

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601359	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/24/2020
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NAME OF PROVIDER OR SUPPLIER BENNETT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7136 MCEWEN PLACE MINT HILL, NC 28227
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 2-24-20. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disabilities in a Private Residence.</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	<p>DHSR - Mental Health</p> <p>MAR 11 2020</p> <p>Lic. & Cert. Section</p>	

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

Christina Lee 3/5/2020

TITLE

Quality Management Director

(X6) DATE

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 review and interview the facility failed to maintain an accurate MAR, effecting one of one client (client #1). The findings are:</p> <p>Review on 2-24-20 of client #1's MAR for February 2020 revealed: -Divalproex SOD ER 500 mg 1 tab at bedtime -Divalproex SOD ER 500 mg 2 tabs at bedtime. -Both had been signed daily up to 2-23-20.</p> <p>Review on 2-21-20 of client #1's physician orders revealed: - Order for Divalproex SOD ER 500 mg 1 tab at bedtime signed 12-27-19. -Order for Divalproex SOD ER 500 mg 2 tabs at bedtime signed 2-10-20.</p> <p>Interview on 2-24-20 with the AFL (Alternative Family Living) provider revealed: -Client #1 was supposed to be getting one tablet in the am and two in the pm. -He was giving client #1 the correct dose, but hadn't changed it on the MAR.</p> <p>Interview on 2-24-20 with the director revealed: -They understood the documentation had to be correct. -They did think client #1 was getting the correct medication. -They would ensure the MAR's were correct in the future.</p>	V 118		




United Support Services, Inc.

2331 Crownpoint Executive Drive Ste "J", Charlotte, NC 28227

704-841-3544 * fax 704-841-3545 USS@unitedsupportservices.org

"The works of many coming together for the good of One"

A  Internationally Accredited Agency

March 3, 2020

Corrective Action Plan for Annual Survey completed February 24, 2020 at the Bennett Home located at 7136 McEwen Place, Mint Hill, NC 27227. MHL#060-1359

Plan of Correction for Deficiencies found:

- I. V 118 27G .0209 (C) MEDICATION REQUIREMENTS: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (C) Medication Administration: (1) Prescription or non-prescription shall 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.
- Rule not met as evidence by: Based on record review and interview the facility failed to maintain an accurate MAR, effecting one of one client (client #1). The findings are:

USS Response:

ISSUE: The USS Medication Administration Record and Documentation procedure was being followed by the USS Residential Direct Care Staff causing a deficiency with one USS Client's MAR. Our investigation into the systemic root cause of the incomplete Medication Administration Record by the Licensed AFL provider revealed the Licensed AFL provider was following MAR documentation procedures. The USS Residential Direct Care Staff has a clear understanding of the Medication Administration Procedures and did document the administration of the prescriptions at the time of administration. Upon the entry of the (DC) discontinued of one of the medications he initialed up to the point given to the DC, then after that he had put a squiggly line in the boxes after the DC. It would appear the surveyor took the squiggly line as initials (Attachment "A"). With the surveyor viewing this as a deficiency we did move forward with a plan of correction. Corrective action has been taken as a reaction to the non-conformance of MAR policy and procedures. USS uses a systemic approach of **PDCA: Plan-Do-Check-Act**, to evaluate the quality of our services and the effectiveness of our action plan. This model approach has been written into our Agency policy.

Plan: USS Senior Staff, (Victoria Garland, Director and Cheri Stangle, Quality Assurance Director) gathered the investigative information pertaining to the failure to document medication administrations at the USS Bennett Home. We were able to conclude that the proper administration and dosage of the medication was given to the client. A discussion was had evaluating the findings of the review and possible options and/or alternative procedures were explored.

