

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-039 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/05/2021 |
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| NAME OF PROVIDER OR SUPPLIER LEE STREET RESIDENTIAL | STREET ADDRESS, CITY, STATE, ZIP CODE 341 HONEY HILL ROAD HALLSBORO, NC 28442 |
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| V 000 | INITIAL COMMENTS An annual survey was completed on August 5, 2021. Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. | V 000 | | |
| 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 118 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Melanie Jones (DP 9-30-21)

Division of Health Service Regulation

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| V 118 | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 3 of 3 clients (#1, #2, #3). The findings are:</p> <p>Finding #1 Review on 8/5/21 of client #1's record revealed: -38 year old male. -Admission date of 10/6/15. -Diagnoses of Impulse Control disorder with sexually acting out, Cranial facial disorder, Mild Intellectual Developmental Disability (IDD), allergic rhinitis, obesity, hypertension, hypercalcemia and hypertriglyceridemia.</p> <p>Review on 8/5/21 of client #1's signed physician order dated 8/4/21 revealed: -Sertraline HCL 100 mg (milligram) 1 and 1/2 tablets 150 mg daily in the morning. (mental health)</p> <p>Review on 8/5/21 of client #1's MARs from May 2021 to August 5, 2021 revealed: -Sertraline HCL 100 mg had not been documented as administered from 8/1/21-8/5/21.</p> <p>Observation on 8/5/21 between 11:30am - 12pm revealed Sertraline HCL 100mg available.</p> <p>Interview on 8/5/21 client #1 stated he received his medications daily.</p> | V 118 | <p>All medications will be administered according to the physician's orders. Program Manager will check MARs to ensure accuracy and that all medication is administered properly. Medications, Prescriptions and MAR's will be monitored by Program Manager daily and by Qualified Professional weekly to ensure safety and well being of all individuals served. V118</p> | 9-30-21 |
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| V 118 | <p>Continued From page 2</p> <p>Interview on 8/5/21 the House Manager stated: -Staff missed documenting on MAR. -An incident report would be completed for Sertraline HCL 100 mg.</p> <p>Finding #2 Review on 8/5/21 of client #2's record revealed: -31 year old male. -Admission date of 12/21/20 -Diagnoses of Severe Intellectual disability and Schizoaffective disorder Bipolar type.</p> <p>Review on 8/5/21 of client #2's signed physician orders dated 7/9/21 revealed: -Lithium Carbonate ER (Extended Release) 300 mg was discontinued. -Remeron 15mg dissolve 1 tablet in mouth at bedtime was discontinued. -Lithium Carbonate ER 450 mg 2 tablets (900 mg) at bedtime. -Depakote DR 500mg 1 tab every morning and 2 tabs at bedtime.</p> <p>Review on 8/5/21 of client #2's MARs from May 2021 to August 5, 2021 revealed: -Lithium Carbonate ER 450 mg 2 tablets at bedtime was transcribed on MAR for July and documented as administered from 7/9-7/20 then documented as discontinued. -Previous Lithium Carbonate ER 300 was not transcribed on July MAR from 7/1-7/9. -Remeron 15 mg was not transcribed on July MAR from 7/1-7/9. -Depakote Dr 500mg 8/5 AM dose not documented as administered.</p> <p>Observation on 8/5/21 Lithium Carbonate ER 450mg 1 tablet daily at bedtime available in individual dosing packet and 2 tablets daily at</p> | V 118 | <p>All medications will be administered according to the physicians orders. Program Manager will check MAR to ensure accuracy and that all medication is administered properly. Medications, Prescription and MAR's will be monitored by Program Manager daily and by Qualified Professionals weekly to ensure safety and well being of all individuals served. VII 8</p> | 9-30-21 |

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| V 118 | <p>Continued From page 3</p> <p>bedtime available in individual dosing packet.</p> <p>Interview on 8/5/21 client #2 stated he received his medications daily.</p> <p>Interview on 8/5/21 the House Manager stated: -Client #6's medications changed frequently because of his hospital visits. -She would follow up with pharmacy and provider to verify all client #2's current medications.</p> <p>Finding #3 Review on 8/5/21 of client #3's record revealed: -43 year old male. -Admission date of 8/1/21. -Diagnoses of Chronic Schizophrenia, Mild IDD, Asthma, Edema, Phonological Disorder and Gastritis.</p> <p>Review on 8/5/21 of a signed FL-2 for client #3 revealed the following orders: -Ventolin (treats or prevent bronchospasm, or narrowing of the airways in the lungs, in people with asthma) HFA 90 micrograms - inhale 2 puffs using a spacer every 4 hours as needed for wheezing. -Fluoromethalone 0.1% (treats eye inflammation) - one drop in both eyes twice daily as needed.</p> <p>Review on 8/5/21 of client #3's August 2021 MAR revealed the following transcribed entries: -Ventolin HFA 90 micrograms - inhale 2 puffs using a spacer every 4 hours as needed for wheezing. -Fluoromethalone 0.1% - one drop in both eyes twice daily as needed.</p> <p>Observation on 8/5/21 at approximately 10:19am of client #3's medications revealed no Ventolin Inhaler or Fluoromethalone eye drops.</p> | V 118 | <p>All medications will be administered according to the physician's orders. Program Manager will check MARs to ensure accuracy and that all medication is administered properly. Medications, Prescriptions and MARs will be monitored by Program Manager daily and by Qualified Professional weekly to ensure safety and well being of all individuals served. V 118</p> | 9-30-21 |
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| V 118 | <p>Continued From page 4</p> <p>Interview on 8/5/21 client #3 stated: -He was recently admitted to the facility. -He left his inhaler at his mother's house. -He occasionally needed to use his inhaler. -He has not needed the inhaler since admission to the facility. -He had eye drops that he used as needed.</p> <p>Interview on 8/5/21 the House Manager stated: -Client #3 was recently admitted to the facility on 8/1/21. -He did not bring his inhaler or eye drops with him from his mother's house. -She would contact the pharmacy to have the as needed eye drops and inhaler brought to the facility. -The inhaler was delivered today and she would check on the eye drops. -She understood medication needed to be available for clients at admission.</p> | V 118 | | |



**COMMUNITY
INNOVATIONS, INC.**

Whiteville Office
801 Wilson St,
Whiteville, NC 28472

www.communityinnovations.com

October 14, 2021

Tareva Jones, MSW
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section

Keith Hughes
Facility Compliance Consultant 1
Mental Health Licensure & Certification Section

Re: Annual and Follow up Survey completed on August 5, 2021.
Lee Street Residential, 341 Honey Hill Rd, Hallsboro, NC 28442
MHL# 024-039

Ms. Jones and Mr. Hughes

Please find attached Plan of Correction for Annual and Follow up Survey completed on August 5, 2021. If you have any questions. please feel free to call me at the above number or my cell 910-770-0646.

Sincerely,

Marilyn Jones,
Qualified Professional

Enclosure

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North Carolina State Treasurer
By: DHHS, Div. of Health Service Regulation
Account # 1163925

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