

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL029-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/06/2021
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NAME OF PROVIDER OR SUPPLIER
DREAM MAKERS ASSISTED LIVING SERVICES, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
168 27292 ROY LOPP ROAD LEXINGTON, NC

(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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on 8/6/21. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

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 with a physician.

V 000 V118

the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three surveyed clients

- Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).

- DREAM MAKERS SHALL ENSURE THAT ALL CONSUMERS SHALL HAVE A WRITTEN MEDICATION ORDER ON SITE FROM A PHYSICIAN.
- DREAM MAKERS SHALL ENSURE THAT THERE IS A DESIGNATED STAFF AVAILABLE TO REVIEW MEDICATIONS WITH PHARMACIST PRIOR TO DELIVERY TO THE FACILITY.

- Indicate what measures will be put in place to prevent the problem from occurring again.

- WRITTEN PRESCRIPTION COPIES SHALL BE KEPT IN THE CONSUMER'S RECORDS FOR REVIEW.
- MARs SHALL BE MONITORED BY A DESIGNATED STAFF FOR ACCURACY.

- Indicate who will monitor the situation to ensure it will not occur again.

- GROUP HOME SUPERVISOR OR DESIGNATED STAFF

- Indicate how often the monitoring will take place.

- MONITORING WILL TAKE PLACE DAILY DURING MEDICATION ADMINISTRATION TIMES TO PREVENT ERRORS.

DHSR - Mental Health
SEP 17 2021
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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 and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three surveyed clients (#1 and #2). The findings are:</p> <p>Finding #1 Review on 8/4/21 of client #1's record revealed: Admission date: 7/28/21 Diagnoses: Moderate Intellectual Disability; Attention Deficit Hyperactivity Disorder; Tinea Unguium; Obsessive Compulsive personality Disorder; Arthritis; Unspecified Non-Infective Gastroenteritis and Colitis and Muscular Dystrophy</p> <p>- Physician's order for the following medication: - Diclofenac Sodium 1% gel: apply 4 grams topically to both knees 4 times daily.</p> <p>Review on 8/4/21 of client #1's Medication Administration Review (MAR) revealed: - Diclofenac Sodium 1% gel: place on skin 4 times a day as needed.</p> <p>Interview on 8/6/21 with the Licensee #1 revealed: - Client #1's MAR instructions were: Diclofenac Sodium 1% gel should be applied "as needed" because that was how his primary physician had written the order. - He did not know there was an order for client #1</p>	V 118		

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V 118	<p>Continued From page 2 to apply Diclofenac Sodium 1% gel 4 times daily to his knees.</p> <p>Attempted interview on 8/3/21 with client #1 revealed: - He was unable to provide any information about his medications.</p> <p>Finding #2</p> <p>Review on 8/4/21 of client #2's record revealed: Admission date: 6/18/21 Diagnoses: Unspecified Intellectual Disability; Autistic Disorder; Epilepsy; Tuberos Sclerosis; and Mixed Hyperlipidemia - Physician's orders for the following medications: - Carbamazepine 100 mg (milligram)/5ml (milliliter), give 12.5 mls (250 mg total) 3 times daily - Levocarnitine (with sugar) 100 mg/ml, give 1 ml (100 mg) 3 times daily - Clobazam 2.5 mg/ml, give 4 mls 2 times daily</p> <p>Review on 8/4/21 of client #2's Medication Administration Review (MAR) revealed: - The following medications were not listed on the August 2021 MAR: Carbamazepine, Levocarnitine and Clobazam. - The following medications were not listed on the July 2021 MAR: Levocarnitine and Clobazam.</p> <p>Interview on 8/6/21 with the Licensee #1 revealed: - The staff had given client #2 all his medications during the month of July and August 2021. - Carbamazepine, Levocarnitine and Clobazam were not listed on client #2's July and August 2021 MAR because the pharmacy had made a mistake.</p>	V 118		

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V 118	Continued From page 3 - He had contacted the pharmacist today about the medications that were not listed on client #2's MAR. Attempted interview on 8/3/21 with client #2 revealed: - Client was nonverbal and unable to answer questions.	V 118	V119 Based on records review, observations and interviews, the facility failed to ensure all expired medication was disposed of in a manner that guards against diversion or accidental ingestion. • Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.).	
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119	1. DREAM MAKERS SHALL ENSURE THAT ALL EXPIRED MEDICATIONS SHALL BE PROPER DISPOSED OF TO GUARD AGAINST DIVERSION AND/OR ACCIDENTAL INGESTION. • Indicate what measures will be put in place to prevent the problem from occurring again. 2. GROUP HOME MANAGER AND/OR DESIGNATED STAFF SHALL REVIEW MEDICATIONS DAILY FOR EXPIRATION PRIOR TO ADMINISTERING MEDICATIONS TO CONSUMERS. • Indicate who will monitor the situation to ensure it will not occur again. 3. GROUP HOME MANAGER OR DESIGNATED STAFF. • Indicate how often the monitoring will take place. MONITORING SHALL TAKE PLACE DAILY.	

