PO Box 381
Jefferson, NC 28640
336-846-4491
336-846-4927 (fax)

Accredited By

CREDIBILITY · INTEGRITY · ACHIEVEMENT

Creating pathways for people with developmental disabilities

November 4, 2021

Re: Annual and Complaint survey completed 10-8-2021
Intake # NC00180815 and NC00181037

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to improve and make sure that we comply.

Included here is the Statement of Deficiencies for the Ark group home, MHL 005-020. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 44 pages which are numbered in the top right corner of the page. The attachment reference is also included. We are sending four faxes of around 10 pages each to ensure that it sends. Each fax will have this as the cover letter.

If there are any questions, please let me know If I can provide any additional information.

Sincerely,
Shari Rognstad
Shari Rognstad
Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Ark-1

PRINTED: 10/26/2021
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER: SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK

STREET ADDRESS, CITY, STATE, ZIP CODE: 342 LONG STREET, JEFFERSON, NC 28640

(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	INITIAL COMMENTS An annual and complaint survey was completed on 10/8/21. The complaints were substantiated (#NC00180518 and #NC00181037). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108	See Ark POC #1	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Helen Clark TITLE: QP (X6) DATE: 11/4/2021

Ark 2

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that staff members were trained in cardiopulmonary resuscitation (CPR) and First Aid affecting 3 of 3 (Staff #1, Staff #2, Staff #3) audited staff. The findings are: Review on 9/17/21 of Staff #1's personnel record revealed: -hire date of 9/17/15; -CPR/First Aid certification dated 4/1/21; -The training was online and did not include a hands on component. Review on 9/15/21 of Staff #2's personnel record revealed: -hire date of 3/5/07; -CPR/First Aid certification dated 4/1/21; -The training was online and did not include a hands on component. Review on 9/15/21 of the Qualified Professional's (QP) personnel record revealed: -hire date of 03/30/15; -CPR/First Aid certification dated 4/1/21; -The training was online and did not include a hands on component. Interview on 9/21/21 with the QP revealed: -the CPR/First Aid certification is an online only course;	V 108	See Ark POC #1	10/21/21 10/28/21 11/4/21

Ark3

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V 108	Continued From page 2 -prior to the COVID-19 pandemic, they had a staff member providing CPR with a hands-on component.	V 108		11/4/21
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	See Ark POC#2	

Ark 4

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V 118	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure that medications were administered to a client only on the written order of a physician and that medications administered were recorded immediately after administration affecting 2 of 3 audited clients (Client #2 and Client #3). The findings are: Cross Reference: 10A NCAC 27G .0209(h) Medication Errors (Tag 120). Based on record reviews, the facility failed to report medication errors immediately to a physician or pharmacist affecting 3 or 3 audited clients (Client #1, Client #2, Client #3). Review on 9/14/21 of client #2's record revealed: -admission date of 12/5/16; -diagnoses of Intellectual Disability, Gastroesophageal Reflux disease (GERD), Obstructive Sleep Apnea. Review on 9/15/21 of physician orders for Client #2 included: -lorazepam 0.5 milligram (mg) tablet (sleep), take 1 tablet in the morning ordered 6/2/21; -omeprazole 20 mg (GERD), take 1 capsule daily ordered 12/17/20; -fluoxetine 20 mg (depression) capsule, take one capsule daily ordered 6/2/21. Review on 9/15/21 of client #2's MAR revealed: -Staff #1 initials are crossed out on 7/19/21 for the lorazepam 0.5 milligrams; -Staff #1 initials are crossed out on 7/19/21 for	V 118	See Ark POC #2	10/14/21 10/28/21

Ark 5

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V 118	Continued From page 4 omeprazole 20 mg; -Staff #1 initials are crossed out on 7/19/21 for fluoxetine 20 mg. Interview on 9/15/21 with Non-audited staff revealed: -she wasn't sure what happened with Client #2's MAR for 7/19/21 for the lorazepam 0.5 mg am dose, omeprazole 20 mg or fluoxetine 20 mg doses. Review on 9/14/21 of Client #3's record revealed: -admission date of 10/01/10; -diagnoses of Major Depressive Disorder Single Episode, Frontal Lobe Syndrome, Dementia without Behavior, Encephalopathy, Organic Personality, Partial Epilepsy without Intractable, and Viral Encephalitis. Review on 9/14/21 of physician orders for Client #3 included: -docusate 100 mg (constipation) take 2 capsules by mouth at 8:00 am ordered on 3/9/212; -escitalopram 20 mg (depression) take 1 tablet by mouth at bedtime ordered on 3/9/21. Review on 9/14/21 of Client #3's MAR revealed: -docusate was documented as administered as ordered on 7/12/21, 8/19/21, and 9/13/21. Review on 9/22/21 of the electronic health record for Client #3 revealed: -entry on 7/13/21: medication error occurred on 7/12/21 for docusate 100 mg, 2 capsules at 8:00 am; -manager popped client's morning medication and noticed one docusate capsule was still in the pack; - only one capsule was administered to client on 7/13/21.	V 118	See Ark POC #2	10/14/21 10/28/21

Ark6

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V 118	Continued From page 5 Review on 9/22/21 of the electronic health record for Client #3 revealed: -entry on 8/19/21: medication error discovered on 8/19/21 at 4:00 pm that client did not receive full 8:00 am dose of docusate 100 mg 2 capsules at 8:00 am; -staff only gave one capsule and missed giving client the second dose. Review on 9/22/21 of the electronic health record for Client #3 revealed: -entry on 9/14/21: medication error on 9/13/21; -Client #3 did not get full dose of docusate 100 mg 2 capsules at 8:00 am; -only one capsule was administered on 9/13/21. Observation on 9/15/21 at 3:05 pm in the facility office revealed: -Non-audited Staff was looking through MARs with a second Non-audited Staff; -they were discussing blanks on the MAR and looking at the calendar in an attempt to determine who was working on the dates that were not initialed; -the second Non-audited Staff initialed for a past date. Interview on 9/30/21 with Non-audited staff revealed: -when there are missing initials on the MAR, staff put a sticky note on the MAR and call the staff back in to initial the missing dates; -staff initials the bubble pack for the medication when they "pop the pill" to administer the medication; -if the pill was still in the pack and a dose was missed, they documented it as a medication error and called the pharmacist, administrator on call, and staff.	V 118	See Ark POC #2	10/14/21 10/28/21

Division of Health Service Regulation
STATE FORM 6899 Q5IH11

Ark 7

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V 118	Continued From page 6 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. Review on 10/6/21 of 1st Plan of Protection written by the Qualified Professional (QP) and dated on 10/6/21 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care? "Admin (Administrataive) staff will send a communication this afternoon to the Ark via FAX and Scom (electronic comminication) regarding the citations and the need for staff to focus and pay close attention to what they are doing when giving medications. In particular, staff will be instructed to always initial the MAR immediately after giving a medication Staff will be instructed to highlight any medications on the MAR which need to be given in "two's" in a different color. Also staff will be instructed to draw an arrow on the pill packs connecting one pill with the other when 2 pills need to be given at once. Also staff will be reminded to document any med error on the back of the MAR in addition to completing a GER (electronic record). When a medication is administered, the pill packs will be compared to the MAR. When a pill is popped, staff will initial the pill packet. When a medication is given to a client, the MAR will be initialed by staff. In the event that staff misses initialing the MAR, a new form was generated to track documentation errors. The staff who discovers the documentation error will fill out that form and give it to the QP over that group home. The staff who committed the documentation error will document the error on the back of the MAR, sign and date.	V 118	See Ark POC #2	10/12/21

Ark 8

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V 118	Continued From page 7 This form will be sent out via FAX this afternoon. Future actions will include updating the med (medication) administration and med error policy to reflect recent changes in the way med errors are reported in Therap (electronic health record) and how documentation errors are reported. Also policies regarding the handling of med errors and supervision of staff will be reviewed and revised. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action ASAP (as soon as posible)." Describe your plans to make sure the above happens. "We have contracted with an RN (Registered Nurse), [contracted registered nurse name] and she will review the MARS on a quarterly basis and provide ongoing instruction to staff regarding any issues she finds. QPs and Director will randomly visit the Ark to look at the MARS and check for any discrepancies in GER (electronic record) and MAR as well as other documentation issues. As soon as QP [sister facility QP] returns from vacation next week, we will set up a time for med administration and med error training for group home staff. We will begin updating policies to reflect changes and will submit changes to the Summit Board of Directors for approval. A "checklist" of all necessary actions will be created and QPs/Director will check items off the list as actions are completed. Results of ongoing random MAR checks will be documented in the Ark Meeting Notes on the Company server and staff supervision will be documented in supervision notes." Review on 10/7/21 of the revised Plan of Protection written by the QP and dated 10/7/21 revealed:	V 118	See Ark POC #2	10/4/21 10/22/21

