

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NEVIN #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3827 NEVIN ROAD CHARLOTTE, NC 28269</b>
---	---

(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 survey was completed on 10/12/21. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000	<i>DHSR - Mental Health OCT 28 2021 Lic. &amp; Cert. Section</i>	
V 120	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.  This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately by client	V 120	V - 120 The Registered Nurse will in-service staff, Residential Team Leader and Qualified Professional on Medication Storage requirements. This will include the requirements of storing medications separately per client. The RN, QP or Residential Team Leader will complete 1X weekly checks for the next 60 days and then on a routine basis of the medication storage area to ensure medications are stored properly. In the future, the Registered Nurse will ensure staff are trained to ensure medications are stored separately for each client	12/11/21

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

**Kimberly Hale Regional Administrator 10/22/2021**

STATE FORM *Kimberly Hale*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>NEVIN #1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3827 NEVIN ROAD CHARLOTTE, NC 28269</b>		
(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 120	Continued From page 1  affecting 3 of 3 clients(#1, #2 and #3). The findings are:  Finding #1: Review on 10/11/21 and 10/12/21 of client #1's record revealed: -admission date of 11/14/18; -Diagnoses of IDD(Intellectual Developmental Disability)-Moderate, Schizoaffective Disorder Depressive Type and Generalized Anxiety Disorder; -physician's order dated 2/24/21 for Chlorhexidine 0.12% rinse 15ml twice daily for oral health; -physician's order dated 9/29/21 for Ativan 0.5mg one tablet prn(as needed) for anxiety may repeat in 60 minutes if ineffective times 1 dose, maximum 2 doses in 24 hours.  Observation on 10/11/21 at 3:09pm of client #1's medications revealed: -Chlorhexidine 0.12% rinse 15ml twice daily for oral health dispensed 9/1/21 stored in a blue plastic tray in the third drawer of the medication cart with another client's Invega injection dispensed 9/16/21; -Ativan 0.5mg one tablet prn(as needed) for anxiety may repeat in 60 minutes if ineffective times 1 dose, maximum 2 doses in 24 hours dispensed 9/29/21 stored with client #2 and client #3's controlled medications in the locked metal container in the second drawer of the medication cart.  Finding #2: Review on 10/11/21 and 10/12/21 of client #2's record revealed: -admission date of 6/16/01; -Diagnoses of IDD-Moderate, Convulsion Disorder with Seizure and Attention Deficit Hyperactivity Disorder(ADHD);	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NEVIN #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3827 NEVIN ROAD CHARLOTTE, NC 28269</b>
---	---

(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 120	<p>Continued From page 2</p> <p>-physician's order dated 7/28/21 for clonazepam 1mg one tablet twice daily for anxiety; -physician's order dated 7/28/21 for Ritalin 30mg one tablet twice daily for ADHD.</p> <p>Observation on 10/11/21 at 3:39pm of client #2's medications revealed: -clonazepam 1mg one tablet twice daily for anxiety dispensed 9/19/21 stored with client #1 and client #2's controlled medications in the metal locked container in the in the second drawer of the medication cart; -Ritalin 30mg one tablet twice daily for ADHD dispensed 10/1/21 stored with client #1 and client #3 controlled medications in the metal locked container in the in the second drawer of the medication cart.</p> <p>Finding #3: Review on 10/11/21 and 10/12/21 of client #3's record revealed: -admission date of 12/30/15; -diagnoses of IDD-Mild, ADHD and Unspecified Depressive Disorder; -physician's order dated 2/3/21 for Concerta/methylphenidate 54mg one tablet daily for ADHD.</p> <p>Observation on 10/11/21 at 3:21pm of client #3's medications revealed Concerta/methylphenidate 54mg one tablet daily for ADHD dispensed 9/30/21 stored with client #1 and client #2's controlled medications in the metal locked container in the in the second drawer of the medication cart.</p> <p>Interview on 10/11/21 with the Home Manager revealed: -was not aware the controlled medications were stored together;</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NEVIN #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3827 NEVIN ROAD CHARLOTTE, NC 28269</b>
---	---

