



## **Outward Bound Community Services**

**624 Guilford College Rd Suite E**

**DHSR - Mental Health**

**Greensboro, NC 27409**

**MAR 10 2020**

### **Plan of Correction**

**Lic. & Cert. Section**

**March 2, 2020**

NC DHHS-DHSR conducted an on-site review/survey at Outward Bound Community Services- (The Umbrella Group, LLC, MHL 041-903) This plan of correction is being implemented in order to immediately rectify identified standard level deficiencies associated with providing residential supports to each and every individual being served by the agency.

### **Summary of out of compliance findings:**

#### 10 NCAC 27G.0209 Medication Requirements

##### (e) Medication Storage

##### (1) All medication shall be stored

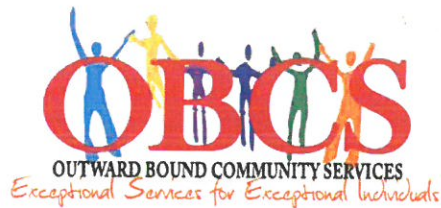
- (a) In a securely locked cabinet in a clean well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit
- (b) In a refrigerator, if required between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items medications shall be kept in a separate, locked compartment or container

##### (c) Separately for each client

##### (d) Separately for external and internal use

##### (e) In a secure manner if approved by a physician for a client to self-medicate

(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act G.S. 90 Article 5, including any subsequent amendments



**Description of Corrective Actions:**

Group Home Director and QP will coordinate an in-service training with all staff who provide services at The Umbrella Group, LLC as it relates to medication administration. Documentation and record keeping will be provided as proof of the in-service medication administration training. Group Home Director and QP will also coordinate a retraining/refresher class with a Licensed RN or LPN as well as it relates to medication administration ideally to further ensure there is a level of consistency and transparency across the board as it relates to providing medication administration to all members being served at The Umbrella Group, LLC and to ensure all staff continue to remain aware, knowledgeable and educated with regards to the level of care and service provision that is needed to be provided to all members served by the home.

**Timetable for implementation and completion:**

Within the next thirty days-March 19, 2020 Group Home Director and QP will ensure an in-service training is conducted with all staff at The Umbrella Group LLC with regards to medication administration and that a retraining/refresher class is conducted by a Licensed RN or LPN with regards to medication administration to all staff providing services at The Umbrella Group, LLC.

**Person responsible for ensuring the plan of correction is followed and implemented:**

Group Home Director and Qualified Professional will ensure the plan of correction is followed and implemented as written identifying that the in-service training and retraining/refresher training occurs with regards to all staff providing services to all members at The Umbrella Group LLC.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-903</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE UMBRELLA GROUP</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4308 BRITLEY COURT GREENSBORO, NC 27406</b>		
(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 February 18, 2020. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility staff failed to store internal and external medications separate for 2 of 3 clients (#1 and #2). The findings are:	V 120	<b>DHSR - Mental Health</b>  <b>MAR 10 2020</b>  <b>Lic. &amp; Cert. Section</b>	

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

*Amber D. Perkins*

TITLE

*Exe Director*

(X6) DATE

*3/2/20*

STATE FORM

6899

DIHN11

If continuation sheet 1 of 3

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**THE UMBRELLA GROUP**

**4308 BRITLEY COURT  
GREENSBORO, NC 27406**

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V 120	<p>Continued From page 1</p> <p>Review on 2/17/2020 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 12/15/2014</li> <li>-Diagnoses of Intellectual Disability Disorder, Schizophrenia, Laryngectomy, Myocardial Ischemia and Hypothyroidism</li> <li>-Physician's orders, dated 11/4/19, for Temazepam 15 mg, two by mouth at night; Levothyroxine 137mg, one by mouth daily; Clonazepam 1mg, one by mouth twice daily; Mirtazapine 30mg, one by mouth at night, Clonidine 0.1mg, one by mouth at night; Ziprasidone 80mg, one by mouth twice daily with meals; Escitalopram 20mg, one by mouth at night, Lamotrigine 100mg, one by mouth twice daily and Mupirocin 2% ointment, external application, apply one application twice daily.</li> </ul> <p>Review on 2/17/2020 of client #2's record revealed</p> <ul style="list-style-type: none"> <li>-An admission date of 4/23/2015</li> <li>-Diagnoses of Intellectual Disability Disorder, Mild, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Generalized Anxiety Disorder, Sexual Abuse of a Child, Attention Deficit Hyperactivity Disorder, Combined Presentation and Dysthymic Disorder.</li> <li>-Physician's orders, dated 11/19/19 for Atorvastatin 40mg, one by mouth daily, physician's orders dated 11/25/19 for Seroquel 100mg, one by mouth every morning, one by mouth midday, 2 by mouth at night and 1 as needed; Sertraline 100mg, 1 ½ by mouth daily and a physician's order, dated 7/2/19 for Triamcinolone 1% cream, apply to affected area twice daily as needed.</li> </ul> <p>Observations on 2/17/2020, at approximately 3:52pm, of client #1's medications revealed:</p> <ul style="list-style-type: none"> <li>-Internal and external medications were not</li> </ul>	V 120		

Division of Health Service Regulation

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V 120	<p>Continued From page 2</p> <p>stored separately in client #1's locked medication box</p> <p>Observations on 2/17/2020, at approximately 3:57pm, of client #2's medications revealed: -Internal and external medications were not stored separately in client #2's locked medication box</p> <p>Interview on 2/17/2020 with staff #1 revealed: -Was not aware internal and external medications needed to be store separately. -"You learn something new every day."</p> <p>Interview on 2/18/2020 with the Executive Director revealed: -Was not aware internal and external medications needed to be store separately -Would ensure the facility staff were made aware internal and external medications were to be stored separately immediately.</p> <p>This is a re-cited deficiency and must be corrected within 30 days.</p>	V 120			