



YELLOW MOUNTAIN ENTERPRISES

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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

DHSR - Mental Health

FEB 24 2020

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

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: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/29/2020
NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657		
(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	<p style="color: blue; text-align: center;">DHSR - Mental Health</p> <p style="color: red; text-align: center;">FEB 24 2020</p> <p style="color: blue; text-align: center;">Lic. & Cert. Section</p>	
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		

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

STATE FORM

6880

T7US11

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/29/2020
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AVERY COUNTY GROUP HOME

**198 CEMETARY ROAD
NEWLAND, NC 28657**

(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 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		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657		
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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:</p> <ul style="list-style-type: none"> -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>Observation on 1/28/2020 at approximately 12:37 pm of Client #2's prescribed medications revealed:</p> <ul style="list-style-type: none"> -Client #2's 1/25/19 prescribed Ventolin HFA (albuterol sulfate inhalation aerosol) 90 	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

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AVERY COUNTY GROUP HOME

**198 CEMETARY ROAD
NEWLAND, NC 28657**

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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

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /
IDENTIFICATION NUMBER

MHL006006

Y1

MULTIPLE CONSTRUCTION

A. Building

B. Wing

DATE OF REVISIT

1/29/2020

Y3

NAME OF FACILITY

AVERY COUNTY GROUP HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

198 CEMETARY ROAD

NEWLAND, NC 28657

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 V0109	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0203	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/29/2020	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>Rebecca Hensley</i>	DATE 1/29/2020
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Natalie Buchanan</i>	DATE 2-16-2020

FOLLOWUP TO SURVEY COMPLETED ON 6/4/2018	<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
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