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
	mhl024-026	A. BUILDING: _____ B. WING _____	02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOREMONT	11337 JOE BROWN HIGHWAY SOUTH TABOR CITY, NC 28463

(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 survey was completed on February 18, 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 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 file followed up by appointment or consultation with a physician.	V 118	~~DHSR - Mental Health~~ ~~MAR 1 2020~~ ~~Lic. & Cert. Section~~ RECEIVED MAR 02 2020 DHSR-MH Licensure Sect	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Tonya Bullard MS, OP 2/25/2020

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V 118	Continued From page 1 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 one of three clients (#2). The findings are: Review on 02/18/20 of client #3's record revealed: - 32 year old female. - Admission date of 07/15/17. - Diagnoses of Mild IDD, Major Depressive Disorder, Hypothyroidism, Seizure Disorder, Diabetes and Hypertension. A. Review on 02/18/20 of a signed FL-2 for client #3 dated 08/05/19 revealed Lisinopril (treats high blood pressure) 10 milligrams (mg) - take once daily. Review on 02/18/20 of client #3's February 2020 MAR revealed: - Lisinopril 10mg - take once daily. - Staff initials to indicate the Lisinopril was administered daily from 02/01/20 thru 02/18/20. Observation on 02/18/20 at approximately 12:00pm of client #3's medications revealed no Lisinopril available for administration. B. Review on 02/18/20 of client #3's signed physician order dated 08/20/19 revealed discontinue Prilosec (treats acid reflux) 20mg - take once daily.	V 118	Staff will review the Medication Administration Policy. MAR will be reviewed + checked for accuracy. Staff will contact the Pharmacy with any discrepancies for immediate corrections QP will monitor accuracy Monthly. If Medications are missed, Staff will contact the Pharmacist or Physician to notify + determine what level of incident it is	3/2020

Tonya Bullard, MS, QP 2/25/2020

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V 118	Continued From page 2 Review on on 02/18/20 of client #3's December 2019 thru February 2020 MARs revealed: - Prilosec 20mg - take once daily. - Staff initials to indicate the Prilosec was administered daily. Observation on 02/18/20 at approximately 12:00pm of client #3's medications revealed no Prilosec. Interview on 02/18/20 client #3 stated she received her medications daily. Interview on 02/18/20 staff #2 stated: - Client #3's Lisinopril had run out on Friday, 02/14/20. She would follow up on getting the medication revealed today. - Client #3's Prilosec had been discontinued. She did not know why the Prilosec was still on the MARs and staff had initialed for the medication being administered. - She understood medications should be administered as ordered and MARs should be kept current. Interview on 02/18/20 the Qualified Professional stated: - There had been some ongoing issues with the facility pharmacy. - She would follow up to ensure medications were administered as ordered.	V 118	Staff and QP will complete an incident report. A documentation form will be completed to show evidence that staff is communicating with the pharmacist and/or physician.	
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible	V 121		

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V 121	Continued From page 3 for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain drug regimen reviews for two of three audited clients (#2 and #3) who received psychotropic drugs. The findings are: Finding #1: Review on 02/18/20 of client #2's record revealed: - 44 year old female. - Admission date of 08/19/04. - Diagnoses of Mild Intellectual Developmental Disability (IDD), Down Syndrome, Hypothyroidism, Hyperlipidemia and Mixed Anxiety and Depressive Disorder. Review on 02/18/20 of client #2's current drug regimen revealed: - Zoloft (antidepressant). - Trazodone (antidepressant). - Zegerid (reduces stomach acid). - Lipitor (lowers cholesterol). - Synthroid (treats Hypothyroidism). - Trimetheprim (treats bladder infections). - Pataday (treats eye allergy conditions). Review on 02/18/20 of the 6 month psychotropic	V 121		

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V 121	Continued From page 4 drug review for client #2 dated 01/17/20 revealed: - A Registered Nurse (RN) completed the drug regimen review. Finding #2: Review on 02/18/20 of client #3's record revealed: - 32 year old female. - Admission date of 07/15/17. - Diagnoses of Mild IDD, Major Depressive Disorder, Hypothyroidism, Seizure Disorder, Diabetes and Hypertension. Review on 02/18/20 of client #3's current drug regimen revealed: - Lisinopril (treats high blood pressure). - Celexa (antidepressant). - Bydureon (treats Diabetes). - Levothyroxine (treats thyroid conditions). - Claritin (treats seasonal allergies). - Crestor (treats high cholesterol). - Lopid (lowers cholesterol). - Metformin (treats Diabetes). Review on 02/18/20 of the 6 month psychotropic drug review for client #2 dated 01/17/20 revealed: - A RN completed the drug regimen review. Interview on 02/18/20 the Qualified Professional stated: - the facility had some difficulty getting the pharmacist to complete the medication reviews. - She had been told a nurse could complete drug regimen reviews. - She understood only a physician or pharmacist could complete the 6 month psychotropic drug regimen reviews.	V 121	Physician will sign off on the MAR/ Physician's Orders every 6 months. Staff will ensure that the Physician's Orders are signed for all residents	3/6/20

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V 123	Continued From page 5	V 123		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to immediately report medication errors to a physician or pharmacist for one of three audited clients (#3). The findings are: See Tag V118 for specifics. Review on 02/18/20 of facility records revealed no documentation a physician or pharmacist was notified of medication errors with client #3's Lisinopril from 02/14/20 thru 02/18/20. Interview on 02/18/20 the Qualified Professional stated she understood a physician or pharmacist had to be contacted immediately for medication errors.	V 123		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

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V 366	Continued From page 6 (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy;	V 366		

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V 366	Continued From page 7 (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment	V 366		

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V 366	Continued From page 8 area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are: See Tag V118 for specifics. Review on 02/18/20 of facility records revealed no incident reports for medication errors for client #3's missed Lisinopril from 02/14/20 thru 02/18/20. Interview on 02/18/20 the Qualified Professional stated she understood incident reports had to be generated for medication errors.	V 366		