

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>COGGINS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 COGGINS AVENUE ALBEMARLE, NC 28001</b>		
(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	<b>INITIAL COMMENTS</b>  An annual survey was completed on August 5, 2021. A deficiency was cited.  The facility is licensed for the following service: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<b>V 118</b>  RHA Health Services will ensure all medications are available to the person(s) supported as ordered by their physician(s) as evidenced by: 1) The order will be faxed to the pharmacy. 2) The pharmacy will fill the order and ship the medication to the RHA facility. 3) If the medication needs to be started immediately, the pharmacy will call a local back-up pharmacy and fill an emergency 2-3 day supply of the medication. 4) The IDT members (RTL, QP, Nurse or Program Manager) will check the group home weekly to ensure all medications are available to the person or refill the prescriptions with the pharmacy. This will be monitored weekly by the IDT and monthly through the Nursing House Assessment process. All assessments are reviewed by the Safety and CQI Committees monthly.	10/4/21
V 118	<b>27G .0209 (C) Medication Requirements</b>  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 with a physician.	V 118		

DHSR - Mental Health

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Lic. & Cert. Section

Division of Health Service Regulation

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

TITLE

(X6) DATE

Katherine Benton, Director of Operations

8/20/2021

STATE FORM

6899

TWUF11

If continuation sheet 1 of 3

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**COGGINS GROUP HOME**

**235 COGGINS AVENUE  
ALBEMARLE, NC 28001**

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to assure medication was administered according to the physician's order affecting one of three audited clients (client #2). The findings are:</p> <p>Review on 8/4/21 of client #2's record revealed: -Admission date of 7/20/18. -Diagnoses of Mild Intellectual Disability, Autism Spectrum Disorder, Obsessive Compulsive Disorder, Conduct Disorder, Schizophrenia, Psychosis, Intermittent Explosive Disorder, Drug Induced Tremor, Gastroesophageal Reflux Disease, Obesity, Hyperlipidemia, Urinary Incontinence, Agitation and Restlessness.</p> <p>Review on 8/4/21 of client #2's physician orders revealed: -Order dated 6/15/21 for Mirtazapine (Obsessive Compulsive Disorder) 30 milligram (mg) 1 tablet at bedtime. -A script dated 6/10/21 that increased Mirtazapine 30mg and begin Mirtazapine 45mg.</p> <p>Observation on 8/5/21 @ 12:14pm of client #2's medication package revealed: -Medication Mirtazapine 30mg was available. -Medication Mirtazapine 45mg was unavailable.</p> <p>Review on 8/4/21 of client #2's Medication Administration Records of June 2021 thru August 2021 revealed:</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Mirtazapine 30mg was administered June 1st thru June 13th.</li> <li>-Mirtazapine 45mg was administered June 14th thru June 30th.</li> <li>-Mirtazapine 30mg was administered the entire month of July 2021.</li> <li>-Mirtazapine 30mg was administered August 1st thru August 3rd.</li> </ul> <p>Interview on 8/5/21 with the Nurse revealed:</p> <ul style="list-style-type: none"> <li>-The agency changed pharmacies on June 1, 2021.</li> <li>-Previous pharmacy #1 had the script for the Mirtazapine 45mg.</li> <li>-The actual script was not sent over to new provider, Pharmacy #2 and was an oversight.</li> <li>-She was responsible to ensure the physician orders and scripts were sent to the new pharmacy.</li> </ul> <p>Interview and observation on 8/5/21 with the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>-Change of pharmacy providers occurred on June 1, 2021.</li> <li>-The script was never received from the old pharmacy and sent to the new pharmacy.</li> <li>-The new pharmacy was following the physician order sent over by the old pharmacy.</li> <li>-Medication was ordered last night.</li> <li>-Medication arrived and seen during survey @ 12:15pm.</li> <li>-She confirmed the facility failed to assure medication was administered according to the physician's order.</li> </ul>	V 118			



**RHA**  
HEALTH SERVICES, LLC

## In-service Training

Date: 8/5/2021

Place Held: Albemarle-Coggins

Title of Training: Medication Orders/Refills

Instructor's Name: Katherine Benton

Title: Director of  
Operations

Instructor's Name:

Title:

### Purpose/Outline of Training

RHA Health Services will ensure all medications are available to the person(s) supported as ordered by their physician(s) as evidenced by:

- 1) The order will be faxed to the pharmacy.
- 2) The pharmacy will fill the order and ship the medication to the RHA facility.
- 3) If the medication needs to be started immediately, the pharmacy will call a local back-up pharmacy and fill an emergency 2-3 day supply of the medication.
- 4) The IDT members (RTL, QP, Nurse or Program Manager) will check the group home weekly to ensure all medications are available to the person or refill the prescriptions with the pharmacy.

This will be monitored weekly by the IDT and monthly through the Nursing House Assessment process. All assessments are reviewed by the Safety and CQI Committees monthly.

Instructor's Signature

Instructor's Signature

### Attendance Roll

Full Name	Shift	Signature	Home
Teresa Hearn	All		Coggins
Glenda Johnson	1st		Coggins
Barbara Bradford	All		Coggins
Lorenzo Sturdivant			Coggins



August 23, 2021

Ms. Tamara Gathers, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

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**RE: MHL-084-093 Coggins Group Home**

Dear Ms. Gathers:

Please see the enclosed Plan of Correction (POC) for the deficiency cited at the Coggins Group Home during your annual survey visit on 8/5/2021. We have implemented the POC and invite you to return to the facility on or around 10/4/2021 to review our POC item.

Please contact me with any further issues or concerns regarding the Coggins Group Home (MHL-084-093).

Sincerely,



Katherine Benton  
Director of Operations  
RHA Health Services, LLC  
Kbenton2@rhanet.org