

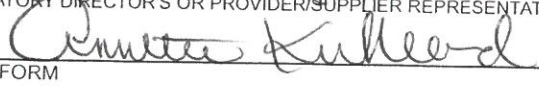
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-379	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2020
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NAME OF PROVIDER OR SUPPLIER CAMPBELL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 201 TACOMA CIRCLE ASHEVILLE, NC 28801
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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 and follow up survey was completed on 2/24/2020. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC27G5600F Alternative Family Living for all disability groups.</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>SEE PAGE 3 and 4 FOR PLAN OF CORRECTION</p> <p>DHSR-Mental Health</p> <p>MAR 18 2020</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President	(X6) DATE 3-11-2020
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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 observations, interviews and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate and current for 1 of 3 sampled clients (#2).</p> <p>The findings are:</p> <p>Review of Client # 2's record on 2/24/2020 revealed he was admitted to the facility on 7/18/14 with diagnoses including Moderate Intellectual Developmental Disability, Autism, Oppositional Defiant Disorder and Mood Disorder, Not Otherwise Specified.</p> <p>Review on 2/24/2020 of physician's orders for Client # 2 revealed: -11/27/19 - "Risperidone 2 mg (1) in morning and (1) at HS (bedtime)." -1/10/20 - "discontinue morning dose of Risperidone."</p> <p>Review on 2/24/2020 of the MAR's for January & February 2020 revealed: -the morning dose of Risperidone was marked through on the January MAR as of 1/10/20 and was not documented as given by AFL Provider # 1 from 1/11/20 - 1/31/20. -the morning dose of Risperidone was listed on the February MAR and was initialed as given daily by AFL Provider # 1 from 2/1/20 - 2/24/20.</p> <p>Observations on 2/24/2020 at 10:45 AM of Client # 2's medications revealed each medication was dispensed by a local pharmacy in bubble packs</p>	V 118	SEE PAGE 3 and 4 FOR PLAN OF CORRECTION	
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V 118	Continued From page 2 for each daily dose. Risperidone 2 mg with administration directions of "1 pill at HS (bedtime)" was dispensed on 2/14/2020. An interview with Client #2 on 2/24/2020 at 12:05 PM revealed he received his medications daily, but he was unable to give specific details regarding changes in his medications. Interview on 2/24/2020 at 11:30 AM with AFL Provider # 1 revealed he gave all medications, including the Risperidone, as ordered. He further stated he remembered the dose change of Risperidone and was giving it at bedtime only, as ordered. He further stated, "I get in a hurry sometimes and mark the MAR after I give the medications, but I go by the packet from the pharmacy for what to give." He further acknowledged the February MAR was inaccurate. Interview on 2/24/2020 at 2:00 PM with the facility Qualified Professional (QP) revealed she visited the facility at least monthly and reviewed the MAR's for accuracy during her visits. She further reported she had not identified the inaccuracy of Client # 2's February MAR, even though she visited on 2/16/2020. Interview on 2/24/2020 at 2:15 PM with the assistant Administrator of the facility revealed when a medication dose is changed, she completes new MAR's. She stated the AFL provider picks up the MAR's monthly from the office. She further reported she updated the MAR for Client # 2 for February 2020, but the AFL provider "must have used an old one by mistake." She also reported the local pharmacy used by the licensee dispenses new medications in bubble packs as ordered "almost immediately" and that Client # 2's medications were given as ordered,	V 118 CLIENT # 2	Complete Date March 11, 2020 V 118 27G.0209 (C) Medication Requirements Corrective Action 3/11/2020 1. 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. ➤ AFL Provider is using the most updated MAR and medications are being given and documented correctly. COMPLETED 2-24-2020 ➤ Only one MAR will be given to AFL Provider for the current month they are giving and documenting medications. This MARS will be dated with the current physicians order/medication review. COMPLETED 2-24-2020 ➤ Qualified Professional will continue to complete unannounced visits to Campbell Home to check and make sure that the MARS are current and documented by initials of AFL Provider at the time medications are given to Client # 2. COMPLETED 3-10-2020 ➤ A review of medication documentation with both AFL Providers will be completed by QP to make sure AFL Providers understand the importance of documenting medications on MARS after each medication is given to Client #2. QP will document on QP notes that this review of medication documentation was given. COMPLETED 3-10-2020 ➤ AFL Providers will be asked to bring the medication box and the current MARS to office of Summerland Homes once a month for a 3 month period to check MARS for documentation and accuracy. This request will be made randomly. COMPLETED 3-11-2020	
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V 118	<p>Continued From page 3</p> <p>but the MAR was not accurate due to the AFL provider using the old MAR.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p>➤ <i>When calls are made to the office from AFL Providers or calls are made to AFL Providers from the office, a reminder will be made to AFL Providers to make sure the most current MARS is being used for documentation and documentation is completed after medications are given</i></p> <p>2. <u>Indicate what measures will be put in place to prevent the problem from occurring again</u> <i>Only one current MARS will be given to AFL Provider for the current month they are giving and documenting medications. This MARS will be dated with the current physicians order/medication review.</i></p> <p><i>Close monitoring of AFL Providers' documentation of medications when given to Client #2 by QP during monthly visits and reminders during telephone conversations with QP and office staff of Summerland Homes.</i></p> <p>3. <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></p> <p>4. <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 and medication and current MARS log brought to office once a month for three months.</i></p>	
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Summerland
Homes
Incorporated
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Phone: (828) 645-7272 • Fax: (828) 658-3434

March 11, 2020

Certified Mail 7018 0680 0001 5632 1583

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

RE: Campbell Home Annual Survey Completed February 24, 2020
MHL # 011-379
201 Tacoma Circle, Asheville, NC 28801 – Buncombe County

Dear Ms. Spivey:

Please find included with this letter the Plan of Correction for the Re-cited standard level deficiency you found while conducting the annual survey for the Campbell Home completed on February 24, 2020.

Please let me know if this Plan of Correction for the Campbell 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