

Division of Health Service Regulation

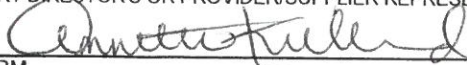
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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 20, 2020. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individual of all Disability Groups-Alternative Family Living.	V 000	<p style="text-align: center;">DHSR-Mental Health MAR 18 2020 Lic. & Cert. Section</p> <p>V 118 27G.0209 (C) Medication Requirements 10A NCAC 27G .0209 Medication Requirements <u>CORRECTIVE ACTION COMPLETE 3/11/2020</u></p> <ul style="list-style-type: none"> Indicate what measures will be put in place to <u>correct</u> the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). <u>Client # 1.</u> A review of the Policies and Procedures for Medication Requirements, 27G.0209 (C) Medication Requirements, was given to the AFL Providers. Staff will document both prescription or non-prescription drugs on the Medication Administration Record and initial when medication is given to the client. A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand any medications that are being given from the medication box should be included on the MAR. QP will document on QP notes that this review of medication documentation was given. 	
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	V 118 CLIENT # 1		

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



TITLE

President

(X6) DATE

3-11-2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure the MARs were current for 2 of 2 clients (#1, #2). The findings are:</p> <p>Client #1: Observation on 2/20/20 at 10:23AM of the medications for Client #1 revealed: -Vitamin D 125mcg, over the counter. -Calcium 500mg, over the counter.</p> <p>Record review on 2/20/20 for Client #1 revealed: -Admitted on 10/30/10 with diagnoses of Profound Intellectual Disability, Down Syndrome, Duodenal ulcer, Adjustment Disorder, Hypothyroidism, iron deficiency, and gastroesophageal reflux disorder.</p> <p>Review on 2/20/20 of the 12/2019-2/2020 MARs for Client #1 revealed: -December 2019-February 2020 MARs did not include the Vitamin D or Calcium for Client #1.</p> <p>Client #2: Observation on 2/20/20 at 10:32AM of the medications for Client #2 revealed: -Oxcarbazepine 300mg, dispensed 1/24/20.</p> <p>Record review on 2/20/20 for Client #2 revealed: -Admitted on 10/30/10 with diagnoses of Severe Intellectual Disability, PICA, Autism, Seizure Disorder, and Anxiety Disorder. -Physician's order dated 10/22/19 for</p>	V 118	<ul style="list-style-type: none"> Indicate what measures will be put in place to <u>prevent the problem from occurring again</u> <i>The AFL Provider and the QP have reviewed the Policies & Procedures for documenting over the counter medications (vitamins). They understand that supplements when given need to be documented on the MAR.</i> <i>Close monitoring of AFL Providers' documentation of medications when given to Client #1 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i> Indicate <u>who will monitor</u> the situation to ensure it will <u>not occur again</u>. <i>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</i> Indicate how often the monitoring will take place. <i>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and current MARS will be reviewed during all visits to the home.</i> 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-328	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LEE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 WESTON HEIGHTS DRIVE ASHEVILLE, NC 28803
---	---

(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 118	<p>Continued From page 2</p> <p>Oxcarbazepine 300mg, 2 three times per day.</p> <p>Review on 2/20/20 of the 12/2019-2/2020 MARs for Client #2 revealed: -Dates of 2/3/20-2/6/20 and 2/10/20-2/13/20 were left blank on the February MAR.</p> <p>Interview on 2/20/20 with the AFL provider revealed: -In December the physician for Client #1 noticed at the time of his yearly physical that Client #1 had low levels of calcium and vitamin D. He told the provider to start giving Client #1 Calcium and Vitamin D supplements. -Client #1 had been taking the supplements since December. -He did not know he needed to document administration of the supplements. -The mid-day dose for Client #2 was left blank when he was not in the facility.</p> <p>Interview on 2/20/20 with the Director revealed: -Any medications or supplements ordered by the physician need to be documented on the MARs. All orders by the physician need to be documented. -She was not aware of the supplements for Client #1.</p>	V 118 CLIENT # 2	<p>V 118 27G.0209 (C) Medication Requirements CORRECTIVE ACTION COMPLETE 3/11/2020</p> <ul style="list-style-type: none"> • <u>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.). Client # 2.</u> <i>The Medication Administration Record was reviewed with AFL Providers about using the key to document on the MAR when medications are given at the Day Program. A "DP" circled in the blank block when client is at the Day Program by the AFL Provider indicates the medication was given at the Day Program.</i> • <u>Indicate what measures will be put in place to prevent the problem from occurring again</u> <i>The QP will check the MAR for Client #2 to make sure all blank blocks are filled in when doing the monthly monitoring of the AFL home.</i> • <u>Close monitoring of AFL Providers' documentation of medications when given to Client #1 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</u> • <u>Indicate who will monitor the situation to ensure it will not occur again.</u> <i>Medications and documentation will be reviewed monthly during QP's monthly visit to home. Reminders to document on MARS after giving medications will continue to be made when speaking with staff during plan meetings, telephone conversations and text messages.</i> • <u>Indicate how often the monitoring will take place.</u> <i>Monthly monitoring of AFL home, unannounced visits to AFL Home and reminders of documentation during telephone conversations will be ongoing. Medication boxes and current MARS will be reviewed during all visit.</i> 	
-------	---	-------------------------	---	--

Summerland
Homes
INCORPORATED
PO Box 160 • Weaverville, NC 28787
Phone: (828) 645-7272 • Fax: (828) 658-3434

March 11, 2020

Certified Mail 7018 0680 0001 5632 1590

Ms. Kem Roberts
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

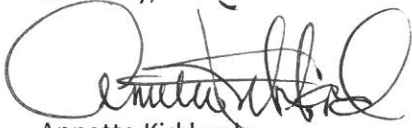
RE: Lee Home Annual Survey Completed February 20, 2020
MHL # 011-328
33 Weston Heights Drive, Asheville, NC 28803 – Buncombe County

Dear Ms. Roberts:

Please find included with this letter the Plan of Correction for deficiencies you found while conducting the annual survey for the Lee Home completed on February 20, 2020.

Please let me know if this Plan of Correction for the Lee Home meets compliance with the State of North Carolina Division of Health Service Regulation Section. Thank you for your expertise in assisting us to provide excellent care through our facilities.

Sincerely,



Annette Kirkland
President

Attachment: Plan of Correction