(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 120	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-had dividers in the locked metal container to separate the controlled medications;</li> <li>-staff must have removed the dividers.</li> </ul> <p>Interview on 10/12/21 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Medication technicians/staff are responsible for the medications in the cart;</li> <li>-only have two nurses now and it is hard for nurses to get to all twenty four sites;</li> <li>-nurses used to audit the medication carts;</li> <li>-there were dividers in the controlled medication box for the controlled medication;</li> <li>-somebody must have removed the dividers.</li> </ul>	V 120		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the HCPR prior to hire for 1 of 2 staff (#2). The findings are:</p> <p>Review on 10/12/21 of staff #1's personnel record revealed:</p>	V 131	<p>V - 131 The Regional Director will in-service the Human Resource Coordinator and the Regional Administrator on the requirement of obtaining a current HCPR prior to hiring. The Regional Administrator will monitor and sign off (initial) all potential new hires to ensure a HCPR is obtained prior to being hired. In the future, the unit will ensure HCPR are obtained and reviewed prior to employment.</p>	12/11/21

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>NEVIN #1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3827 NEVIN ROAD CHARLOTTE, NC 28269</b>
---	---

(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 131	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>-rehire date of 6/28/21;</li> <li>-job title of Direct Support Specialist;</li> <li>-documentation of HCPR check dated 7/1/21 present in the file.</li> </ul> <p>Interview on 10/11/21 with staff #1 revealed:</p> <ul style="list-style-type: none"> <li>-worked for RHA 7 years ago;</li> <li>-came back to work 2 months ago;</li> <li>-work 7 days on, 7 days off at the facility.</li> </ul>	V 131		





**RHA**  
HEALTH SERVICES, LLC

*In-service Training*

Date: 10/22/2021

Place Held: Nevin #1-Kannapolis Unit

Title of Training: HCPR Checks

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

**Purpose/Outline of Training**

- 1) HR Training Coordinator, Business Office & Administrative staff are responsible for ensuring HCPR checks and criminal background checks are completed on an applicant prior to hiring that applicant or contractor.
- 2) The Director of Operations or Regional Administrator must review each HCPR check and criminal record check and approve them prior to hiring the applicant.
- 3) The HR Coordinator/Business office is to ensure the Director of Operations or Regional Administrator has reviewed and signed off on ALL HCPR and CRIMINAL BACKGROUND CHECKS prior to offering applicants any employment/position at RHA.
- 4) The HR Coordinator/Business office is to ensure that all HCPR and criminal background checks that are completed and approved by the Director of Operations or Regional Administrator are placed in the employees' personnel files.
- 5) HR Coordinator/Business office are to follow the New Hire Flow Chart and Checklist during the New Hire process to ensure all steps are completed appropriately.

Instructor's Signature

Instructor's Signature

**Attendance Roll**

Full Name	Shift	Signature	Home
Kendra Williams		<i>Kendra Williams</i>	
<i>Kimberly Hale</i>		<i>Kimberly Hale</i>	
<i>Troi Koon</i>			

DHSR - Mental Health

OCT 28 2021

Form#: 3002

Last Modified: 2/24/2005

Lic. & Cert. Section



# In-service Training

Date: 10/22/2021

Place Held: Nevin #1-Kannapolis Unit

Title of Training: Medication Storage

Instructor's Name: Bianca Taylor

Title: Regional RN

Instructor's Name:

Title:

## Purpose/Outline of Training

- 1) All medications will be stored separately based on client and route to be administered to the people supported.

For Example:

- All oral medications will be separated by person and stored separately from topical or external medications.
- All topical or external medications will be separated by person and stored separately from oral medications.
- All controlled medications will be separated by person and stored in double locked area for safety.

This process will be checked weekly for 60 days and then ongoing monthly by the Med Checker, RTL, QP and/or nurse.

Staff who continue to mix medications and do not follow the required storage of medication regulations will be subject to Medication Errors and loss of Med Key.

Instructor's Signature

Instructor's Signature

## Attendance Roll

Full Name	Shift	Signature	Home
<i>[Signature]</i>	all		
<i>Christina Barber</i>	N1-7/7		
<i>[Signature]</i>	1st		
<i>[Signature]</i>	2nd		
<i>Beth Thompson</i>	N1 7/7		



October 22, 2021

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

DHSR - Mental Health

OCT 28 2021

Lic. & Cert. Section

**RE: MHL-060-198 Nevin #1**

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Nevin #1 Group Home during your annual survey visit on 10/12/2021. We have implemented the POC and invite you to return to the facility on or around 12/11/2021 to review our POC items.

Please contact me with any further issues or concerns regarding the Nevin #1 Group Home (MHL-060-198).

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Hale".

Kimberly Hale  
Regional Administrator  
RHA Health Services, LLC  
Kimberly.hale@rhanet.org