

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL038-024</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2021</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**THE PASSAGE**

**532 MOOSE BRANCH ROAD  
ROBBINSVILLE, NC 28771**

(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  A complaint survey was completed on 4/1/21. The complaint was substantiated (Intake NC00169617.) Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults With Mental Illness.	V 000	A review of policies and procedure as well as consumer records relative to these reported findings was conducted. Through that review and based on the findings presented in this report, it appears that these errors can be mostly attributed to difficulties documenting medication administered, rather than a failure to administer medication appropriately. Therefore, the following actions/changes are focused on such to ensure continued compliance:  Moving forward, the Director of IDD services (Nurse) rather than direct care staff will transcribe/configure medications on the paper and eMARs to ensure completeness and accuracy.	5/31/21
V 118	27G .0209 (C) Medication Requirements  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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	The Director and IDD Coordinator will also coordinate directly with prescribers to ensure discontinue orders are obtained when medications are changed. This will ensure that changes are made more quickly and accurately so that in turn, medications that have been discontinued are not appearing on the eMAR as active and needing to be administered (resulting in documentation exceptions).  Moving forward, the Pharmacy shall fill and package all medications including prescription and prescribed OTC medicine. This will ensure appropriate supply of medication and avoid instances where medication supply is delayed or not obtained due to guardian.  All IDD residential staff shall complete a medication administration refresher training course provided by the Pharmacist by May 31, 2021. This training to include but is not limited to: appropriate procedures, identifying and managing barriers to successful medication administration; seeking supervision and assistance when faced with exceptions, and coordinating with involved providers (prescribers, pharmacy, guardians, etc).  Beginning on 4/1/21, the eMAR shall be monitored daily by the IDD Coordinator and the Director of IDD Services. This will allow for near real-time monitoring to ensure appropriate medication administration and documentation of such, as well as immediate corrective measures and interventions as appropriate.  In addition to the aforementioned actions and policy/procedural changes, IDD Departmental Leadership shall ensure that medication administration is monitored and concerns discussed/addressed regularly during Leadership and Team Meetings.	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Victoria Singley

TITLE

Director IDD Services

(X6) DATE

4/15/2021

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>with a physician.</p> <p>This Rule is not met as evidenced by: This rule is not met as evidenced by: Based on record review and observation the facility failed to ensure medications were administered as ordered for 2 of 3 audited clients (Client #1 and Client #3). The findings are:</p> <p>Record review on 11/9/20, 11/13/20, and 3/25/21 for Client #1 revealed: -Admission date: 5/1/20 -Diagnoses: Schizoaffective Disorder-Bipolar Type; Unspecified Trauma and Stressor Related Disorder; Disruption of Family by Separation or Divorce; Relationship Distress With Spouse or Intimate Partner; Other Problems Related to Employment; Low Income.</p> <p>Observation on 11/9/20 at 10:55 AM of Client #1's medications revealed: -Bentropine Mesylate 1 milligram (mg), 1 tablet at bedtime.-Risperdal 4mg, 1 tablet 2 times per day. -Lithium Carbonate ER 300 mg, 3 tablets daily at bedtime. -Risperdal 4mg, 1 tablet 2 times per day.</p> <p>Review on 1/25/21, 1/26/21, 3/25/21, and 3/30/21 of August 2020 - November 2020 MARs and physician orders for Client #1 revealed: -Risperdal 4mg, 1 tablet 2 times per day was ordered 7/13/21 and was not administered 9/15/20. -Bentropine Mesylate 1 milligram (mg), 1 tablet at</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>bedtime was ordered 7/24/20 and was not administered 9/15/20. -Lithium Carbonate ER 300 mg, 3 tablets daily at bedtime was ordered on 7/13/20 and was not administered 9/15/20.</p> <p>Record review on 11/9/20, 11/13/20, and 3/25/21 for Client #3 revealed: -Admission date: 2/7/19 -Diagnoses: Stimulant Use Disorder, Amphetamine-Type Substance Severe, Sustained Remission In Controlled Environment; Cannabis Use Disorder Mild, Remission In Controlled Environment; Schizoaffective Disorder, Bipolar Type; Unspecified Anxiety Disorder, Gastroesophageal Reflux Disease (GERD); High Cholesterol; Past history of sexual abuse in childhood; Problems related to employment; Low Income.</p> <p>Observation on 11/9/20 at 11:30 of Client #3's medications revealed: -Ortho Tri-Cyclen, 1 tablet per day.</p> <p>Review on 1/26/21 and 3/25/21 of August 2020 - November 2020 MARs and physician orders for Client #3 revealed: -Ortho Tri-Cyclen, 1 tablet per day was ordered 5/8/20 and was not administered 10/3/20 and 10/4/20.</p>	V 118		