STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL023-204	B. WING		C 09/15/2020	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
UEOT #4		115 EPP	S RETREAT LA	NDING		
UESI #1	15 EPPS RETREAT	SHELBY	, NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLE	
∨ 000	15, 2020. The compla (Intake# NC00161842) This facility is license	as completed on September aint was substantiated 2). A deficiency was cited. d for the following service 27G .5600F Supervised of all Disability	V 000	In response to the ci the provider agency conducting medication Zoom, to all of the a Support Professionals administer medication will complete an onli after the class has b via Zoom. The class/t primarily conducted setting.	will begin training via gencies Direct that s. The DSP's ne training, een completed raining will be	
V 118	 only be administered order of a person autil drugs. (2) Medications shall clients only when autil client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for addition 	A MEDICATION stration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:	V 118	Maruja Peralta; Chief Officer will monitor medication trainings conducted via Zoom. T will be monitored on biases, or when it is that a DSP is due for training.	and schedule that will be his process a monthly determined medication	

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL023-204	B. WING		09	C / 15/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
QUEST #1	15 EPPS RETREAT		S RETREAT LAND , NC 28150	NG		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From page	e 1	V 118			
	file followed up by ap with a physician.	pointment or consultation				
	facility failed to ensur were trained to admir Registered Nurse (RI	ew and interviews, the re one of one audited staff hister medications by a N), pharmacist, or other on for 2 of 2 clients (Clients				
	-admitted on 11/1/16. -diagnoses of Autism PICA, Profound Intell	, Anxiety, Mood Disorder,				
	physician orders date revealed: -his daily medications	nd 9/10/20 of Client #1's ed 3/19/20 and 8/12/20 s included Haldoperidol, R, Benztropine, Zyprexa,				
	-admitted on 10/28/1 -diagnoses of Infantil with Hallucinations, N	e Autism, Psychotic Disorder				
	physician orders date revealed:	nd 9/10/20 of Client #2's ed 2/18/20 and 3/2/20 s included Buspar, Linzess,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		MHL023-204	B. WING			/15/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
QUEST #1	15 EPPS RETREAT		S RETREAT LAND	ING			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page	e 2	V 118				
	Colace, Zyprexa, Lar	notrigine, and Benztropine.					
	Review on 5/19/20 of medication training or 8/29/20 revealed: -"Bellum Professiona ServicesMedication Recording."	ertificate dated 8/29/19 - I Training					
	-a docusigned signat	ure that the course was and issued by an RN.					
	-the medication traini to pass a test for com	with the facility RN revealed: ng was on-line and they had npletion. the certificate once they					
	them to the doctor or	ds (MARs) and compared ders. oom or hands-on-training					
	-the staff can call her questions about med	anytime they have					
	revealed:	with the AFL provider					
	-in meetings they also administration.	ng he took was on-line. o went over medication					
	-he was not sure if ar meetings or not.	n RN was present in the					
	Officer revealed: -the Bellum Professio	with the Chief Executive onal Training Services was medication administration.					
	-an agency nurse dev when a new nurse wa	veloped the curriculum and					
	make any changes.	to see if they wanted to					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL023-204	B. WING		09	C / 15/2020
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
UEST #1	15 EPPS RETREAT		S RETREAT LANDI , NC 28150	NG		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN C PREFIX (EACH CORRECTIVE A TAG CROSS-REFERENCED TO DEFICIE		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page 3		V 118			
	the course that had t administering medica -the RN then signed course was complete -the RN does monthl					
ion of Hea	alth Service Regulation					



September 25, 2020

Sally Thayer, MSW Facility Compliance Consultant I Mental Health Licensure & Certification Section 2718 Mail Service Center Raleigh, NC 27699-2718

Re: Complaint Survey completed September 15, 2020 Quest #115 Epps Retreat Landing, Shelby, NC 28150 MHL # 023-204 E-mail Address: kdonovan@questnc.com Intake #:NC00161842

Dear Ms. Thayer:

On September 15, 2020 you conducted a site visit to the above mentioned address based on a complaint that was made to DHSR. The complaint was substantiated, and the following measures will be put in place to ensure that this deficiency is resolved:

1. 10A NCAC 27G .0209 MEDICATION REQUIREMENTS - rule is not met:

In response to the cited deficiency, the provider agency will begin conducting medication training via Zoom, to all of the agencies Direct Support Professionals that administer medications. The DSP's will complete an online training, after the class has been completed via Zoom. The class/training will be primarily conducted in a group setting.

Maruja Peralta; Chief Administrative Officer will monitor and schedule medication trainings that will be conducted via Zoom. This process will be monitored on a monthly basis, or when it is determined that a DSP is due for medication training.

This process will be put in place, no later then November 14, 2020 to ensure compliance in this area.

If you have any additional questions, please feel free to contact me at 704-537-4730.

Regards, — Docusigned by: Imy Laughad, GP, MS09/25/2020 Am65[8888FR2803.4Ms, QP

Chief Development Officer

2329 E WT Harris Blvd | Charlotte, NC 28213 | 704 537-4730 T | 704 537-4731 F

www.questnc.com