A plan of correction was formulated:

- 1.) Review the Medication Administration Record procedure and provide additional training to the USS Residential Direct Care Staff on the USS Medication Administration Reporting procedure.
- 2.) USS Clinical Director is to review the MAR with the Residential Direct Care Staff to ensure his understanding of all policies, procedures and requirements.
- 3.) Reviews of the Bennett Home MAR will be completed by USS Qualified Professional during home supervision visits once a month. The MARs will be reviewed for completeness and accuracy. Any discrepancies will be brought to the Clinical Director immediately.
- 4.) USS RN will review the monthly MAR once completed and submitted to ensure documentation is correct and medications are being given as ordered.

Do: USS Director, Victoria Garland, to complete a review and additional training of the MAR and Medication Reporting procedures with the Residential Direct Care Staff.

USS QP, Teresa Kale, will review the Bennett Home MAR during supervision visit each month, noting any deficiencies. USS QP will follow through with any corrections needed to ensure a correct and complete MAR is being recorded properly.

USS RN will review the Bennett Home MARs for completeness.

Check: USS Director is to present the USS RN with documentation that the Medication Administration Recording policy and procedure training has been completed thoroughly.

The USS QP will address monthly findings with USS Clinical Director once review of the Bennett Home MAR has been inspected. USS Qualified Professional will ensure the Residential Direct Care Staff is following all MAR policies and procedures.

The USS RN will review the monthly MAR to ensure documentation is correct and timely.

Act: Once USS Qualified Professional has completed each monthly check of the Bennett Home MAR and has determined the records have been properly documented according to the USS Medication Reporting procedure; the USS QP will forward the findings to the USS Clinical Director and/or QA/QI BA Committee for further review and analysis. If the USS QP determines during review of the Bennett Home MARs, the USS Medication Reporting procedure has not been adhered to, he/she will immediately speak with the USS Clinical Director and the USS Senior Staff to see if additional training or further disciplinary action is necessary. Once additional training has occurred (if necessary), the assigned USS Qualified Professional and the Residential Direct Care Staff will be asked to work as a team and correct the deficiencies immediately. The USS RN will re-check the corrected documentation for accuracy and, once approved, forward the initialed USS MAR Reporting Form to the USS QA/QI BA Committee for further review and analysis of possible trending for the fiscal year.

See Attachment "A" - MAR

BENZER PHARMACY

6018 The Plaza Charlotte
Charlotte, NC 28215

Attachment H

Medication Record
Primary Prescribe

Phone: (704) 531-5232 Fax: (704) 531-5235

Beginning Date: 02/01/2020 to 02/29/2020

UNITED SUPPORT SERVICES

Patient NAME:

Patient DOB:



CARBAMAZEPINE ER 100 MG CAP

STF: TEGRETOL/CARBATROL
Rx#: 160275

BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 02/14/20 Exp: 12/18/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
07:00A	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
04:00P	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Sig: TAKE 1 CAPSULE BY MOUTH AT 7AM AND TAKE 1 CAPSULE BY MOUTH AT 4PM

Counseling: May cause drowsiness and dizziness. Alcohol may make this worse. Use care when operating a vehicle, vessel, or dangerous machines.

CARBAMAZEPINE ER 200 MG TAB

Brand: TEGRETOL-XR 200 MG TB12
Rx#: 160274

BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 02/14/20 Exp: 12/18/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
07:00A	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
04:00P	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Sig: TAKE ONE 1 TABLET BY MOUTH AT 7AM AND 1 TABLET AT 4PM.

Counseling: May cause drowsiness and dizziness. Alcohol may make this worse. Use care when operating a vehicle, vessel, or dangerous machines.

CLONIDINE HCL 0.1 MG TABS

Brand: CATAPRES 0.1 MG TAB
Rx#: 160281

BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 02/14/20 Exp: 12/17/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
07:00A	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
04:00P	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Sig: TAKE 1 TAB BY MOUTH AT 7AM AND TAKE 1 TABLET BY MOUTH AT 4PM

Counseling: May cause drowsiness and dizziness. Alcohol may make this worse. Use care when operating a vehicle, vessel, or dangerous machines.