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V 119	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure all expired medication was disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 3 surveyed clients (#3). The findings are:</p> <p>Review on 8/4/21 of client #3's record revealed: - Admission date: 8/1/05 - Diagnosis: Autism Spectrum Disorder; Intellectual Disability Severe and Psychomotor Agitation - Physician order for the following medication: Hydrocortisone 0.2%, apply to face twice daily.</p> <p>Observation at approximately 3:30 pm on 8/4/21 of client #3's Hydrocortisone cream container revealed: - Expiration date of 12/2020.</p> <p>Interview on 8/6/21 with the Licensee #1 revealed: - Client #3's Hydrocortisone cream had expired because the pharmacy had not sent a new cream.</p> <p>Attempted interview on 8/3/21 with client #3 revealed: - Client was nonverbal and unable to answer questions.</p>	V 119		
V 736	27G .0303(c) Facility and Grounds Maintenance	V 736		

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V 736	<p>Continued From page 5</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and orderly manner. The findings are:</p> <p>Observations from approximately 2:35pm- 3:00 pm on 8/6/21 of the facility revealed:</p> <ul style="list-style-type: none"> - The inside of the stove was dirty on all surfaces. - Wood stairs on the back deck were rotten and sagged. - There was no door handle on the side storm door. - A ramp that was 6 feet in length was placed over the stairs leading up to the front porch and not attached. The ramp was 27 inches off the ground. - The railing on either side of the ramp were loose. <p>Interview on 8/5/21 with the DHSR (Division of Health Service Regulation) Construction Team Leader revealed:</p> <ul style="list-style-type: none"> - For each inch the ramp was off the ground that was how many feet the ramp should be in length. - For example: if the ramp was 20 inches off the ground, then the ramp should be 20 feet in length. <p>Interview on 8/6/21 with the Licensee #1</p>	V 736	<p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and orderly manner.</p> <ul style="list-style-type: none"> • Indicate what measures will be put in place to correct the deficient area of practice (i.e., changes in policy and procedure, staff training, changes in staffing patterns, etc.). <ol style="list-style-type: none"> 1. DREAM MAKERS SHALL ENSURE THAT THE FACILITY IS KEPT IN A CLEAN AND ORDERLY MANNER, CLEAN AND ATTRACTIVE AND FREE FROM ANY OFFENSIVE ODOR. • Indicate what measures will be put in place to prevent the problem from occurring again. <ul style="list-style-type: none"> - The inside of the stove was dirty on all surfaces. - DREAM MAKERS SHALL ENSURE THAT THE STOVE IS CLEANED AND WIPED DOWN DAILY AFTER EACH USE. MANAGER OR DESIGNATED STAFF SHALL PERFORM A THOROUGH CLEANING OF THE OVEN AND SURFACES AT LEAST MONTHLY TO ENSURE CLEANLINESS. - Wood stairs on the back deck were rotten and sagged. - MANAGER WILL CONTRACT WITH WORKER TO REPLACE SAGGING BOARDS AND DOOR HANDLE ON STORM DOOR WITHIN 30 DAYS OF APPROVAL OF THIS POC. - MANAGER WILL REMOVE RAMP AND HAVE RAILS TIGHTENED DURING REPAIRS. - There was no door handle on the side stormdoor. - A ramp that was 6 feet in length was placed over the stairs leading up to the front porch and not attached. The ramp 	
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Division of Health Service Regulation

			<p>was 27 inches off the ground. - The railing on either side of the ramp were loose.</p> <ul style="list-style-type: none"> • Indicate who will monitor the situation to ensure it will not occur again. <ol style="list-style-type: none"> 2. GROUP HOME MANAGER OR DESIGNATED ADMIN STAFF. • Indicate how often the monitoring will take place. MONITORING SHALL TAKE PLACE DAILY.
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Division of Health Service Regulation

V 736	<p>Continued From page 6</p> <p>revealed:</p> <ul style="list-style-type: none">- He was responsible for the maintenance of the home and hired out people "to do certain things."-He acknowledged that the wooden stairs off the deck were rotten and he would have the stairs repaired.-He had not contacted DHSR construction concerning how to install a ramp. He had installed the front porch ramp 2-3 months ago because a prospective client (who was never admitted) used a wheelchair. He did not know the required length for the front porch ramp.-He acknowledged the side storm door was missing a handle. The door handle had come off during a storm that occurred possibly in March or April 2021. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

DHSR - Mental Health

SEP 17 2021

Lic. & Cert. Section

August 17, 2021

Ms. Constance Transou, Operations Manager
Dream Makers Assisted Living Services, LLC
6 West Hemstead Street
Lexington, NC 27292

Re: Annual and Follow up Survey completed August 6, 2021
Dream Makers Assisted Living Services, LLC, 168 Roy Lopp Rd., Lexington, NC 27292
MHL # 029-103
E-mail Address: swtransou@yahoo.com

Dear Ms. Transou:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed August 6, 2021.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency/ deficiencies must be **corrected** within 30 days from the exit of the survey, which is September 5, 2021.
- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is October 6, 2021.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

August 17, 2021
Dream Makers Assisted Living Services, LLC
Ms. Constance Transou

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

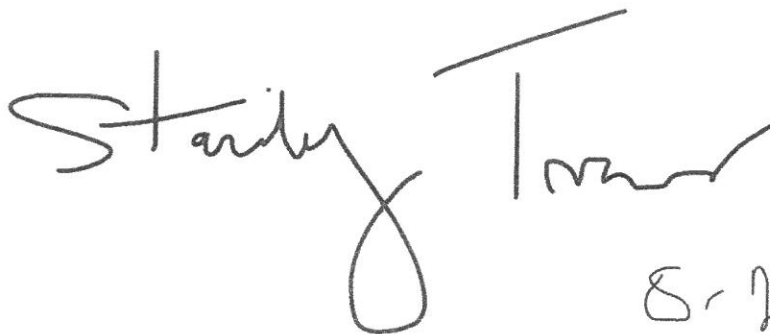
A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,



Angela C. Medlin, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: gmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant



8-26-21