

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL063-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2021
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NAME OF PROVIDER OR SUPPLIER GREEN STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 250 SOUTH GREEN STREET ROBBINS, NC 27325
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on August 20, 2021. The complaints were substantiated (intake #NC00180230 and intake #NC00180235). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p>DHSR - Mental Health</p> <p>SEP 29 2021</p> <p>Lic. & Cert. Section</p>	
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108	<p>All staff will be trained in cardiopulmonary resuscitation (CPR) provided by American Red Cross to include participation in in-person skills sessions.</p> <p>Monarch's Education Department will ensure staff are trained according to 27.G.0202 (F-I) Personnel Requirements.</p> <p>Monarch's Education Department will monitor required trainings by running reports weekly for trainings due in 60 days which will alert staff and managers of upcoming trainings needed to include CPR.</p>	10/19/2021

Division of Health Service Regulation

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

TITLE

(X6) DATE

Shirsa Brechie Director of Regulatory Affairs 09/23/2021

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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR) provided by the American Red Cross, the American Heart Association or their equivalence affecting 4 of 4 current staff (#4, #5, #6 and the Qualified Professional- QP) and 1 of 1 former staff (Former Staff #7). The findings are:</p> <p>Review on 8/20/21 of staff #4's personnel record revealed: -Hire date of 11/19/18. -Training in CPR was dated 2/3/20.</p> <p>Review on 8/20/21 of staff #5's personnel record revealed: -Hire date of 3/29/21. -Training in CPR was dated 4/1/21.</p> <p>Review on 8/20/21 of staff #6's personnel record revealed: -Hire date of 8/16/03. -Training in CPR was dated 12/2/20.</p> <p>Review on 8/20/21 of the QP's personnel record revealed: -Hire date of 12/18/17. -Training in CPR was dated 11/12/19.</p> <p>Review on 8/20/21 of FS #7's personnel record</p>	V 108	Page Intentionally left blank	
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V 108	Continued From page 2 revealed: -Hire date of 2/15/16. -Date of separation was 8/16/21. -Training in CPR was dated 3/3/20. Interview on 8/20/21 with the QP revealed: -All trainings were being completed online. -CPR compressions were demonstrated by clicking the computer mouse. -Online training failed to ensure appropriate hand placement.	V 108		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the	V 111	Residential Team Leaders will complete an Admission Assessment on the day of admission to include: Admission Date, 1. Presenting Problems, 2. Needs and Strengths, 3. Diagnosis, 4. Pertinent social, family and medical history Monarch will include in the LTSS Admission Group Forms in the EHR an Admission Assessment that will be completed at admission to services. Director of Program Operations will monitor quarterly during peer review audits to include new admissions for the quarter.	10/19/2021

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V 111	<p>Continued From page 3 client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 8/19/21 of client #1's record revealed the following: -Date of admission 12/3/17. -Diagnoses include Moderate/Severe Intellectual Disability, Autism Disorder and Adjustment Disorder with mixed disturbance of emotions and conduct -No documentation or an identified presenting problem regarding the needs of the client.</p> <p>Interview on 8/19/21 with the Qualified Professional and Service Manager revealed: -She confirmed that an admission assessment was completed during the time of his admission. -They are not sure why the actual hardcopy was not placed in the chart as well as in the electronic system. -They confirmed client #1 had no admission assessment.</p>	V 111	Page Intentionally left blank	
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V 112 V 112	<p>Continued From page 4</p> <p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop a current treatment plan for one of three audited clients (#2). The findings are:</p>	V 112 V 112	<p>Residential Team Leader will follow Monarch's Policy on Person Centered Planning to include obtaining the Legally Responsible Person's signature and date prior to implementing the plan.</p> <p>DPO will monitor plan signatures during quarterly peer reviews</p>	10/19/2021

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V 112	<p>Continued From page 5</p> <p>Review on 8/19/21 of client #2's record revealed: -Date of admission 4/4/16. -Diagnoses include Mild Intellectual Disability, Schizophrenia-unspecified, Pure Hypercholesterolemia, Vitamin D Deficiency and Acne. -Treatment plan was developed on 4/1/21. -The guardian signature was dated 5/7/21.</p> <p>Interview on 8/19/21 with the Qualified Professional revealed: -She thought the treatment plan had been signed by the guardian. -She had spoken with the guardian recently. -She was not aware of the signature page not signed. -She was responsible for ensuring treatment plans were completed. -She confirmed she failed to have the treatment plan signed after the completion of the plan.</p>	V 112		
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p>	V 121	<p>In review of the completed 6-month Pharmacy Review form, while done in practice, the form does not indicate the review of psychotropic medication.</p> <p>Monarch's LTSS Nursing Supervisor will request Kerr Drug to include a statement on their Pharmacy Review form to indicate all meds are reviewed including Psychotropic Medications.</p> <p>Manager will continue to review the outcomes of the 6-month Pharmacy Reviews and assure the client's physician is informed of the results when medical intervention is indicated.</p>	10/19/2021

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V 121	<p>Continued From page 7</p> <p>Review of physician orders for client #2 on 8/19/21 revealed: -Order dated 3/2/21 for Fanapt 6mg, take one tablet twice a day.</p> <p>Review of client #2 Medication Administration Record (MAR) on 8/19/21 revealed: -August 2021- Client was administered the above medication on 8/1 thru 8/19. -July 2021- Client was administered the above medication on 7/1 thru 7/31. -June 2021- Client was administered the above medication on 6/1/ thru 6/30.</p> <p>Review on 8/19/21 of client #3 record revealed: -Admission date of 9/24/15. -Diagnoses of Traumatic Brain Injury- major neurocognitive Disorder, Amnesia, Restless Leg Syndrome, Insomnia, Gastroesophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Sleep Apnea, Mixed Dyslipidemia and Herpes Simplex Type 1 Infection. -There was no evidence of a six-month psychotropic medication review for client #3.</p> <p>Review of physician orders for client #3 on 8/19/21 revealed: -Order dated 2/15/21 for Alprazolam 0.5mg, take one tablet at bedtime and Paroxetine 20mg, take one tablet once daily.</p> <p>Review of the Medication Administration Record (MAR) on 8/19/21 revealed: -August 2021- Client was administered the above medication on 8/1 thru 8/19. -July 2021- Client was administered the above medication on 7/1 thru 7/31. -June 2021- Client was administered the above</p>	V 121	Page intentionally left blank	

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V 121	Continued From page 8 medication on 6/1/ thru 6/30. Interviews on 8/19/21 with the Qualified Professional and Service Manager revealed: -They were certain the psychotropic medication reviews had been completed by the pharmacy. -They looked in clients' chart and saw no documentation from the psychiatrist. -They confirmed the six-month psychotropic drug reviews were not completed for client #1, #2 and #3.	V 121	Page intentionally left blank	
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September 23, 2021

Tamara Gathers, 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

SEP 29 2021

Lic. & Cert. Section

RE: Green Street/Annual & Complaint/8-20-21
Middleton/Annual & Complaint/8-18-21

Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have questions, please contact me directly at the number below.

Sincerely,

Theresa Brechue
Director of Regulatory Affairs
Theresa.Brechue@monarchnc.org
585 406-7440