DEXTROAMP-AMPHETAMIN 20 MG

STF: ADDERALL 20 MG TAB
Rx#: 160613

BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 01/28/20 Exp: 06/09/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
08:00A	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS
08:00P	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Sig: TAKE ONE TABLET BY MOUTH TWO TIMES A DAY.

Counseling: This drug may impair the ability to operate a vehicle, vessel, or machinery. Use care until you become familiar with its effects.

DIVALPROEX SOD ER 500 MG TA

Brand: DEPAKOTE ER 500 MG TB24
Rx#: 160810

BALAKRISHNAN, NIKHIL MD
(704) 403-1911
101 EAST WY HARRIS BLVD
SUITE 5202
CHARLOTTE, NC 28262

Start: 12/27/19 Stop:
Fill: 01/23/20 Exp: 12/26/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
9:00p	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS	MS

Sig: TAKE ONE TABLET BY MOUTH AT BEDTIME

Counseling: May cause drowsiness or dizziness

MS Michael Bennett

Address



Room



Diet:

Diagnosis:

Allergies: NO, No Known Drug Allergy

Physician: _____

Pharmacist: _____

Maura Renda RN 3/3/2020

BENZER PHARMACY

6018 The Plaza Charlotte
Charlotte, NC 28215

**Medication Record
Primary Prescriber**

Phone: (704) 531-5232 Fax: (704) 531-5235

Beginning Date: 02/01/2020 to 02/29/2020

UNITED SUPPORT SERVICES

Patient NAME: [REDACTED]

Patient DOB: [REDACTED]

DIVALPROEX SOD ER 500 MG TA

Brand: DEPAKOTE ER 500 MG TB24

Rx#: 161698
BALAKRISHNAN, NIKHIL MD
(704) 403-1911
101 EAST WT HARRIS BLVD
SUITE 5202
CHARLOTTE, NC 28262

Start: 02/10/20 Stop: 02/10/21
Fill: 02/14/20 Exp: 02/13/21

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
09:00P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sig: TAKE TWO TABLETS BY MOUTH AT BEDTIME

Counseling: May cause drowsiness or dizziness

RISPERIDONE 2 MG TABS

STF: RISPERDAL 2 MG TAB

Rx#: 160276
BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 02/14/20 Exp: 11/18/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
04:00P	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sig: TAKE 1 TABLET BY MOUTH DAILY AT 4PM

Counseling: May cause drowsiness. Alcohol may make this worse. Use care when operating a vehicle, vessel, or dangerous machinery.

VITAMIN D3 1000 UNIT TAB

Rx#: 160282

BOWEN, LYNNEICE L.
(704) 801-9200
16740 DAVIDSON-CONCORD RD
DAVIDSON, NC 28036

Start: 11/13/19 Stop:
Fill: 02/14/20 Exp: 11/18/20

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
07:00A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sig: TAKE ONE TABLET BY MOUTH EVERY DAY

Counseling: Take with food

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Rx#:

Start: Stop:
Fill: Exp:

Sig:

Time\Day	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

Rx#:

Start: Stop:
Fill: Exp:

Sig:

MS Michael B...

Patient Name

Address

Room

Diet:

Diagnosis:

Allergies: NO, No Known Drug Allergy

Physician: _____

Pharmacist: _____

F
Mawra Randa RW 3/3/2020



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 3, 2020

Ms. Victoria Garland, Director
United Support Services, Inc.
2331 Crownpoint Executive Drive
Charlotte, NC 28227

Re: Annual Survey completed 2-24-20
Bennett Home, 7136 McEwen Place, Mint Hill NC 28227
MHL # 060-1359
E-mail Address: uss@unitedsupportservices.org

Dear Ms. Garland:

Thank you for the cooperation and courtesy extended during the annual survey completed 2-24-20.

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 tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 4-24-20.

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.

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

March 3, 2020
Ms. Victoria Garland
United Support Services, Inc.

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

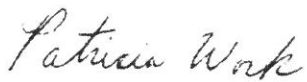
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Lynn Grier at 704-596-4072.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant