

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on February 14, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by 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>	V 118		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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	<p>Continued From page 1</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 affecting one of three clients (#1). The findings are:</p> <p>Review on 02/13/20 of client #1's record revealed: - 22 year old male. - Admission date of 08/01/13. - Diagnoses of Pervasive Developmental Disorder-Not Otherwise Specified, Mood Disorder-Not Otherwise Specified, Autism, Attention Deficit Hyperactivity Disorder, Moderate Intellectual Developmental Disability, Seizure Disorder, Sleep Apnea and Gastroesophageal Reflux Disease.</p> <p>Review on 02/13/20 of an aftercare visit summary for client #1 dated 02/11/20 revealed: - Clindamycin (antibiotic used to treat serious bacterial infections) 300 milligrams (mg) - take one tablet three times a day.</p> <p>Review on 02/13/20 of client #1's February 2020 MAR revealed no transcribed entry for client #1's Clindamycin.</p> <p>Observation on 02/13/20 at approximately 9:50am of client #1's medications revealed no Clindamycin available for administration.</p> <p>Interview on 02/13/20 the Qualified Professional stated:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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 2 - Client #1 had been taken to the hospital and was prescribed an antibiotic. - The staff had used the incorrect pharmacy to fill the medication. - The Clindamycin was supposed to be available today for administration to client #1.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 02/13/20 at approximately 9:15am of the facility revealed: - 3 chairs at the dining room table had dark stains on the seat fabric and one of the seat covers was not attached to the chair. - The closet door adjacent to the kitchen had a cracked surface. - The linoleum had several split's in the surface. - The threshold leading from the living room to the hallway had torn carpet exposing the wood. - Client #4's room had debris scattered throughout the carpet along with dark stains. - Client #1's bedroom had bits of debris on the carpet. - The hallway carpet had an approximately 15	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/14/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
---	--

(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 736	Continued From page 3 inch tear. - The sectional couch was sagging at the bottom of the larger section of the couch.	V 736		