

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G033	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
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NAME OF PROVIDER OR SUPPLIER

SOUTHRIDGE ROAD

STREET ADDRESS, CITY, STATE, ZIP CODE

**301 SOUTHRIDGE RD
JAMESTOWN, NC 27282**

(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) COMPLETION DATE
W 371	<p>DRUG ADMINISTRATION CFR(s): 483.460(k)(4)</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the system for drug administration failed to assure 3 of 3 clients (#2, #3 and #4) observed during the medication pass were provided teaching related to name, purpose and side effects of medications administered. The findings are:</p> <p>A. The system for drug administration failed to assure client #3 was provided teaching related to the name, purpose or possible side effects of medications received. For example:</p> <p>Observations conducted on 3/4/2020 at 7:10 AM during medication administration revealed client #3 to receive medications including Vitamin D 5000 IU, Benztropine 0.05mg, Fluoromethol 0.1% and Restasis EMO 0.05%. Continued observations revealed with staff E direction, client #3 to punch medications into a medication cup. Client #3 was observed to take all medications. Client #3 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered.</p> <p>Review of medical record on 3/4/2020 revealed a person centered plan (PCP) dated 9/1/2019. Further review of the PCP revealed client #3</p>	W 371	<p>Residential Team Lead and Residential Manager will in-service staff on Medication education. All staff will be retrained to inform all persons supported, during med pass, on at least one medication they are receiving. This will include the name of the medication what it is for and what possible side effect it may have.</p> <p><i>DHSR-Mental Health</i> <i>MAR 23 2020</i> <i>Lic. & Cert. Section</i></p>	4/30/2020

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

Amanda E. Ford

TITLE

Residential Team Lead/QP

(X6) DATE

3/9/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 371	<p>Continued From page 1</p> <p>participates in his medication administration and knows what he's taking and why he is taking it. Continued review of record revealed an independent daily assessment dated 8/27/2019. Client #3 requires moderate/gestural or partial physical assistance with describing, dispensing, and stating medication and purpose.</p> <p>Interview with the qualified intellectual disability professional (QIDP) on 3/4/2020 verified client #3 should have been provided education during his medication pass with the identification of at least one medication, purpose and side effect.</p> <p>B. The system for drug administration failed to assure client #2 was provided teaching related to the name, purpose or possible side effects of medications received. For example:</p> <p>Observations conducted on 3/4/2020 at 7:20 AM during medication administration revealed client #2 to receive medications including Carbamazepine CHW 100mg, Cetirizine 10mg, Sertraline 50mg, Reguloid S/F, Fluticasone Spray. Continued observations during this medication administration revealed staff E to prompt client #2 to punch medications with staff assistance into a medication cup. Further observations revealed client #2 to take all medications. Client #2 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered.</p> <p>Review of medical record on 3/4/2020 revealed a PCP dated 3/1/2019. Further review of the PCP revealed a living skills assessment dated 2/10/2020. Review of the current living skills assessment revealed client #2 can participate in</p>	W 371	Page Intentionally Left Blank		

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W 371	<p>Continued From page 2</p> <p>medication administration but relies on others for accuracy and safety.</p> <p>Interview with the QIDP on 3/4/2020 verified client #2 should have been provided education during his medication pass with the identification of at least one medication, purpose and side effect.</p> <p>C. The system for drug administration failed to assure client #4 was provided teaching related to the name, purpose or possible side effects of medications received. For example:</p> <p>Observations conducted on 3/4/2020 at 7:30 AM during medication administration revealed client #4 to receive medications including Omeprazole 20mg, Vitamin D 1000 Unit, Calcium + Vit D 600/400 IU, Docusate Sodium 100mg, Certavite tab/Antioxid, Polyethylene Glycol Powd. Continued observations revealed staff E to prompt client #4 to punch medications into a medication cup. Further observations revealed client #4 to take all medications. Client #4 was not observed to be provided with teaching related to the name, purpose or possible side effects of medications administered.</p> <p>Review of medical record on 3/4/2020 revealed a PCP dated 10/1/2019. Continued review of the PCP revealed an independent daily living assessment dated 9/9/2019. Further review of the independent daily living assessment revealed client #4 requires full assistance during medication administration to describe, dispense, state medication and purpose, and understand why he is taking them.</p> <p>Interview with the QIDP on 3/4/2020 confirmed all clients should have been provided education</p>	W 371	Page Intentionally Left Blank		

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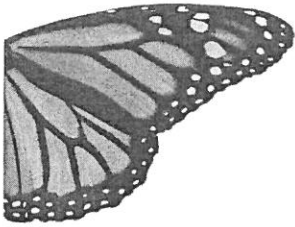
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W 371

Continued From page 3
during the medication pass with the identification
of at least one medication, purpose and side
effect.

W 371

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March 17, 2020

Sherri Capps, RN, Nurse Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Recertification - Southridge Road - 3/4/20

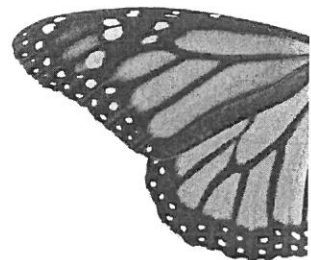
Hello,

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



MONARCH

350 Pee Dee Avenue, Albemarle, NC 28001