

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/05/2021
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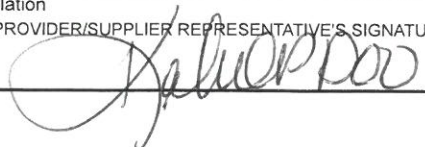
NAME OF PROVIDER OR SUPPLIER NEVIN #3	STREET ADDRESS, CITY, STATE, ZIP CODE 3829 NEVIN ROAD CHARLOTTE, NC 28269
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V 000	INITIAL COMMENTS An annual survey was completed on 10-5-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.	V 000	V 118	12/5/2021
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 Nurse and QP will in-service the Direct Care staff at Nevin #3 to ensure they follow all physician orders as written on the Medication Administration Record (MAR) including reporting blood sugar readings that are out of range to the Nurse on Call. The DSA staff will document on the back of the MAR what the reading was, date/time Nurse on Call was notified and any instructions given by the Nurse on Call. The Nurse, QP or Residential Team Leader (RTL) will complete weekly checks on the MAR to ensure the direct support staff are completing the required notifications correctly. This process will be monitored monthly by completing the Nursing House Assessment. RECEIVED OCT 15 2021 DHSR-MH Licensure Sect	

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

Katherine Benton



TITLE

Director of Operations

(X6) DATE

10/12/2021

Division of Health Service Regulation

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to follow physicians orders as directed, effecting one of three audited clients (Client #2). The findings are:</p> <p>Review on 10-4-21 of Physicians order dated 7-15-21 revealed: - "Check blood sugar twice a day. *call nurse if blood sugar is less than 70 or greater than 200*."</p> <p>Review on 10-4-21 and 10-5--21 of Client #2's Blood Sugar monitoring sheet for September 2021 revealed: -9-1-21; 238 (appears to be retaken 150) -9-4-21; 242 (appears to be retaken, 140) -9-9-21; 218 -9-10-21; 246 -9-30-21 340</p> <p>Review on 10-5-21 of nursing notes from September 2021 revealed: -No documentation of nurse being notified for high blood sugar for above dates.</p> <p>Review on 10-5-21 of Client #2's MAR from September 2021 revealed: -No documentation that the nurse had been notified of high blood sugar on the above dates.</p> <p>Interview on 10-5-21 with Licensed Practical Nurse revealed:</p>	V 118		
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V 118	<p>Continued From page 2</p> <p>-The nurses don't keep records of the calls, the facility is supposed to keep documentation.</p> <p>Interview on 10-4-21 with Staff #1 revealed: -When Client #2's blood sugar is too high or low, they call the nurse and follow their recommendations. -They document the call on the MAR and in the progress notes.</p> <p>Interview on 10-4-21 with Staff #2 revealed: -When Client #2's blood sugar is too high or low, they call the nurse and follow their recommendations. -They document the call on the MAR and in the progress notes.</p> <p>Interview on 10-5-21 with the Administrator revealed: -They would find out why the staff were not completing documentation and correct the issue immediately.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>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</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>disposing of medication, and the person witnessing destruction.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and record review the facility failed to ensure all prescriptions and non prescription medications were disposed of in a manner that guards against diversion or accidental ingestion effecting one of three audited clients (Client #1). The findings are:</p> <p>Review on 10-4-21 of Client #1's Phsicain orders dated 7-15-21 revealed: -"Ventolin HFA AER 90 mcg for; Albuterol, Inhale 2 puffs by mouth every 4 hours as needed for wheezing..."</p> <p>Review on 10-5 21 of Client #2's MAR for July, August and September, 2021 revealed: -Client #2 had not needed her inhaler at any time during those months.</p> <p>Observation on 10-4-21 at approximately 5:00 pm revealed:</p>	V 119	<p>V 119</p> <p>The Director of Operations and Regional Administrator will in-service the direct care and clinical staff to ensure all expired medications are removed from the medication cart in a timely manner. This will be monitored weekly by the QP, Nurse or RTL by completing weekly Medication Cart inspections to ensure all expired medications are removed from the medication cart.</p>	12/5/2021
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V 119	<p>Continued From page 4</p> <p>-Ventolin HFA AER 90 mcg inhaler was dispensed 7-79-20 and expired 7-29-21.</p> <p>Review on 10-4-21 of medication reorder sheet revealed: -Date on the top of the sheet was 9-23-21.</p> <p>Interview on 10-4-21 with Staff #1 revealed: -She knew the inhaler was expired so she had ordered another one. -The inhaler had not come in yet. -She then admitted that she had been waiting to add more medications to the list before sending it in. -She stated that she got "distracted" because she was helping the surveyor. -She then admitted that she had not ordered the medication.</p> <p>Interview on 10-5-21 with the Administrator revealed: -The medications would be checked today to make sure they were all up to date.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>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;</p>	V 120		