Ark 9

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V 118	Continued From page 8 What immediate action will the facility take to ensure the safety of the consumers in your care? "Admin staff will send a communication this afternoon to the Ark via FAX and Scom (electronic communication) regarding the citations and the need for staff to focus and pay close attention to what they are doing when giving medications. (Completed 10/6/21 by the QP) In particular, staff will be instructed to always initial the MAR immediately after giving a medication Staff will be instructed to highlight any medications on the MAR which need to be given in "two's" in a different color. Also staff will be instructed to draw an arrow on the pill packs connecting one pill with the other when 2 pills need to be given at once. Also staff will be reminded to document any med error on the back of the MAR in addition to completing a GER (electronic record). When a medication is administered, the pill packs will be compared to the MAR. When a pill is popped, staff will initial the pill packet. When a medication is given to a client, the MAR will be initialed by staff. In the event that staff misses initialing the MAR, a new form was generated to track documentation errors. The staff who discovers the documentation error will fill out that form and give it to the QP over that group home. The staff who committed the documentation error will document the error on the back of the MAR, sign and date. This form will be sent out via FAX this afternoon. Future actions will include updating the med administration and med error policy to reflect recent changes in the way med errors are reported in Therap (electronic health record) and how documentation errors are reported. Also policies regarding the handling of med errors and supervision of staff will be reviewed and revised. Revision of policies will be completed by QPs/Director by 10/19/21 when the Summit	V 118	See Ark POC #2	10/6/21 10/28/21

PO Box 381
Jefferson, NC 28640
336-846-4491
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Accredited By

Credibility • Integrity • Achievement

Creating pathways for people with developmental disabilities

November 4, 2021

Re: Annual and Complaint survey completed 10-8-2021
Intake # NC00180815 and NC00181037

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to improve and make sure that we comply.

Included here is the Statement of Deficiencies for the Ark group home, MHL 005-020. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 44 pages which are numbered in the top right corner of the page. The attachment reference is also included. We are sending four faxes of around 10 pages each to ensure that it sends. Each fax will have this as the cover letter.

If there are any questions, please let me know If I can provide any additional information.

Sincerely,
Shari Rognstad
Shari Rognstad
Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Ark 10

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V 118	Continued From page 9 Board meets. Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action by 10/28/21 or possibly earlier." Describe your plans to make sure the above happens. "We have contracted with an RN, (Registered Nurse), [contracted registered nurse name] and she will review the MARS on a quarterly basis and provide ongoing instruction to staff regarding any issues she finds. QPs and Director will randomly visit the Ark to look at the MARS and check for any discrepancies in GER (electronic health record note) and MAR as well as other documentation issues. This will begin the week of 10/11/21. As soon as QP [sister facility QP] returns from vacation next week, we will set up a time for med administration and med error training for group home staff and this will be completed by 11/5/21 or possibly earlier. We will begin updating policies to reflect changes and will submit changes to the Summit Board of Directors for approval on 10/19/21. A "checklist" of all necessary actions will be created by 10/12/21 and QPs/Director will check items off the list as actions are completed. Results of ongoing random MAR checks will be documented in the Ark Meeting Notes by 10/21/21 on the Company server and staff supervision will be documented in monthly supervision notes starting in October by 10/29/21." This facility serves 6 adult clients whose diagnoses included of Intellectual Disability, Gastroesophageal Reflux disease (GERD), Obstructive Sleep Apnea, Major Depressive Disorder, Frontal Lobe Syndrome, Dementia without Behavior, Encephalopathy, Organic Personality, Partial Epilepsy without Intractable	V 118	See Ark POC #2	10/28/21 10/12/21 10/14/21

Ark 11

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V 118	Continued From page 10 and Viral Encephalitis. The clients were prescribed lorazepam, omeprazole, fluoxetine, docusate, escitalopram, and amlodipine. Documentation on Client #2's MAR had initials marked out for 3 medications lorazepam, omeprazole, fluoxetine) for 1 day with no other staff initials for that day. Client #3 was only given a half dose of docusate on 3 different days. The facility had 6 medication errors that were not documented as required and not immediately reported to the physician or pharmacist. Additionally, any blanks on the MAR that were missing staff initials were addressed, sometimes days later, by instructing a staff person who had worked on that shift to initial the blanks on the MAR. Because of the blanks on the MAR, it could not be determined if medications were administered as ordered. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118	See Ark POC #2	10/14/21 10/28/21
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.	V 123	See Ark POC #3	10/28/21

Ark 12

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	342 LONG STREET JEFFERSON, NC 28640

(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 123	Continued From page 11 This Rule is not met as evidenced by: Based on record reviews, the facility failed to report medication errors immediately to a physician or pharmacist affecting 3 or 3 audited clients (Client #1, Client #2, Client #3). The findings are: Review on 9/15/21 of Client #1's record revealed: -admission date of 8/9/78; -diagnoses of Conduct Disorder, Mild Mental Retardation, High Triglycerides; Review on 9/15/21 of physician orders for Client #1 included: -amlodipine 5 milligrams one tablet by mouth daily ordered 8/9/21. Review on 9/22/21 of the electronic health record for Client #1 revealed: -entry on 8/29/21: medication error discovered on 8/29/21 at 2:40 pm; -the foil was broken on the pill pack for 9/5/21 for amlodipine 5 mg and the tablet was missing; -staff called the Qualified Professional (QP) as soon as they discovered the missing pill; -no evidence that the facility contacted the pharmacy or the physician. Review on 9/15/21 of Client #2's MAR revealed: -Staff #1's initials on the date of 7/19/21 were marked out for lorazepam 0.5 mg; -Staff #1's initials on the date of 7/19/21 were marked out for omeprazole 20 mg; -Staff #1's initials on the date of 7/19/21 were marked out for and fluoxetine 20 mg; -no other indication on the MAR that the medications were given;	V 123	See Ark POC #3	10/28/21 10/28/21

Ark 13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	342 LONG STREET JEFFERSON, NC 28640

(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 123	Continued From page 12 -no evidence staff contacted the pharmacy or the physician. Review on 9/15/21 of Client #3's MAR revealed: -no evidence the escitalopram 20 mg was administered as ordered for 8/16/21 and 8/17/21; -no evidence staff contacted the pharmacy or the physician. Interview on 9/30/21 with Non-audited Staff revealed: -until recently they had not been documenting missed initials as medication errors; -recently received an electronic communication from the QP to document missing initials as a medication error; -she thought people were getting confused about when to write error on the MAR if they initial in wrong space and document on back. She is going to follow up with the QP about the process for this; -she thinks everyone needs some retraining on medication documentation. Review on 10/5/21 of the facility's Medications and Medication Administration policy dated 6/25/19 revealed: "-A medication error is defined as: -1. Any error that reaches the client, specifically: -Missed (omitted) medication -Incorrect dose administered -Wrong medication administered -Given without following specific physician's instructions -Incorrect time of administration, i.e. more than an hour before or after the scheduled time of administration -Missing dose(s) of medication -Administering outdated medications"	V 123	See Ark POC#3	10/28/21

Ark 14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	342 LONG STREET JEFFERSON, NC 28640

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V 123	Continued From page 13 2. "Document error in Medication Administration Record (MAR) -Signed but did not administer a medication -Did not sign -Did not count or sign off on controlled medications. Any employee of Summit Support Services who is responsible for a medication administration error will review the Medication Error Report form with their supervisor or designee and documentation will be made in the supervision record". This deficiency is cross referenced into 10A NCAC 27G .0209 (c) Medication Administration (V118) for a Type B violation and must be corrected within 45 days.	V 123	See Ark POC #3 →	10/28/21 10/29/21
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which	V 289	See Ark POC #4	↓

Ark15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	342 LONG STREET JEFFERSON, NC 28640

(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 289	Continued From page 14 serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289	See Ark POC #2	

Ark 16

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT SUPPORT SERVICES OF ASHE, INC - ARK	342 LONG STREET JEFFERSON, NC 28640

(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 289	Continued From page 15 This Rule is not met as evidenced by: Based on interviews, the facility failed to operate within its scope to provide residential services to individuals diagnosed with developmental disabilities and who require supervision when in the residence affecting 3 of 3 clients (Client #1, Client #2, Client #3). The findings are: Review on 9/17/21 of Staff #1's personnel record revealed: -Hire date of 9/17/15. Interview on 9/15/21 with the Qualified Professional (QP) revealed: -Staff #1 asked the Executive Director (ED) if she could bring her newborn with her during her shift if needed, as long as she had a family member with her to babysit the baby; -the ED talked with the Board of Directors who approved staff to bring her baby; -the facility conducted a background and Health Care Registry Personnel (HCPR) check on the staff member's father; -the facility "has always allowed staff to bring in their family at times so the clients can interact with other people"; -only the baby and Staff #1's father spent the night. Attempted interview on 9/15/21 with Client #1 revealed: -he had no response when asked about a baby being in the home. Attempted interview on 9/15/21 with Client #2	V 289	See Ark POC #4	

Ack'

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V 289	Continued From page 16 revealed: -he was more interested in talking about the recent death of his brother and didn't answer questions about a baby being in the home. Attempted interview on 9/15/21 with Client #3 revealed: -she was very agitated and escalated to anger outbursts and stated she wanted to die and talked about God; -she was not able to follow a conversation. Interview on 9/20/21 with Staff #1 revealed: -she made a request to administration and received their approval to bring her baby and her father to babysit with her on shift; -the baby and her father only spent one night at the facility from Saturday morning to Sunday evening; -when her father is at the facility, he and the baby stay in the staff bedroom and she thought clients did not know he was there; -she did bring the baby out to common area of the facility, but her father stayed in the staff bedroom; -she attempted to get shift coverage by another staff if she was without childcare but "there has been time or two" she brought the baby with her on shift; -she has not had an emergency with a client while she had the baby and her father at the facility. Interview on 9/28/21 with the Executive Director (ED) revealed: -Staff #1 requested to bring her baby to the facility to stay with her while she worked; -the baby and father only stayed over one night; -the facility completed a background and an HCPR check on Staff #1's father prior to him staying at the facility;	V 289	See Ark POC #4	10/22/21

Ark 18

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	MHL005-020	A. BUILDING: ______ B. WING ______	10/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 289	Continued From page 17 -the staff member's schedule changed and she no longer needs to bring her baby to the facility.	V 289	See Ark POC #4	10/22/21

Ark 1(

11/4/21 SUMMIT SUPPORT SERVICES **PLAN OF CORRECTION: Ark Group Home**

DHSR Annual and Complaint Survey 10/8/21

Summit Support Services of Ashe-Ark, 342 Long St. Jefferson, NC 28640

MHL # 005-020 Intake # NC00179049

1. V108 27G.0202 (F-1) Personnel **Requirements:**

Plan to correct deficiency: Summit has implemented a hands-on training component as an adjunct to online CPR/First Aid training completed by staff in 2020/2021 who completed the course online due to Covid. The hands-on skills component is instructed by Dawn Zachary, a member of the Summit administrative team who is certified by the American Heart Association as a Basic Life Support (BLS) instructor and Advanced Cardiovascular Life Support (ACLS) provider. She is also credentialed by the NC Office of Emergency Medical Services (OEMS) as a paramedic and as an OEMS Instructor # 3551. Ms. Zachary will complete a CPR/Frist Aid Skills check-off form for each staff demonstrating competence in the identified skills. The requirement for the CPR/First Aid hands-on component has been completed by 100% of the Ark staff who completed their CPR/First Aid online and the remainder of the Summit direct care staff will complete the component by November 22, 2021.

Plan to Prevent recurrence: Going forward, staff will either complete their CPR/First Aid certification through an in-person class at a local agency or if they complete it online, will demonstrate hands-on skills through the abovementioned procedure. Documentation of the hands-on skills component will be filed in staff's training records. On our training spreadsheet we added a column for hands on component to make sure it will not be missed. All staff are aware that this component is a requirement.

Who will monitor: Dawn Zachary and supervising QPs, all staff, Shari Rognstad, ED

How often: Upon new staff's initial CPR/Frist Aid certification and with each staff's CPR/First Aid recertification every two years.

Current status of staff identified in Statement of Deficiencies as out of compliance:

QP (hire date 3/30/15)) CPR Certification dated 4/1/21: QP completed the hands-on CPR/First Aid component described above on 11/4/21.

Staff #1 (hire date 9/17/15) CPR/First Aid certification dated 4/1/21, completed hands on CPR/First Aid component on 10/21/21.

Staff #2 (hire date 3/5/07) CPR/First Aid certification dated 4/1/21, completed hands on component on 10/28/21.

ATTACHMENT Ark-1: Dawn Zachary BLS Instructor certificate
ATTACHMENT Ark-2: CPR Skills Check Off Sheet for Staff 1,2 and QP

2. V118 27g.0209 (C) **Medication Requirements**

Plan to correct deficiency:

On 9/21/21 a "splash message" was issued by QP Wait to all staff who access Therap, Summit's electronic health record system. Staff see the message immediately upon log-in. The message reminded staff of the importance of initialing that they have given medications immediately after medications are administered. The message indicated that missed initials

PO Box 381
Jefferson, NC 28640
336-846-4491
336-846-4927 (fax)

Accredited By

CREDIBILITY • INTEGRITY • ACHIEVEMENT

Creating pathways for people with developmental disabilities

November 4, 2021

Re: Annual and Complaint survey completed 10-8-2021
Intake # NC00180815 and NC00181037

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to improve and make sure that we comply.

Included here is the Statement of Deficiencies for the Ark group home, MHL 005-020. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 44 pages which are numbered in the top right corner of the page. The attachment reference is also included. We are sending four faxes of around 10 pages each to ensure that it sends. Each fax will have this as the cover letter.

If there are any questions, please let me know If I can provide any additional information.

Sincerely,

Shari Rognstad
Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Ark:

need to be documented on the MAR and that this topic would be covered further in group home manager meetings and at STEP. (Attachment 9)

On 10/6/21 QP Clark sent out an s-com email to all group home staff informing of the deficiencies discovered by DHSR and requested that managers and staff document any medication documentation errors on the MAR and complete the new Documentation Error Report form and turn in to respective QPs. QP Clark communicated that comprehensive training on medication administration, medication errors and disciplinary action would be forthcoming. The new Medication Documentation Error Report (MDER) was developed to document medication documentation errors. QP sent the form to group home managers. (Attachment 6)

On 10/13/21 the QP team, Helen Clark, Pam Seatz, and Diane Wait, met with Shari Rognstad, Executive Director and reviewed the POP check list of necessary actions to meet the Medication citations and made plans to complete all the items on the check list. (Attachment 11)

On 10/14/21 QPs Clark and Seatz met with Ark Staff and went over findings of DHSR. Med documentation error training was provided by QPs. The revised Medication Documentation Error Report (MDER) form was discussed. Step by step instructions provided for discovering medication documentation errors and how to document in the MAR, contact the person who committed the error and how to complete the new MDER Form. Also instructed staff to highlight medications in the MAR which are given 2 at a time and how to indicate 2 at a time on the pill packs. Reminded staff that documentation errors are considered medication errors and the importance of taking time to focus on med administration and documentation. Also emphasized the need to make sure that dates, times, PM/AM are included on Fire Disaster Drills and the correct drill is indicated. (Attachment 7)

10-15-21 Random MAR check at Ark conducted by QP Clark, at 3:30 PM. Everything was in order...all meds given and initials in appropriate blocks with 2 exceptions: Staff #3 entered her initial under the wrong date but corrected it immediately and wrote explanation on the back. Another staff wrote on the back of MAR regarding initials which a new manager did not provide on one of client's morning meds on 10/10/21. She did not circle the block on the front and so new manager placed his initial in the block when he came back for the evening shift. QP addressed this with new manager and explained that he had to initial immediately after giving the med and could not come back later in the day to initial. Also sent an s-com to the entire Ark staff regarding the fact that staff did not circle the block where new manager missed his initials. Noted that we did not provide training about how to deal with documentation errors until 10-14-21. (Attachment 5)

On 10/15/21 A MAR Review form was developed for QPs to document monthly reviews and for Summit's contracted RN to document quarterly reviews. (Attachment 5)

On 10/19/21 QP Clark provided supervision with new manager after receiving 2 MDERs written on 10/17 and 10/18 regarding his medication documentation errors. On these he omitted his initials for client #1 O2 and eye drops as well as leaving out his initials on a medication. QP gave 5(him a verbal warning and asked him to devise a plan for himself to prevent future med errors. QP asked him to drop off the plan at the office Friday (11/22) on his way into work. Also explained about verbal warnings, written warnings, and probation. He provided a handwritten plan and has not committed any medication documentation errors since then.

On 10/22/21 Summit's Board of Directors approved the updated Medication Administration policy. (The BOD meeting was postponed from 10/19 to 10/22 to reach quorum.) Previous to the meeting the policy was edited by Shari Rognstad, ED; and QP team, Wait, Clark and Seatz; with updated procedures for medication documentation error reporting and documentation and supervision/re-training/disciplinary action procedures. (Attachment 10)

On 10/25/21 "Goal planner" manager training was conducted by Meagan Lyalls, STEP Coordinator and QP Wait. Ms. Lyalls has worked as a manager in both group homes and currently provides emergency relief as a manager. Training

Ark 2

included review of goal planners' responsibility to ensure that current physician's orders are in the MAR for their assigned clients. Staff were trained in what qualifies as a physician's order and how to obtain them. The procedure for discontinued medications was reviewed. It was attended by 3 of the 4 Ark managers who were most recently hired.

On 10/28/21 QP Wait, and QP Clark conducted staff training with all the Ark and Lighthouse managers. Training included reviewing the Medication Administration Policy and Procedures updated and approved by the BOD 10/22/21. We reviewed the procedure for documenting medication errors that reach the client and clarified the new procedure for documenting medication documentation errors. It was emphasized that staff must initial the correct box immediately upon medication administration to document that the medication was administered on that date at that time. Managers were urged to reduce distractions and stay focused. Managers were directed not to leave any sticky notes in the MAR, but to process any medication errors or medication documentation errors upon discovery. The disciplinary procedure for medications errors in the policy was also reviewed. (Attachment 8)

On 11/1/21 Diane Wait QP contacted Regan Perry, RN, Summit's contracted nurse and requested that she resume quarterly MAR reviews at the group homes and add STEP MAR reviews. She agreed and is scheduled to do reviews on 11-16-21 at the Ark, 11-18-21 at the Lighthouse , and 11-23-21 at STEP.

ATTACHMENT Ark-3: Medication Administration Policy and Procedures
ATTACHMENT Ark-4: Medication Documentation Error Report (MDER)
ATTACHMENT Ark-5: Medication Administration Record (MAR) Review form
ATTACHMENT Ark-6: 10/6/21 S-com email from QP Clark to all Group Home staff
ATTACHMENT Ark-7: 10/14/21 Ark Team Meeting Minutes
ATTACHMENT Ark-8: 10/28/21 Group Home Manager Training Addendum
ATTACHMENT Ark-9: 9/21/21 Splash Message from QP Wait to entire staff
ATTACHMENT Ark-10: 10/22/21 Summit Board of Director's Meeting Minutes
ATTACHMENT Ark-11: Checklist of Necessary Actions

Plan to prevent recurrence: QP's will conduct unannounced MAR reviews at the group homes at least monthly and Summit's contracted nurse will conduct unannounced reviews quarterly. QPs will provide supervision, re-training and disciplinary action as needed in the event of medication errors or medication documentation errors. Group home manager team meetings will include review of Medication Administration procedures as needed. Meetings will also include training topics related to "goal plan manager" responsibilities regarding keeping current physician's orders and other documentation in the MAR for their assigned residents. QP's will report on Medication Errors during quarterly QP meetings.

Who will monitor: Diane Wait, QP and Helen Clark, QP, Regan Perry, RN

How often: Initially, QP monitoring will occur on a bi-weekly basis during November and December 2021 and a review by the nurse will be completed before the end of December 2021. Then QPs will monitor monthly, and the nurse will monitor quarterly.

3. V 123 27G .0209 (H) Medication Requirements

Plan to correct deficiency: Medication Administration re-training was conducted with group home managers on 10/28/21. Training included review of the required notifications of Physician, Physician's Assistant, Family Nurse Practitioner or Pharmacist as well as contacting Summit Administrative staff if a medication error occurs. Training also included a directive for managers to observe each client's file of medication cards in order to look for dropped pills.

Plan to prevent recurrence: When a medication error occurs staff are trained to contact an administrator who will collaborate with staff to determine the appropriate notification of a Physician, Physician's Assistant, Family Nurse Practitioner, Pharmacist. The directive of the medical provider contacted will be followed. QP will review GER in Therap

Ark 2

and confirm that the required notifications were completed and documented. QP will provide supervision with staff who committed the error to ensure correct procedure and documentation is understood and completed. Supervision will include strategies for preventing further errors of this type. Medication errors will be reviewed on a quarterly basis at the monthly Quality Management team (QMT) meeting.

Who will monitor: Diane Wait, QP and Helen Clark, QP, Regan Perry, RN, QMT

How often: QP will review GER in Therap within three days of the medication error and determine that the required notifications were completed and documented. During monthly MAR reviews QPs will cross-reference MAR notations of errors with GERs in Therap, and MDERs. QMT will review Risk Management reports quarterly including Medication Errors.

4. V 289 27G .5601 Supervised Living – Scope

Plan to correct deficiency: On 10/14/21, QP Seatz, and QP Clark, met with Ark team via Zoom to discuss findings of DHSR and do some training. We talked with the staff about the fact that Summit will need to change the policy about family members staying at the group homes so that it is no longer allowed. After the meeting, Staff #1 called QP Seatz, who spoke with Staff #1 about the fact that she could no longer bring her baby or any other family member to the group home to stay overnight on her shift. A supervision note was written about this by QP Seatz. Staff #1 received a new schedule which allows her to work during times when babysitting is available to her. She is no longer working an overnight shift at the Ark unless she fills in for staff and she can only do this if she has a babysitter at home for her child.

On 10/22/21, The Summit policy entitled "Children's Presence in the Group Home" which allowed staff to bring their children in the group homes was deemed inactive when the Summit Board met. (Attachment 10)

Plan to prevent recurrence: All Ark Group Home Staff was informed by QP Clark of the changes in the policy during the Ark meeting on 10/14/21. Limits of family visitation were discussed: No one other than trained staff is allowed to stay at the group home for an extended period. Family of staff may stop in to say "hello" or drop something off but that is all.

Who will monitor: All Group Home Managers, Helen Clark, QP, Diane Wait, QP and Shari Rognstad, ED

How often: Weekly

Helen Clark QP
11/4/2021

TC Alignment	WCC	NC05382
TC Address	1328 S. Collegiate Dr	TC Phone
TC City, State	Wilkesboro NC	28697 ZIP
Instructor ID #	05060087904	
Holder's Signature	Dawn Zachary	

© 2011 American Heart Association Tampering with this card will alter its appearance. 90-1809

BLS Instructor

Dawn Zachary

This card certifies that the above individual is an American Heart Association Basic Life Support (BLS) Instructor.

3/23/2020	3/23/2022
Issue Date	Expiration Date

Attachment 1

Attachment 2

Andrea Hamm

Staff #1

Summit Support Services
of Ashe, Inc.

CPR
Skills Check Off Sheet

- **Opens airway correctly** 10-21-21 ✓
- **Begins Effective Compressions** ✓
- **Demonstrates effective breathing** ✓
- **Demonstrates pulse check/signs of life** ✓
- **Demonstrates correct procedure for Heimlich maneuver** ✓
- **Demonstrates knowledge in seizures and how to respond** ✓
- **Other:** Recognizes difference between stroke/heart attack ✓

Employee: [signature] Date: 10-21-21

Trainer: [signature] Date: 10-21-21

Ark 25

Jean Baldwin

Summit Support Services
of Ashe, Inc.

Staff #2

CPR
Skills Check Off Sheet

- Opens airway correctly ✓
- Begins Effective Compressions ✓
- Demonstrates effective breathing ✓
- Demonstrates pulse check/signs of life ✓
- Demonstrates correct procedure for Heimlich maneuver ✓
  Wheelchair ✓
- Demonstrates knowledge in seizures and how to respond ✓
- Other: FAST / Heart Attack ✓

Employee: Norma Jean Baldwin Date: 10/28/21

Trainer: [signature] Date: 10/28/21

Ark 21

Helen Clark

Summit Support Services
of Ashe, Inc.

