

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

QUALITY-CARE BEHAVIORAL HEALTH SERVI **402 MAPLE AVENUE**
MAYSVILLE, NC 28555

(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 13, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.	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	<i>QCHS will follow the medication requirements as stated to maintain in compliance. The facility QP will develop a check sheet and check off monthly to make sure the medication requirements are met correctly / documented.</i> <i>According to the Rule, if needed will be checked weekly to meet the medication requirement.</i>	<i>BH</i> <i>3/14/2020</i> <i>3/14/2020</i>

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

Brenda Hicks

TITLE

Director

(X6) DATE

2/20/2020

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews observations, and interviews the facility failed to administer medications as ordered by the physician for 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 2/13/20 of client #1's record revealed: - 63 year old female admitted 4/11/19. - Diagnoses included Intellectual Disability, severe, Unspecified Anxiety, Binge Eating Disorder, mild, Hypertension, Seizure Disorder, Osteoarthritis, and Vitamin D Deficiency. - Physician's orders signed 10/30/19 and 1/10/20 for paroxetine (can treat anxiety disorders and depression) 40 mg (milligrams), one tablet every night at bedtime, and physician's order signed 10/23/19 for methocarbamol (can treat muscle spasms and pain) 500 mg, one tablet four times daily.</p> <p>Review on 2/13/20 of client #1's MARs for December 2019 - February 2020 revealed: - Transcription for paroxetine 40 mg, one tablet every day, with staff documentation paroxetine was administered daily at 8:00 am. - Transcription for methocarbamol 500 mg one tablet four times a day as needed, with staff documentation methocarbamol was administered 24 times between 12/5/19 and 2/13/20.</p> <p>Observation at 11:00 am on 2/13/20 of client #1's medications revealed: - Paroxetine, 40 mg 1 tablet by mouth every night at bedtime, dispensed by pharmacy 1/21/20. - Methocarbamol, 500 mg one tablet by mouth</p>	V 118		

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V 118 Continued From page 2
four times daily, dispensed by pharmacy 12/02/19.

During interview on 2/12/20 client #1 stated she took her medication daily with staff assistance. She had never missed any medications. She took Dilantin at night.

During interview on 2/13/20 the Director/Owner stated she thought the physician's order for paroxetine was for "once a day." Despite what was documented on the MAR, client #1 received her paroxetine at night. Methocarbamol was a pain medication. Client #1's physician "said to give it to her up to four times a day as needed but that's not what she wrote. I can get that fixed." She understood the requirement for MARs to be kept current. She would get the medication orders clarified by the physician and make corrections to the MARS as needed.

V 118

V 536 27E .0107 Client Rights - Training on Alt to Rest. Int.

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.

V 536

QCBS will follow the training on Alternative to Restrictive Interventions as stated to stay in compliance. The OP of the facility will develop a training check sheet with the list of training due/ and updated as required

3/15/2020

cont.

→ FOR EACH STAFF to stay in compliance, This will be monitor monthly and as needed, upon staff hired.

Brenda Hies 2/20/2020

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V 536	<p>Continued From page 3</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (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 	V 536		

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V 536	<p>Continued From page 4</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536		

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V 536	Continued From page 5 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. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

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V 536	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 2 of 3 audited staff (#1 and #2) received annual training updates in alternatives to restrictive interventions. The findings are:</p> <p>Review on 2/12/20 of staff #1's personnel record revealed: - Title of AFL (Alternative Family Living) Provider, hired June 2010. - No current training in alternatives to restrictive interventions.</p> <p>During interview on 2/13/20 staff #1 stated she had completed annual training in alternatives to restrictive interventions but she could not recall the date. She had never used any restrictive interventions while working at the facility.</p> <p>Review on 2/12/20 of staff #2's personnel record revealed: - Title of AFL Provider, hired 8/31/17. - NCI+ (National Crisis Interventions Plus) Interventions, Preventions and Alternatives Part A, completed 12/13/18. - No up to date training in alternatives to restrictive interventions.</p> <p>During interview on 2/13/20 staff #2 stated she had received training in alternatives to restrictive interventions. She had never used any restrictive interventions while at work at the facility.</p> <p>During interview on 2/13/20 the Director/Owner stated staff had up to date training in alternatives to restrictive interventions, but she did not have documentation of the training. The curriculum used was Person Centered Crisis Intervention</p>	V 536		

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V 536	Continued From page 7 Strategies.	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 17, 2020

Brenda K. Hicks, Director/Owner
Quality-Care Behavioral Health Services, Inc.
PO Box 942
Maysville, NC 28555-0942

Re: Annual Survey completed 2/13/20
Quality-Care Behavioral Health Services, 402 Maple Avenue, Maysville, NC 28555
MHL # 052-002
E-mail Address: QCBHS@yahoo.com

Dear Ms. Hicks:

Thank you for the cooperation and courtesy extended during the annual survey completed February 13, 2020.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is April 13, 2020.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

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

February 17, 2020
Brenda K. Hicks, Director/Owner
Quality-Care Behavioral Health Services, Inc.

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.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant