

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/29/2021
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NAME OF PROVIDER OR SUPPLIER CIRCLE DRIVE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 900 CIRCLE DRIVE MOUNT PLEASANT, NC 28124
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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 and follow up survey was completed on July 29, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	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 records review, observations and interviews, the facility failed to ensure medications were stored separately per client	V 120	The Residential Manager immediately corrected the problem by individually bagging controlled medication for each person supported and labeled with their name on the outside. The staff at Circle Drive will receive training on this rule at the next staff meeting on or before 8/30/21. In addition, Monarch's Storage of Medications Policy and Procedure will be reviewed with staff. This training will be documented in each staff's record. The Residential Manager will check the medication closet at least 1 x monthly and will document review on the LTSS medication room checklist submitted to the LTSS Director of Nursing for review. A copy of this review will be kept on site.	8/30/21 Ongoing

DHSR - Mental Health
AUG 16 2021
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Lewis Winstead, RN, Compliance Specialist
STATE FORM 6899 6PSP 1 TITLE _____ (X6) DATE *08/11/2021*

Division of Health Service Regulation

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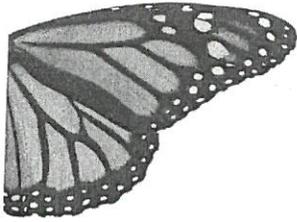
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V 120	<p>Continued From page 1</p> <p>affecting 3 of 4 clients (#1, #2 and #4). The findings are:</p> <p>Review on 7/26/21 and 7/27/21 of client #1's record revealed: -admission date of 2/14/04; -diagnosis of IDD (Intellectual Developmental Disability)-Mild, HTN(Hypertension), Anxiety, Adjustment Disorder, Osteoporosis, Osteoarthritis of the hip and the left knee and Constipation.</p> <p>Review on 7/26/21 of client #2's record revealed: -admission date of 7/8/1997; -diagnoses of IDD-Mild, Depressive disorder, NOS (Not Otherwise Specified), Impulse control Disorder, NOS and Prader-Willi.</p> <p>Review on 7/28/21 of client #4's record revealed: -admission date of 6/8/98; -diagnosis of IDD-Mild, OCD (Obsessive Compulsive Disorder), Diabetes, PICA, HTN and Hypothyroidism.</p> <p>Observations on 7/26/21 at 4:15pm and 7/28/21 at 2:57pm revealed client #1's controlled medications of Hydrocodone Acetaminophen 5-325mg one tablet every six hours and Zolpidem 5mg one tablet at night were stored in the same black locked box with client #2's controlled medication of Clonazepam 0.25mg dissolve one tab TID (three times daily) and client #4's controlled medication of Clonazepam 0.5mg one tablet at bed.</p> <p>Interview on 7/29/21 with the Residential Manager revealed: -part of her job duties included the overview of the medications; -was not aware the controlled medications had to be stored separately for each client;</p>	V 120	Intentionally Left Blank	

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V 120	<p>Continued From page 2</p> <ul style="list-style-type: none"> -have already corrected the problem; -put the medications in separate plastic bags for each client. <p>Interview on 7/29/21 with Team Lead/Qualified Professional revealed:</p> <ul style="list-style-type: none"> -stated the Residential Manager is responsible for overview of the medications; -the issue with the controlled medications has already been addressed; -will do a plan of correction and training. 	V 120	Intentionally Left Blank	



August 11, 2021

Gina McLain, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 16 2021

Lic. & Cert. Section

RE: Circle Drive Group Home / Annual & Follow-Up / 7-29-2021

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 directly at the number below.

Sincerely,

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