CPR
Skills Check Off Sheet

- **Opens airway correctly** ✓
- **Begins Effective Compressions** ✓
- **Demonstrates effective breathing** ✓
- **Demonstrates pulse check/signs of life** ✓
- **Demonstrates correct procedure for Heimlich maneuver** ✓
  Wheelchair ✓
- **Demonstrates knowledge in seizures and how to respond** ✓
- **Other:** FAST/Heart Attack ✓

Employee: Helen Clark Date: 11/4/21

Trainer: [signature] Date: 11/4/21

Attachment 3 Art3

Summit Support Services
Policy and Procedure Manual

Title: Medications and Med Administration *Type:* Consumer Policies and Procedures
Number: 003.005
Approved By: Board of Directors Date: April 03, 2001
Revised and approved by Board of Directors Date: December 9, 2008
Revised and approved by Board of Directors Date: April 14, 2010
Revised and approved by Board of Directors Date: December 10, 2013
Revised and Approved by Board of Directors Date: February 10, 2015
Revised and Approved by Board of Directors Date: February 26, 2019
Revised and Approved by Board of Directors Date: June 25, 2019
Revised and approved by Board of Directors Date: October 22, 2021

MEDICATIONS and MED ADMINISTRATION
(10/2021)

This policy covers the administration of medications to clients who are tracked by a mandated *Medication Administration Record* (MAR). In this policy the term Summit staff refers to employees and contractees who administer medications on a mandated MAR.

POLICY:

I. Infection Control

Summit staff will use universal precautions: before and after crushing medications, before and after administering eye or ear drops, in between administering eye or ear drops in both eyes or ears, when administering nasal sprays, before, during and after each medication pass. Summit staff will not touch pills but will transfer medications to a cup for administration.

II. Medication Management

A licensed Physician, Physician's Assistant, Family Nurse Practitioner (FNP) shall have oversight for clients' medication management for all medications including PRN and OTC medications.

III. Medication Dispensing

Dispensing includes preparing and packaging a prescription medication in a container with information required by state and federal law. Any time more than one dose of medication from a supply is placed in another container and labeled, it is considered dispensing. Summit staff are not qualified to dispense medications.

Att 2

\\SERVER16\Shared Folders\Company\DHSR\9-2021 DHSR survey-annual-complaint\LH POC response-Diane\003.005 Medications and Med Administration.docx

IV. Medication Packaging and Labeling

1. Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with the expiration dates clearly visible.

2. Prescription medications, whether purchased or obtained as samples, shall be keep in the facility only with an approved prescription or doctor's order. All medications will be in tamper-resistant packaging that will minimize the risk of accidental ingestion. Such packaging includes plastic or glass bottle/vials with tamper-resistant caps, medication bubble packs, or in the case of single dose packaged drugs, a zip-lock plastic bag will be adequate. Medications shall stay in a locked area (or in the case of single dose packaged drugs in a supervised area) until the medication is ready to be administered. Staff shall check all medications received to ensure tamper-resistant packaging.
3. The packaging label of each prescription drug dispensed must include the following:

   a) The client's name
   b) The prescriber's name
   c) The current dispensing date
   d) Clear directions for administration
   e) The name, strength, quantity, and expiration date of the prescribed drug
   f) The name, address, and phone number of the pharmacy or dispensing location and the name of the dispensing practitioner

V. Medication Administration

Only those Summit staff who have successfully completed training in Medication Administration shall be permitted to administer medications to clients supported by Summit. This shall include both prescription and over the counter (OCT) medications.

1. Prescription and non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.
   a) Upon admission and ongoing clients and/or guardians authorize Summit Support Services to obtain and purchase prescription medication.
   b) All medications are administered with a written doctor's order or e-script.
   c) OTC medications will be administered according to the written PRN medication order sheets filled out for each client. This sheet will be updated yearly with their annual physical. Before giving any Summit client any OTC or other PRN medication, check the PRN order sheet and the Medication Administration Record (MAR) for instructions.
   d) Prescription medication must have a written order or e-script. Summit staff will ensure the doctor's order has the drug name, the dose, the route, and

the length of time to be administered (example: for 1 week), or the discontinue date, and is signed by the doctor.

e) The doctor's order will be transferred to a MAR. At the beginning of each month, before each MAR is inserted, the goal plan manager will review the MAR for accuracy and check each medication for a current order for assigned clients. The goal plan manager will match the client's name, name of the medication, the dose, the times to be administered, the route, and any instructions with the order. A second designated staff member will follow up and recheck the MAR for accuracy. Orders will be kept in the MAR book behind the MAR and PRN order sheet. The goal plan manager is also responsible to keep scripts up to date. The manager on duty is to make changes for any new scripts that come in on their shift, based on pharmacy copies or actual scripts.

2. Medication shall be self-administered by clients only when authorized in writing by the client's physician. This authorization form will be kept in the MAR as well as the client's main record.
   a) Any known errors in self-administration will be reported on a GER and a T-log. The individual's treatment team will address chronic errors.

3. When a Summit staff finished Medication Administration training by a licensed registered nurse, the staff is approved to administer medications.

4. It is recommended for prescription medication to be administered in the following manner:

   a) In the licensed residential facility, the ultimate responsibility for medication administration is with the overnight staff/contractee. Any other staff member who has turned in documentation of approved medication training can perform this task but only with the permission of the overnight staff/contractee.
   b) Medications will be given as close as possible to the exact time specified on the MAR. The window of one hour either side of the exact time is allowed. The staff will systematically start with the clients in the front of the MAR book and move to the back. This will be done in an orderly fashion with no interruptions. (Please request that other staff and clients leave you alone during this time.)
   c) Staff will match the medication with the MAR as they pull the medication from the containers. With bubble packs, the bubble pack will be matched with the MAR, before the medication is popped. Staff will check for five of the Rights of Medication Administration including: right medication, right route, right dose, right time, and right resident.
   d) Staff will continue to stay focused on med administration by:
      - Making sure the right medication gets to the right resident.
      - When the medication is popped from a bubble pack initial next to each bubble.
      - Checking the bubble pack for medications that may be caught in the packaging.
      - Counting the number of pills in the cup and verifying accuracy.

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Accredited By

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November 4, 2021

Re: Annual and Complaint survey completed 10-8-2021
Intake # NC00180815 and NC00181037

To Whom It May Concern,

First, I would like to take this opportunity to thank you for the constructive feedback. It is important to us to improve and make sure that we comply.

Included here is the Statement of Deficiencies for the Ark group home, MHL 005-020. We have typed a response which is right behind the Statement of Deficiencies. Then there are added attachments to support the Plan of Correction. There are 44 pages which are numbered in the top right corner of the page. The attachment reference is also included. We are sending four faxes of around 10 pages each to ensure that it sends. Each fax will have this as the cover letter.

If there are any questions, please let me know If I can provide any additional information.

Sincerely,
Shari Rognstad
Shari Rognstad
Executive Director

Summit Support Services is dedicated to providing a comprehensive range of culturally appropriate opportunities and resources that encourages the intellectual, social, emotional, vocational, physical, and spiritual growth necessary for each individual to reach his or her fullest potential as citizens of the community.

Attk 3C

- Asking the client if the medications are accurate. (Don't depend on them but they may help catch an error.)
- Remember to stay focused and remove any distractions.
- The final task includes the right documentation. The manager shall initial in the correct space indicating the date and time on the MAR for all medications immediately after the medication has been administered.

e) As the manager on duty or the licensed AFL staff is responsible for all medications given, one-on-one direct care staff administering medications will report to the manager when they administer any medications, and the MAR is signed.

f) When traveling, a staff member will be designated to administer medications to each client as necessary.

g) Check the file and file cabinet to make sure no medications are loose.

5. 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 shall include the following:

   a) Individual's name
   b) Name, strength, and quantity of the drug
   c) Instructions for administering the drug (each dose as well as each medication will have a separate line)
   d) Date and time the drug is to be administered
   e) Name and initials of staff person administering medication.
   f) Discontinue date. If a medication order is written for a designated time period, this can be documented when the MAR is first filled out. If not, then when a discontinue order (DC) is received by a physician.

6. Client/guardian requests for medication changes or checks shall be recorded in a T-log with follow-up by a physician. Such request shall also be noted on the QP quarterly summary.

7. If a client refuses to take prescribed medication, the direct care worker that is responsible for medication administration shall record the event in the client's MAR.

