

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/11/2020
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NAME OF PROVIDER OR SUPPLIER LAKE MONROE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1708 LAKE MONROE DRIVE MONROE, NC 28112
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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
V 000	INITIAL COMMENTS An annual survey was completed on 3-11-20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600 Supervised Living for Adults Whose primary Diagnosis is a Developmental Disability.	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 observation and interviews the facility failed to ensure medications were stored separately effecting 3 of 6 clients (clients #1, #4, and #5). The findings are:	V 120	The Residential Manager will ensure that all Controlled Medications are kept in separate containers by person. Director will in-service QP and RM on Medication Administration Policy. The QP or Residential Manager will in-service all staff on keeping controlled medications separated (by person) in the medication closet. RM will monitor monthly with Medication closet checklist. Target date: 4/1/2020 DHSR-Mental Health MAR 25 2020 Lic. & Cert. Section	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Retasha Cheonzy

TITLE

Director of Program Operations 3-18-20

(X6) DATE

Division of Health Service Regulation

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V 120	<p>Continued From page 1</p> <p>Observation on 2-25-20 at approximately 3:00 pm revealed:</p> <ul style="list-style-type: none"> -One box for controlled medication. -Client #1 had vyvanse 70 mg stored in box. -Client #4 had Clonazepan .5 mg stored in box. -Client #5 had Vimpat 50 mg stored in box. -All medication was together, no bags or dividers to separate them. <p>Interview on 2-25-20 with the facility manager revealed:</p> <ul style="list-style-type: none"> -He had never known that the controlled medication needed to be separated according to client. -He would fix the medication immediately. <p>Interview on 3-11-20 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She Had never heard that the controlled medication needed to be stored separately by client. -They had never been cited for this before. -They would ensure that all medication would be stored separately by client in the future. 	V 120	Page intentionally left blank	

**MONARCH
Inservice Registration Form**

TOPICS: Trainers - list each topic that you discuss:

Review of Medication Administration
Policy regarding Controlled
Medications

MINUTES:

DATE: 3-11-20

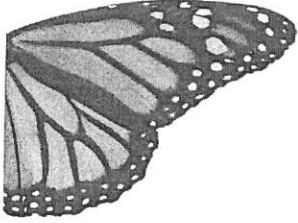
LOCATION: Lake Monroe GH

TIME: 12:15 AM/PM

UNTIL: 1:00 AM/PM

PRESENTER/TITLE: Letisha Callaway, DPO

#	PRINT NAME	TITLE	DEPARTMENT	SIGNATURE
1	Jim Marshall	RM	LTSS	Jim Marshall
2	Antonia Baker	TZ	LTSS	Antonia Baker
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March 19, 2020

Patricia Work, Facility 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/Lake Monroe Group Home/3-11-2020

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.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

