEB 13 2020</b></p> <p><b>Lic. &amp; Cert. Section</b></p> <p>Our 2020 Plan for Emergency Drills was revised to ensure that all types of drills would occur every other month on all shifts. These drills will be documented by staff and monitored by the Group Home Manager for occurrence and completeness of documentation. The every other month pattern will ensure the once each quarter standard is met.</p>	1/31/20

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

TITLE

(X6) DATE

*David L Tate*

*EXECUTIVE DIRECTOR*

*2-10-2020*

Division of Health Service Regulation

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V 114	Continued From page 1  Review on 1/29/2020 of the facility's written disaster drills from 1/24/19 to 12/20/19 revealed: -no morning (AM) drill during 3rd quarter, 2019 (July-September).  Interviews on 1/28/2020 with Clients #1, #2 and #3 revealed: -Fire and disaster drills were regularly conducted; -They were consistent about the meeting place with regard to the fire drills.  Interview on 1/29/2020 with the Group Home Manager (GHM) revealed: -She thought staff had completed all the required fire and disaster drills for last year; -She needed to closely monitor the drill logs to ensure the drills were repeated for each shift and in each quarter.	V 114		
V 119	27G .0209 (D) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled	V 119		

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V 119	<p>Continued From page 2</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of all prescription and non-prescription medications in a manner that guarded against diversion or accidental ingestion. The findings are:</p> <p>Review on 1/28/2020 of the facility's written list of 1/2020 discontinued medications revealed: -The written list was maintained in a book at the facility; -The list had 10 medications listed and numbered; -There were no client names associated with each of the discontinued medications listed; -The list did not indicate a method in which the medications were disposed of, and it was difficult to determine which of the 2 staff acted as witness of the medication disposal and which staff disposed of the medications.</p> <p>Observation on 1/28/2020 at approximately 12:37 pm of Client #2's prescribed medications revealed: -Client #2's 1/25/19 prescribed Ventolin HFA (albuterol sulfate inhalation aerosol) 90</p>	V 119	<p>Medication disposal form was revised to ensure that the client's name is listed, the method of disposal documented, the staff members disposing the medication is listed as well as the staff who witnessed the disposal.</p>	1/29/20	

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V 119	<p>Continued From page 3</p> <p>microgram (mcg) 2 puffs every 4 hours as needed (PRN) had a discard date of 1/25/2020.</p> <p>Observation on 1/28/2020 at approximately 1:00 pm of the facility's non-prescribed, over-the-counter (OTC) medications revealed: -a bottle of hydrogen peroxide with an expiration date of 4/2016.</p> <p>Interviews on 1/28/2020 and 1/29/2020 with the Group Home Manager (GHM) revealed: -1/28/2020, discarded client medications were placed monthly in a drop-off box near a local sheriff's department or local pharmacy for disposal with 2 staff present for 1 staff to serve as a witness to the disposal; -1/29/2020, she had a form she used in the past that the Executive Director (ED) developed with all the required information for medication disposal; -She could return to using the form developed by the ED to ensure all the requirements were met for medication disposal.</p>	V 119	<p>In a recent re-assignment of duties one staff member was put in charge of reviewing first aid supplies to ensure that over-the-counter medications that are out of date get properly disposed and replaced.</p>	1-10-20	



Avery County Group Home  
**Disposal Log for Expired or Discontinued Prescription Medications**

Client Name	Medication Name and Dosage	Expiration Date	Disposal Date	Disposal Location	Names of Two Staff Members Who Took Meds to Disposal Site