VI. Medication Disposal

1. All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.
2. All expired PRN and prescription medications, and first aid supplies will be taken to the administrative office.
3. Unused, unexpired non-controlled medications can be taken to the Free Pharmacy or any other pharmacy that will accept the medication. Summit shall maintain a record of all medication disposals. Documentation on the Medication Disposal

form shall specify the medication name, strength, quantity, disposal date and method, and the signature of each Summit staff involved in the disposal.

4. Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, and Article 5, including any subsequent amendments.

5. Upon discharge of a client, the remainder of the client's drug supply shall be given to him or her or disposed of promptly unless it is reasonably expected that the client will return to Summit. Is such a case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.

VII. Medication Storage

All medication shall be stored:

1. In a securely locked cabinet, accessible only to designated staff, in a clean, well-lighted, ventilated room between 59- and 86-degrees F
2. In a refrigerator, if required, between 36- and 46-degrees F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.
3. Separately for each client,
4. Separately for external and internal use, and
5. In a secure manner if approved by a physician for a client to self-medicate.
6. Each Summit facility that administers controlled substances shall be currently registered under the North Carolina Controlled Substance Act and shall follow G. S. 90, Article 5, including any subsequent amendments.

VIII. Medication Information

Regularly updated information sheets indicating possible side effects, adverse combinations and warnings of possible abuse potential of all medication dispensed to consumers are kept in the Medication Administration Record (MAR). Pertinent information will be highlighted, and each manager and other direct care staff shall read and initial.

The client or the guardian are informed of new medications and dosages. The Summit staff shall have the guardian sign the Newly Prescribed Medication Form for guardians. If the guardian does not agree with the doctor's order, the guardian has the responsibility to communicate with the doctor; while Summit staff shall continue to follow the doctor's order until a discontinue order is obtained.

IX. Medication Review

1. If a client(s) receives psychotropic drugs, the Summit Qualified Professional (QP) or his or her designee shall be responsible for obtaining a review of each client's

Ark 3

drug regimen at least every six months. A psychiatrist, pharmacist or physician shall perform the review. 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 client's doctor assesses medications yearly unless medication indicates more frequent assessments. The doctor should make an assessment based on:
   a) Observations of the client
   b) Medication profile
   c) Documentation in the person's case record provided by support team.
   d) Appropriate medical test
3. The findings of all drug regimen reviews shall be recorded in the client record along with corrective action, and in the summary/progress notes if applicable.
4. Summit staff shall observe clients for any side effects of any medication, document any adverse reactions, and consult with the physician if necessary.

X. Medication Education

1. Clients started or maintained on a medication by a physician shall receive either oral or written education regarding the prescribed medication by the physician or a Summit staff person. In instances where the ability of the client to understand the education is questionable, or if they have a guardian, the guardian shall be provided either oral or written instructions as well as the client.

2. The medication education provided shall be sufficient to enable the client or other responsible person to make an informed consent, to safely administer the medication, and to encourage compliance with the prescribed regimen.

XI. Medication Errors

In order to ensure the safety and well-being of our clients, Summit Support Services is committed to ensuring that staff who administers medication to our clients are effectively trained and supervised. Medication errors and significant adverse drug reactions shall be reported immediately to a licensed Physician, Physician's Assistant, Family Nurse Practitioner (FNP) or pharmacist and their instructions will be followed. Contacting the administrative office or the Administrator On-Call is also required for errors that reach the client.

Medication Error defined:

1. Any error that reaches the client, specifically:
   - Missed (omitted) medication
   - Incorrect dose administered
   - Wrong medication administered
   - Given without following specific physician's instructions

- Incorrect time of administration, i.e. more than an hour before or after the scheduled time of administration
- Missing dose(s) of medication
- Administering outdated medications

2. Documentation error in Medication Administration Record (MAR)
    - Failure to initial upon administering the medication
    - Initialed in the wrong place upon administering medication
    - Initialed but did not administer a medication
    - Did not count or sign off on controlled medications.

All errors are documented on the front and back of the MAR. Errors that reach the client are documented in a GER report. A documentation error is recorded on a Documentation Error Report (DER) form by the person who discovers the error. Error protocol includes completing the documentation and completing the necessary calls. Client refusal of a medication is also documented on the front and back of the MAR. An immediate review of the error and actions taken will occur, as well as a subsequent root analysis. (The analysis will include: Do any systems need changing? Is more education needed?) The Risk Management Coordinator will be responsible for ensuring a root analysis review.

Any employee of Summit Support Services who is responsible for a medication administration error will receive supervision from their supervisor or designee. Re-training will be conducted as needed. Supervisor will consider external factors surrounding the error. Supervision will include identifying strategies to prevent future errors. Supervision and re-training will be documented in the supervision record.

A second error within 60 days of an initial documented error results in the supervisor giving the employee/contractee a verbal warning, which will be documented in the supervision record.

A third error within 60 days of an initial documented error results in the supervisor giving the employee/contractee a written warning, documented in the supervision record.

A fourth error within 60 days results in an employee being placed on disciplinary probation.

During the ensuing Disciplinary Probation period, any subsequent medication error may result in termination of employment.

XII. Experimental Drugs

Policy # 003.020 in Summit Support Services' Policy and Procedures Manual addresses Summit's policy on research; however, it does not address pharmacology. Regarding experimental drugs, Summit Support Services will adhere to the following:

a) The use of experimental drugs or medication shall be considered research and shall be governed by G.S. 122C-57 (f), applicable federal law, licensure requirements codified in 10 NCAC 14K.0350 through .0355, or any other applicable licensure requirements not inconsistent with State or Federal law.
b) The use of other drugs or medications as a treatment measure shall be governed by G.S. 122C-57 and G.S.90, Articles 1, 4A and 9A.

XIII. Medication Training

Summit offers Medication Administration Training to all staff and contractees upon hire or contract initiation. Subsequent training will be offered on an as needed basis. The training as referenced in NCGS122-C Rules for Mental Health Developmental Disabilities and Substance Abuse Faculties and Services, Section .0100, Subsection 10NCAC 14 V.0202 #4. Employees who must successfully complete the training are

a) Any staff working direct care
b) Any AFL/Respite contractees
c) Any QP providing supervision to direct care staff
d) Any other direct care personnel who need to administer medication.

End of Policy

Attachment 4 Att 35

Summit Support Services of Ashe, Inc.
MEDICATION DOCUMENTATION ERROR REPORT

Clients Name: ______________________ Record #: ____________________

Date/Time Error Occurred: ________________ Date Report Completed: __________

Facility: ____

Staff Member Creating Error: ____

Number of Medications Uncharted: ____

State What Occurred: ____

____

- ☐ Front of MAR circled and "E" written in empty box
- ☐ Card checked for initials & missing medication
- ☐ Documented on back of MAR missing documentation, if card was initialed and medication was popped
- ☐ Staff committing error contacted by ___ Text ___ Phone ___ S Comm
  Date: _______ Time: _______
- ☐ S Comm communication sent to QP

QP Contacted: ____
Do Not Call On Call for Documentation Error

Supervisor Follow-up: ____

____

____

____

____

____

____

____

____

_________________________ _________________________
Staff Submitting Report Date

_________________________ _________________________
Staff Committing Error Date

_________________________ _________________________
QP Date

Attachment 5 Ark 36

Summit Support Services

of Ashe, Inc.

Medication Administration Record (MAR) Review

Facility: Ark Date 10/15/21

Client [redacted] Client record # [redacted]

✓ Controlled medication count sheet completed correctly
✓ Medication entries complete and match physician's order
___ Staff initials upon medication administration are complete
✓ Discontinued medications documented correctly
___ Medication documentation errors are error-corrected correctly-no write-overs
___ All medication errors are documented on front and back of MAR
N/A Medication errors that reach the client are documented in a GER
✓ Medication documentation errors are documented on DER (Documentation Error Report)
✓ DERs (Documentation Error Report) completed and turned in to QP

✓ PRN sheet is current
✓ Personal Information sheet with emergency contacts is current
✓ Authorization for Self-Administration is current
✓ FL-2 is current. If expiry date is approaching, FL-2 appointment is scheduled
✓ Prescriptions are current and outdated prescriptions are purged

NOTES: [redacted] failed to initial on one of 10/10/21 [redacted] morning meds. The pack was initialed. [redacted] found the error but did not circle the block - she documented on back of MAR. When [redacted] came back, he put his initials in the block (he returned the same day for evening shift) [redacted] completed a DER. Documentation error training was provided at Ark Meeting 4 days after this (10/14)

Supervisory Follow-up: QP talked to [redacted] about circling omissions on MAR (this occurred prior to Med training.) QP also met w/ [redacted] & reminded him that he has to complete initialing as soon as the med is given - otherwise it's a med error. Follow up training on med administration errors, etc to be offered on 10/25/21.

