

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/11/2020
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NAME OF PROVIDER OR SUPPLIER MULBERRY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1904 WINDY RIDGE ROAD NORTH WILKESBORO, NC 28659
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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	<p>INITIAL COMMENTS</p> <p>A limited follow up survey for the Type B rule violation was completed on September 11, 2020. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) was reviewed. 10A NCAC 27G .0209 Medication Requirements (V118) was brought back into compliance. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118	<p>DHSR-Mental Health</p> <p>SEP 29 2020</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Johnnie Eversley</i> BMGH Director	TITLE AP	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>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> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep all drugs recorded immediately after administration on a client's MAR for 1 of 1 audited clients (Client #2) and failed to keep a client's MAR current for 1 of 1 audited clients (Client #2). The findings are:</p> <p>Review on 9/9/20 of Client #2's record revealed: -a date of admission of 4/1/03; -diagnoses which included Unspecified Depressive Disorder, Mild Intellectual Developmental Disorder (IDD), Chronic Pancreatitis, Acid Reflux, Hypertension, and Allergies; -physician-prescribed medications dated 6/9/20 which included: -Vitamin E 400 Unit soft gel, 1 capsule (cap) twice daily for antioxidant; -ZenPep10000-32000 Units, 4 caps 3 times daily with meals and 2 caps with snacks as needed to treat pancreatitis; -Montelukast Sodium 10 milligrams (mg), 1 tablet at bedtime to treat allergies.</p> <p>Reviews on 9/9/20 and 9/10/20 of Client #2's April 2020, May 2020, June 2020, July 2020 and August 2020 MARs revealed:</p>	V 118	<p>DHSR-Mental Health</p> <p>SEP 29 2020</p> <p>Lic. & Cert. Section</p>	
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V 118	<p>Continued From page 2</p> <p>-the Vitamin E 400 Unit soft gel had: -blanks on the April 2020 MAR at the 8:00 PM dosage times on 4/25/20, 4/26/20, 4/27/20, 4/28/20, 4/29/20 and 4/30/20 (the 45th day for the correction period ended for the 3/10/20 survey for V118 on 4/24/20); -blanks on the June 2020 MAR at the 8:00 AM dosage time on 6/26/20, 6/27/20 and 6/28/20; -blanks on the July 2020 MAR at the 8:00 AM dosage time on 7/1/20, 7/2/20, 7/3/20, 7/4/20, 7/5/20, 7/6/20, 7/7/20, 7/8/20, 7/9/20, 7/10/20, 7/11/20, 7/12/20, 7/13/20, 7/14/20, 7/15/20, 7/16/20, 7/17/20, 7/18/20, 7/19/20, 7/20/20, 7/21/20, 7/22/20, 7/23/20, 7/24/20, 7/25/20, 7/26/20, 7/27/20, 7/28/20, 7/29/20, 7/30/20 and 7/31/20; -ZenPep10000-32000 Units had: -a blank on the May 2020 MAR at the 12:00 Noon dosage time on 5/25/20 and had a blank on the July MAR at the 12:00 Noon dosage time on 7/30/20; -the Montelukast Sodium 10 mg had: -blanks on the August 2020 MAR at the 8:00 AM dosage times on 8/26/20, 8/27/20, 8/28/20 and 8/29/20.</p> <p>Interview on 9/2/20 with Client #2 revealed: -no problems or issues indicated with her medication administration by staff.</p> <p>Interview on 9/10/20 with Staff #1 revealed: -The staff was on duty the last day of the month was responsible for updating the clients' MARs for the following month; -She missed recording Client #2's Vitamin E administration on the June MARs; -Client #2 was on a home visit the first part of the month in July 2020 and her MAR should have been coded with an "H" to indicate she was at home;</p>	V 118		
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V 118	<p>Continued From page 3</p> <p>-There were pill count sheets that could be provided that showed Client #2 was given her medication.</p> <p>Interviews on 9/10/20 and 9/11/20 with the Executive Director revealed:</p> <p>-There were 2 staff (Staff #1 and Staff #2) who administered the client medications;</p> <p>-She would be notified by either staff if there were problems with client medication administration;</p> <p>-She would review and send Client #2's pill count sheets on the three medications which had MAR blanks;</p> <p>-Both staff were trained in medication administration by a registered nurse;</p> <p>-She used to have someone meet Staff #2 in the office and check the MARs quarterly;</p> <p>-There was no one who currently monitored the MARs for completeness and accuracy;</p> <p>-She planned to change client MAR process to correct this situation.</p>	V 118	<p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <ul style="list-style-type: none"> • Group Home Managers will receive supervision training on MAR documentation to correct the deficient area. Medication Administration Records training will occur annually thereafter. • Group Home Managers will be asked to check for any unmarked areas or errors on the MAR during each shift change (should an error be identified, if possible, the error will be corrected before staff leaves the shift, if necessary, supervisor will be contacted and medication errors will be documented as a level one incident), shift change usually takes place every three to four days. A Qualified Professional will check each MAR at the end of each month and a Registered Nurse will check the MAR's quarterly to prevent any problems from re-occurring. • Group Home Manager - Qualified Professional – Registered Nurse will be responsible for Monitoring • The Monitoring will take place; Weekly (Group Home Manager) Monthly (Qualified Professional) Quarterly (Registered Nurse) Annually (Registered Nurse) 	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 14, 2020

Johnnie Everidge, Executive Director
Brushy Mountain Group Homes, Inc.
PO Box 1045
North Wilkesboro, NC 28659

Re: Limited Follow Up Survey completed September 11, 2020
Mulberry Group Home, 1904 Windy Ridge Road, North Wilkesboro, NC 28659
MHL # 097-044
E-mail Address: jeveridg@outlook.com

Dear Ms. Everidge:

Thank you for the cooperation and courtesy extended during our limited follow up survey completed September 11, 2020. This survey was conducted as a result of the Type B deficiencies cited during the March 10, 2020 survey.

In this limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) was reviewed for compliance.

As a result of the follow up survey, it was determined that the reviewed deficiencies in the rule area of 10A NCAC 27G .0209 Medication Requirements (V118) that led to the Type B are now back in compliance.

A standard-level deficiency is cited in 10A NCAC 27G .0209 Medication Requirements (V118).

Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is **November 10, 2020**.

Enclosed, you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

What to include in the Plan of Correction

- 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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge, Mountains Team Leader, at (828) 665-9911.

Sincerely,



Rebecca Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
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