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V 120	<p>Continued From page 5</p> <p>(D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure medications were stored separately for each client, effecting six of six clients (Clients #1, #2, #3, #4, #5, and #6). The findings are:</p> <p>Observation on 10-4-21 of medication cart revealed: -The third drawer of the medicine cart had medicated mouthwash for Client #1, Client #2, Client 33, Client #4 and Client #5 in the same drawer, not separated. - Clients #3, #5, and #6 had soaps, fiber, and liquid medicine in the third drawer stored together.</p> <p>Interview on 10-4-21 with the facility manager revealed: -Staff knew that the medications were supposed to be separated. -The cart might be getting too small for the increased amount of medications. -The nurse should be checking the medications but she had not been at the facility in awhile.</p>	V 120	<p>V 120</p> <p>The direct care staff will be in-serviced to ensure all medications are stored separately based on client and then by topical, oral, etc. Medications will not be mixed in the medication cart. The Nurse, QP and RTL have purchaed and installed storage containers for each client in the Medication Cart to keep all medications separated as directed. This process will be monitored weekly by the QP, Nurse or RTL by completing medication cart inspections and monthly by completing the Nursing House Assessments.</p>	12/5/2021

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V 120	Continued From page 6 Interview on 10-5-21 with the Administrator revealed: -They would be going to the facility today to make sure all medications were stored properly.	V 120		



In-service Training

Date: 10/5/2021

Place Held: Kannapolis—Nevin #3

Title of Training: Expired Medications and Med Checker System

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name: Kim Hale

Title: Regional Administrator

Purpose/Outline of Training

- 1) Each Nurse will ensure that a thorough Med Closet/Med Cart inspection is completed each month at each facility.
- 2) Each Nurse will ensure that no medications in the Med Closet/Med Cart are expired. If any meds are expired or are getting ready to expire, the Nurse will remove the expired medication and ensure the refill is reordered immediately.
- 3) Each Nurse will ensure that all new medication orders and reordered/refilled medications are delivered and in place at each facility and any expired or discontinued medications are removed from each facility so no individual is administered expired or discontinued medication.
- 4) Each Nurse will provide continuous, ongoing training and will complete rotating Medication Observations monthly to Direct Care staff to ensure no expired or discontinued medications are being stored and/or administered in any facility.
- 5) Each Direct Support Staff will ensure the Med Checker system is completed at each shift change and will review/count and check the MAR for errors and ensure no medications are expired.
- 6) All expired medications will be disposed of and replaced with new medications as prescribed by the physician and/or medical consultant.
- 7) As an additional level of supervision: The QP and RTL will complete weekly medication cart checks on Wednesdays to inventory all medications, review the MARs and ensure ALL medications are within date. If any expired medications are found, they will immediately be pulled, disposed of and reordered with the Nurse on Call. The staff members who completed the Med Checker system and administered the last medication pass will each receive Medication Variance reports for failure to review and pull expired medications from the cart.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
Tonya Harris	1st		AU/NO
Tabatha Miller	1st		All/Voc
Vanessa McGuire	7/7		Nevin 4
Clarissa Baker	7/7		Nevin 4
Glenn Mason	7/7		Nevin 4
Dontrell Fields	7/7		N-2

Last Modified: 2/24/2005

Form#: 3002



October 12, 2021

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

RE: MHL-060-139 Nevin #3

Dear Ms. Work:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Nevin #3 Group Home during your annual survey visit on 10/5/2021. We have implemented the POC and invite you to return to the facility on or around 12/5/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Nevin #3 Group Home (MHL-060-139).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

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

RECEIVED
OCT 15 2021