Helen Clark 10/15/21

Signature of nurse or QP completing review Date:

Therap

DHHS Citations and our Plan to correct/protect

From : Helen Clark, Qualified Professional (Summit Support Services of Ashe, Inc.)

Sent Date : 10/06/2021 04:08 PM, US/Eastern

Details

As a result of our exit interview by DHHS today, we need to share the citations and plans to correct and "protect" our clients.
Citations involved staff not initialing MARS when meds were given. Med errors reported in GERs were not recorded in the MAR. Some scripts were missing for certain medications. Some staff initialed the MAR prior to meds being administered.

Here's what we need to follow up on and we can give more details about how this will be enforced later:

-Staff need to focus and pay close attention to what they are doing when giving medications.
-Always initial the MAR immediately after giving a medication.
-Highlight any medications on the MAR which need to be given in "two's" in a different color.
-Draw an arrow on the pill packs connecting one pill with the other when 2 pills need to be given at once.
-Document any med error on the back of the MAR in addition to completing a GER.
-When a medication is administered, the pill packs will be compared to the MAR.
-When a pill is popped, staff will initial the pill packet. When a medication is given to a client, the MAR will need to be initialed by staff.
-In the event that staff misses initialing the MAR, a new form was generated to track documentation errors. The staff who discovers the documentation error will fill out that form and give it to the QP over that group home. The staff who committed the documentation error will document the error on the back of the MAR, sign and date. This form will be sent out via FAX today.
-Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action ASAP

Sorry this is so rushed....will explain more later!
Helen

Attachment 7

Ark Meeting Notes 10/14/21 9AM recorded by Helen Clark, QP

Present: Pam Seatz, Helen Clark, Chris Ray, Charlene Wilcox, Miguel Gonzalez, Meagan Lyles, Andrea Ham

Meagan joined briefly to figure out a time and place to do goal planner training with staff. It was determined that Monday, 10/25/21 at 12pm would be the training date.

Pam and Helen went over findings of DHSR. Med documentation error training was provided by Pam/Helen, QPs. The revised Documentation error report form was discussed, and copies of this form are going into the group home boxes today.

Issues covered were step by step instructions for discovering documentation errors and how to document in the MAR, contact the person who committed the error and how to complete the new MDER Form.

How to highlight Meds in the MAR which are given 2 at a time and how to indicate 2 at a time on the pill packs.

Reminding staff that documentation errors are considered med errors and the importance of taking time to focus on med administration and documentation.

Making sure that dates, times, PM/AM are included on Fire Disaster Drills and the correct drill is circled.

Changes in Summit's policy that allows family members to stay overnight or for extended periods of time. This is being changed so this is no longer allowed. Limits of family visitation were discussed: No one other than trained staff is allowed to stay at the group home for an extended period. Family of staff may stop in to say "hello" or drop something off but that is all.

Seizure reports for [redacted] will begin to be paper reports in November as it is easier for staff to document every time [redacted] reports feeling "funny"

[redacted] refusal to take meds on 10/13 until the evening. She had a bad seizure and took meds afterwards. She took meds this morning and went to see her doctor.

Concerns about [redacted] sugary snacks and foods which she and her mother purchase. Chocolate Cheerios, etc. [redacted] concerns about [redacted] kidneys and insulin level.

[redacted] is not making as much money and has little in checking/cash in house.

[redacted] is a big help

[redacted] has new guardianship, but paperwork is being held up. Her sister and aunt are added as co-guardians.

[redacted] is doing very well and helped [redacted] sweep all the leaves out of driveway.

PO Box 381
Jefferson, NC 28640
336-846-4491
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November 4, 2021

Re: Annual and Complaint survey completed 10-8-2021
Intake # NC00180815 and NC00181037

To Whom It May Concern,

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If there are any questions, please let me know If I can provide any additional information.

Sincerely,
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Shari Rognstad
Executive Director

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Attachment 8 Ark 39

ADDENDUM: 10/28/2021 Group Home Manager Re-Training: Medication Administration and Fire/Disaster Drills

Conducted by: Diane Wait, QP and Helen Clark, QP

Present: Lighthouse team: Josh Rash, Morrigan Price, Maria Williams, Andrea Hamm

Ark team: Charlene Wilcox, Chris Ray, Charlotte Trejo, Miguel Gonzalez, (Andrea)

1. Introduction:
    - Appreciated managers for the complex job they do.
    - Discussed the vital importance of accuracy in medication administration, including correct documentation as evidence that the medications are administered.

2. Reviewed updated Medication Administration Policy and Procedures with emphasis on:
    - Designated manager ("goal plan manager") responsibility to ensure current physician's orders are present for each medication in MAR.
    - Correctly initialing date/time box on front of MAR immediately upon administration of each medication. Chris shared tip of using a ruler to ensure correct placement.
    - Importance of focusing and avoiding distractions when completing med pass for each client by initialing each med when administered and ensuring client's MAR is completed before proceeding to next client.
    - Medication error procedure: Following protocol for required notifications and documentation of med errors on front and back of MAR as well as in a GER (General Event Report) in Therap or in the event of a documentation error, on the DER (Documentation Error Report) form. Reviewed new DER form.
    - Controlled Count procedures and correct documentation.
    - Supervision, re-training and disciplinary procedures for medication errors.

3. Discussed plan for QPs to review MARS monthly and to request Summit's contracted RN to resume quarterly reviews which had been suspended due to Covid.

4. Fire/Disaster Drill Review
    - Introduced two separate forms for fire and disaster drills to be completed monthly in covering each shift and different times of the day/night.
    - New form has place to circle am or pm to distinguish morning or evening drills.
    - Reviewed the importance of clients physically practicing drills and ways to do this with disaster drills.
    - Suggested adding an earthquake drill under "Other" category

Attachment 9 Ark4

9/21/2021 Splash message on Therap electronic health record system. A splash message is seen by all staff using the system when they log in.

Hello Everyone,

We have been in the process of a DHSR (Division of Health Service Regulation) monitoring over the past week, at both group homes and STEP. I want to share a comment from the surveyors: " You clearly have really dedicated staff and your people are well taken care of. Your facilities are clean and organized. We don't see that everywhere we go." It seems the monitoring has gone very well. We will get more detail at the exit interview Thursday.

One thing that we have gotten some feedback on is the importance of initialing that you have given a medication immediately after you give it. Your initials document that the med was given at that time. If you miss initialing, you need to write a note on the back of the MAR indicating a documentation error. We will cover this further in group home manager meetings and at STEP.

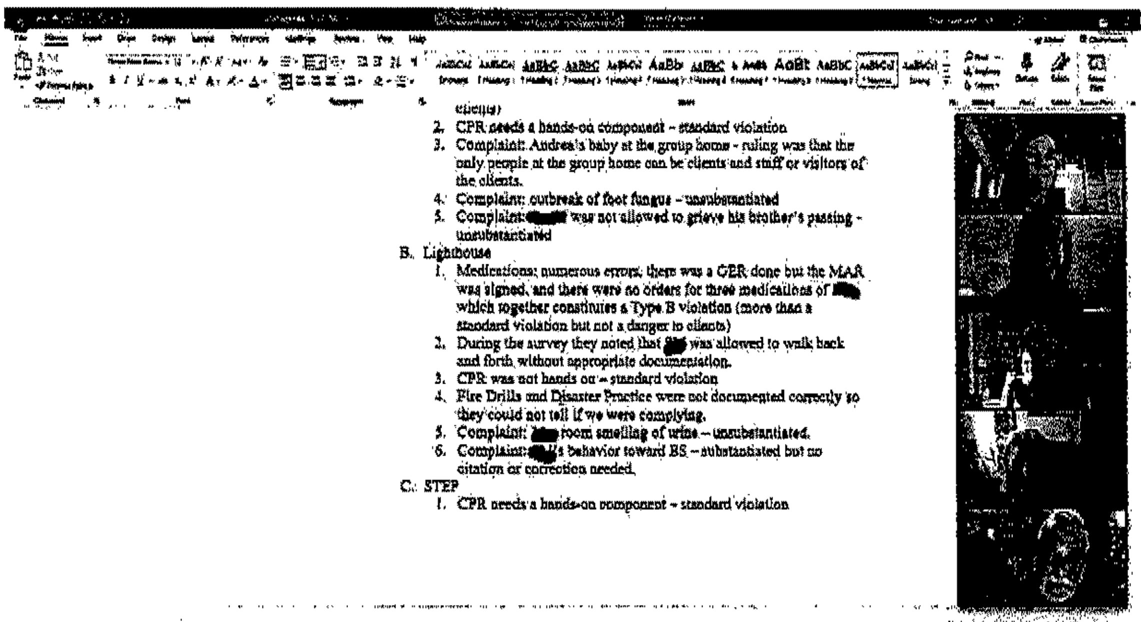
Thanks for all you do!

