Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	
MHL013-117		B. WING	B. WING	
NAME OF PROVIDER OR SUPPLIER		ADDRESS, CITY, ST	ATE, ZIP CODE	
CIRCLE DRIVE GROUP HOME		CLE DRIVE PLEASANT, NC	28124	
(VAND SHAMADY STATEMENT OF PETICIPIONS				
PREFIX (EACH DEFICIE	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000 INITIAL COMMEN	7 000 INITIAL COMMENTS			
This facility is licen category: 10A NCA	vas completed on 3/3/20. A d. sed for the following service C 27G .5600C Supervised th Developmental Disabilites.			
V 118 27G .0209 (C) Medication Requirements		V 118		
only be administered order of a person audrugs.  (2) Medications shat clients only when audient's physician.  (3) Medications, inclied administered only be unlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered current. Medications recorded immediate MAR is to include the (A) client's name;  (B) name, strength, and (C) instructions for and (D) date and time the (E) name or initials or drug.  (5) Client requests for checks shall be recorded.	inistration: on-prescription drugs shall d to a client on the written thorized by law to prescribe  If be self-administered by thorized in writing by the  uding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ministration Record (MAR) of ed to each client must be kept administered shall be ly after administration. The		This Page Intentionally Left Blan  DHSR-Mental He  MAR 2 3 2020  Lic. & Cert. Sec	alth

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(X6) DATE

If continuation sheet 1 of 4

STATE FORM

Shorte Gacker Op. B4 mp4 3-17-2020

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Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING:\_ COMPLETED MHL013-117 B. WING 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CIRCLE DRIVE GROUP HOME 900 CIRCLE DRIVE MOUNT PLEASANT, NC 28124 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) TAG CROSS-REFERENCED TO THE APPROPRIATE COMPLETE DATE DEFICIENCY) V 118 Continued From page 1 V 118 This Rule is not met as evidenced by: Based on records review and interviews, the Our plan for correction is to ensure that 3/16/20 facility failed to ensure medications were the initial doctor's order will be sent to administered on the written order of a person Ongoing both the group home as well as the authorized by law to prescribe drugs affecting 1 of pharmacy. Residential Manager will also 3 clients (#1). The findings are: ensure the doctor includes both the pre operation instructions and post operation Review on 3/3/20 of client #1's record revealed: instructions in sending in the order for -admission date of 6/8/98 to the parent agency person supported eye drops for her next and 3/1/04 to this facility; -diagnoses of Intellectual Developmental surgery on the other eye. Residential Disabilities Mild, Obsessive Compulsive Disorder, Manager will not administer these drops Diabetes Type 2, Hypertension, Hypothyroidism until they receive the order in the same and PICA: way it was written and given at person -client#1 had cataract surgery on her right eye on supported appointment before her surgery. 12/19/19: If they fax the prescription into our -form titled "Post Operative Drops" for her right facility, the Residential Manager will eye documented: Week 1 started 12/20 eye ensure what is received correlates to the drops "Polytrim," "Ketorolac" and "Pred Acetate" four times a day at breakfast, lunch, dinner and notes form the person supported appointment as well as it matching the bed, Week 2 starting 12/27 "Pred Acetate" and "Ketorolac" eye drops three times a day at EMAR prescription sent into her breakfast, lunch and dinner, Week 3 starting 1/3 pharmacy. "Pred Acetate" and "Ketorolac" eye drops two times a day at breakfast and bed and Week 4 starting 1/10 "Pred Acetate" and "Ketorolac" one time a day at breakfast; -no signed prescription orders matching the "Post Operative Drops" instructions listed above; -copies of unsigned prescriptions from the pharmacy dated 12/17/19 for the above medications documented the following: Prednisolone 1% eye drops instill one drop in right eye four times a day, Polymyxin Solution eye drops instill one drop in right eye 4 times a day

RB1U11

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING:\_ COMPLETED MHL013-117 B. WING 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 CIRCLE DRIVE CIRCLE DRIVE GROUP HOME MOUNT PLEASANT, NC 28124 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 V 118 and Ketorolac Solution 0.5% eye drops instill one drop in right eye four times a day. Review on 3/3/20 of client #1's MARs from 1/1/20 until 3/3/20 revealed the following: -1/1-1/3 Ketorolac Solution 0.5% eye drops documented administered on 1/1 (8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm) -1/4-1/9 Ketorolac documented as administered at 8am and 8pm: -1/10-1/16 Ketorolac documented as administered at 8am; This Page Intentionally Left Blank -1/1/-1/3 Polymyxin Solution eye drops documented administered on 1/1 (8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm); -1/1-1/3 Prednisolone 1% eye drops documented as administered on 1/1(8am, 12pm, 4pm and 8pm), on 1/2(8am, 12pm, 4pm and 8pm) and 1/3(8am and 12pm): -1/4-1/9 Prednisolone documented as administered at 8am and 8pm: -1/10-1/16 Prednisolone documented as administered at 8am. Interview on 3/3/20 with client #1 revealed: -had surgery on her eye; -can see better now; -having surgery on other eye soon. Interview on 3/3/20 with the Group Home Manager revealed: -client#1 had cataract surgery on her right eye; -pharmacy got prescriptions directly emailed from eye doctor for eye drops for four times a day prior to surgery and after surgery; -pharmacy never received the prescriptions for

Division of Health Service Regulation

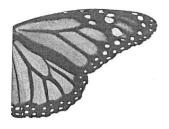
doctor;

the post operative instructions from the eye

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING:\_\_\_ COMPLETED MHL013-117 B. WING\_ 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 CIRCLE DRIVE CIRCLE DRIVE GROUP HOME MOUNT PLEASANT, NC 28124 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 3 V 118 -she sent a copy of the post operative instructions to the pharmacy and the EMARs were changed to match the post operative instructions on 1/3/20; -never obtained prescriptions signed by doctor for the eye drops; -in future, will ensure EMARs and prescriptions match instructions from post operative directions; -client#1 had a follow up with her eye doctor on 1/15/20 and everything was good. This Page Intentionally Left Blank

Division of Health Service Regulation





March 16, 2020

Gina McLain, Facilty Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: Annual Survey/Circle Drive Group Home/3-3-2020

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Aouse Wir stead. W

Louise Winstead, RN

Compliance Specialist – Plan of Corrections

louise.winstead@monarchnc.org

252-289-6512