Diane

Attachment W

Summit Support Services
of Ashe, Inc.

Board of Directors Meeting Minutes
10-22-2021



2. CPR needs a hands-on component - standard violation
3. Complaint: Andrea's baby at the group home - ruling was that the only people at the group home can be clients and staff or visitors of the clients.
4. Complaint: outbreak of foot fungus – unsubstantiated
5. Complaint: [redacted] was not allowed to grieve his brother's passing - unsubstantiated

B. Lighthouse
1. Medications: numerous errors, there was a GER done but the MAR was signed, and there were no orders for three medications of [redacted] which together constitutes a Type B violation (more than a standard violation but not a danger to clients)
2. During the survey they noted that [redacted] was allowed to walk back and forth without appropriate documentation.
3. CPR was not hands on – standard violation
4. Fire Drills and Disaster Practice were not documented correctly so they could not tell if we were complying.
5. Complaint: [redacted] room smelling of urine – unsubstantiated.
6. Complaint: [redacted]'s behavior toward BS – substantiated but no citation or correction needed.

C. STEP
1. CPR needs a hands-on component – standard violation

Ark
47

I. Board members present: Beth Sorrell, Debbie Patterson, Allison Farrington, Denise Lawless, Robbie Franklin
Also present: Shari Rognstad, Diane Wait

II. **Minutes** from 9-14-2021: Debbie motioned to accept; Denise seconded. Approved.

III. **Report from Shari**

a. New Covid case, issue of staff exposure and how to deal with vaccinated vs. non-vaccinated staff: Shari and Diane explained that we are treating vaccinated and unvaccinated staff the same in terms of quarantine requirements. The Board agreed. Board members noted that we have successfully handled Covid cases at the group homes without it spreading to others.

b. DHSR visit – Shari reported on the concerns below cited in the DHSR survey and that Plans of Correction/Protection are underway. Complaints addressed in the DHSR survey were all unsubstantiated, except one, the result is group home staff cannot have visitors at the group homes. Only staff, clients and clients' visitors can be present at the group homes. Board members expressed concern about the frequency of medication documentation errors and the importance of training and re-training staff to document medication administration accurately.

A. Ark
1. Numerous reporting errors which constitute a Type B violation (more than a standard violation but not a danger to clients)
2. CPR needs a hands-on component – standard violation
3. Complaint: [redacted] baby at the group home – substantiated, ruling was that the only people at the group home can be clients and staff or visitors of the clients.
4. Complaint: outbreak of foot fungus – unsubstantiated
5. Complaint: [redacted] was not allowed to grieve his brother's passing - unsubstantiated

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6. Complaint: [redacted] behavior toward [redacted] – substantiated but no citation or correction needed.

C. STEP
1. CPR needs a hands-on component – standard violation

Att 4

2. Complaint: [redacted] was not being changed appropriately – unsubstantiated.
3. Complaint: [redacted] was unsupervised – unsubstantiated

c. Complaints from neighbor: Shari reported complaints by a neighbor across and up the street from the Lighthouse re[redacted] being up in the woods and staring at her. She informed the Board of meeting with the neighbors and their stating they may bring civil charges. Discussed the strategies being implemented to re-direct [redacted] and keep him occupied. The Board agreed he has the right to be outside and recommended we put string up at the property line to help him understand the boundary.
d. Comments from Meagan (not discussed)
e. Approval of sabbatical: Shari clarified the application deadline is at end of October, decision is made in February and if selected she would project taking a sabbatical in July, August, September 2022. The Board approved unanimously.

IV. **Finance Committee Report**

a. Bonus: A bonus for all employees tabled until Budget Report available at next meeting.
   Denise proposed a $200 bonus for all employees who are fully vaccinated (One J&J shot or two Moderna or Pfizer shots) as an appreciation for those contributing to getting the pandemic under control and an incentive for those still unvaccinated. Denise motioned to approve; Debbie seconded. All agreed.
b. Incentive for QI goals: Proposal: Offer an incentive ($300) to each employee for meeting a specific QI goal. Tabled. After much discussion the Board opted to hold off on QI incentives and asked for Shari and Diane to work on a more specific plan for incentives addressing QI goals.
   A. Group home managers: Centering around medication errors
   B. AFLs: Using the Health tracking component of EHR
   C. STEP and Community: Entering billable notes within 24 hours

V. **Policy review:** Medication Administration and Supervision policy changes were reviewed. Allison motioned to approve both policies and inactivate policy 005.086. Beth seconded. All agreed.

a. 003.005 Medication Administration
   A. 30 / 60 days? Board approved to continue 60 days in policy.
b. 007.000 Supervision
c. 005.086 Children at the group home – make inactive
d. Policy on vaccines? Beth commented that if we are not requiring vaccination that we do not need a policy. All agreed.

VI. **Next meetings are** November 18th, January 18th, February 15th, March 15th, April 19th, May 17th and June 28th.

Respectfully submitted by:
Diane Watt MAOP 10-25-21

Attachment 11 Ark 44

DHSR Plan Of Protection Checklist of Necessary Actions for Medication Component 10-12-21

- ☑ Sept 29 Training at LH Staff meeting med administration and documentation *Diane + Pam did this. It included checking pill packs and drawer. Documented in Minutes of meeting*
- ☑ Oct 6 Notify staff that [redacted] can't walk to STEP *Pam sent scomm*
- ☐ Oct 6 Staff notified of Citation and new documentation. Documentation Error Form sent *Helen sent scomm & fax 10/6*
- ☑ Oct 11 Notify guardians that [redacted] can't walk to STEP *Diane on 10/15*
- ☑ Oct 11 Email LH staff about checking drawer, pill packs and med error process *done 10 9/29*
- ☑ Oct 11 Start documenting Checking the MARS *(ARK+LH) Helen 10/15, Diane 10/26*
- ☑ Oct 12 A "checklist" of all necessary actions will be created, and QPs/Director will check items off the list as actions are completed *Here it is! 10/13*
- ☑ Oct 19 updating policies to reflect changes and will submit changes to the Summit Board of Directors for approval *10/22/21*
- ☑ Oct 19 Future actions will include updating the medication administration and med error policy to reflect recent changes in the way med errors are reported in Therap and how documentation errors are reported *10/22/21*
- ☑ Oct 19 policies regarding the handling of med errors and supervision of staff will be reviewed and revised completed *10/22/21*
- ☑ 10-21 ongoing random MAR reviews at the Ark will be documented on the MAR review form and any issues will be addressed with the individual staff *10/15/21*
- ☑ Oct 28 Follow up LH Staff Mtg about checking drawer, pill packs and med error process *Covered in training on 10/28*
- ☑ Oct 28 med administration and med error training for LH group home staff *10/28*
- ☑ Oct 28 ongoing random MAR reviews at the Lighthouse will be documented on the MAR review form and any issues will be addressed with the individual staff *10/26/21*
- ☑ Oct 28 LH Staff will receive comprehensive training on medication administration, medication errors, and disciplinary action *10/28/21*
- ☑ Oct 29 staff supervision will be documented starting with October supervision notes *ongoing*
- ☑ Nov 5 set up a time for med administration and med error training for group home staff at the ARK *attended 10/28/21*
- ☑ Nov 5 2 Goal planner trainings will be scheduled and completed *10/25/21*
- ☑ Ongoing Monitor SM progress of anger issues *ongoing and 10/28/21 review*
- ☑ Monthly Discuss SM progress at LH meetings *ongoing*
- ☑ Quarterly Nurse review MARS *Ark on 11/16/21 and LH 11/18/21 and STEP 11/23/21*

Completed and confirmed!

Shari Rognstad 11/3/21
Executive Director