

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/16/2021
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 12/16/21. The complaint (# NC182226) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 5 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current, failed to administer medications as ordered, and failed to have orders for self-administration 3 of 3 audited clients (Client #1, Client #2 and Client #3). The findings are:</p> <p>Record review on 12/13/21 for Client #1 revealed: -Date of Admission-4/5/21 -Diagnoses- Schizophrenia, alcohol use disorder (d/o), dyslipidemia, gastroesophageal reflux disease (GERD). -There was no assessment nor physician order for self-administration.</p> <p>Review on 12/13/21 of physician orders dated 8/11/21 for Client #1 revealed: - Benzatropine 0.5mg (milligram) (antiparkinson) 1 tab (tablet) twice daily. Discontinuation order dated 11/29/21. -Clozapine 100mg (antipsychotic) - 1 tab at bedtime. -Fluvoxamine 100mg (antidepressant) - 1 tab at bedtime. -Fluvoxamine 50mg -1 tab every morning. -Multivitamin (supplement) - 1 tab daily. -NAC (N-acetyl Cysteine) Capsule 600mg</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(supplement) - 1 tab twice daily. -Propranolol 10mg (akathisia) - ½ tab every morning. -Propranolol 10mg -1 tab at bedtime daily.</p> <p>Review on 12/13/21 of physician orders dated 6/8/21 for Client #1 revealed: -Cetirizine 10mg (allergies) - 1 tab daily. -Colace 50mg (stool softener) - 1 capsule daily. -Fluticasone 50mcg (allergies) - 1 spray each nostril daily.</p> <p>Review on 12/13/21 of additional physical orders revealed: -Metformin 500mg (diabetes) - 1 tab in the morning ordered 11/29/21. -Famotidine 20mg (GERD) - 1 tab daily ordered 4/23/21.</p> <p>Review on 12/13/21 of MARs for Client #1 from 10/1/21-12/13/21 revealed: -Benzatropine 0.5mg - was administered 1 tab daily instead of 1 tab twice a day 11/1/21-12/8/21. There was no order for dosage change from twice daily to once daily. (39 days) Discontinue order was dated 11/29/21 but continued to be administered until 12/8/21. (10 days after being discontinued) -Metformin 500mg was self-administered 12/2/21-12/13/21. (4 days after ordered on 11/29/21) -The following medications were self-administered 10/1/21-12/21/21 for a total of 74 days: -Cetirizine 10mg -Clozapine 100mg -Colace 50mg -Famotidine 20mg -Fluticasone 50mcg -Fluvoxamine 100mg</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Fluvoxamine 50mg -Multivitamin -NAC Capsule 600mg -Propranolol 10mg ½ tab -Propranolol 10mg 1 tab at bedtime <p>-Client #1 initialed the MAR each time he administered his medications. Staff initialed in the square below.</p> <p>Record review on 12/13/21 for Client #2 revealed:</p> <ul style="list-style-type: none"> -Date of Admission-4/20/20 -Diagnoses- bipolar, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), Obsessive compulsive disorder (OCD), static encephalopathy, mentally disabled (borderline intellectual functioning). -There was no assessment nor physician order for self-administration. <p>Review on 12/13/21 of physician ordered medications for Client #2 dated 7/8/21 revealed:</p> <ul style="list-style-type: none"> -Methylphenidate 36mg (ADHD) - 1 tab twice a day -Clonidine 0.1mg (ADHD) - one tab at bedtime -Depakote ER 250mg (mood) - 1 tab twice daily -Quetiapine 300mg (depression) - 1 tab at bedtime <p>Review on 12/13/21 of physician ordered medications for Client #2 dated 5/12/21 revealed:</p> <ul style="list-style-type: none"> -Refresh Eye drops (dry eye) - 1 drop in each eye every morning -Retin A cream 0.05% (acne) - apply to affected area topically at bedtime <p>Review on 12/13/21 of MARs for Client #2 from 10/1/21-12/13/21 revealed:</p> <ul style="list-style-type: none"> - The following medications were self-administered 10/1/21-12/12/21 for a total of 74 days: 	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Methylphenidate 36mg -Clonidine 0.1mg -Depakote ER 250mg -Quetiapine 300mg -Refresh Eye drops -Retin A cream 0.05% <p>-Client #2 initialed the MAR each time she administered her medications. Staff initialed in the square below.</p> <p>Record review on 12/13/21 for Client #3 revealed:</p> <ul style="list-style-type: none"> -Date of Admission-8/26/19 -Diagnoses- Schizophrenia, type 2 diabetes, anxiety disorder, GERD, tobacco dependence, dermatitis, psoriasis. -There was no assessment nor physician order for self-administration. <p>Review on 12/13/21 of physician ordered medications for Client #3 revealed:</p> <ul style="list-style-type: none"> -The below medications were ordered on 10/27/20: -Cetirizine 10mg (allergies) - 1 tab daily -Dove sensitive Body Wash (dermatological) - use as directed daily -Clotrimazole Cream 1% (dermatological) - apply to affected areas twice daily -Hydroxyzine HCL 50mg (anxiety) - 1 tab at bedtime and discontinued 10/28/21. -Metformin 500mg (diabetes) - 1 tab twice daily -Olanzapine 10mg (antipsychotic) - 1 tab daily and discontinued 10/28/21. -Omega 3 Acid 1 gram (antihyperlipidemic) 2 capsules twice daily -Triamcinolone Ointment 0.1% (dermatological) - apply to affected areas twice day for 14 days then 7 days off <p>Review on 12/31/21 of physician order</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>medications for Client #3 also revealed: -Pravastatin 40mg (antihyperlipidemic) - 1 tab every evening ordered 2/9/21. -SOD (sodium) Fluoride 1.1% (dental) - brush on teeth every evening and Risperidone 3mg (thought disorder) 1 tab at Bedtime were both ordered 10/28/20.</p> <p>Review on 12/13/21 of MARs for Client #3 from 10/1/21-12/13/21 revealed: -Cetirizine 10mg was self-administered 10/1/21-10/11/21,10/29/21-12/13/21. (54 days) -Dove sensitive Body Wash was self-administered 10/1/21-10/10/21, 12/1/21-12/13/21. (23 days) -Clotrimazole Cream 1% was not marked as administered on MAR for 10/1/21-10/31/21 and 11/3/21-11/9/21. (76 doses) -Hydroxyzine HCL 50mg was self-administered 10/1/21-10/11/21. (11 days) -Metformin 500mg was self-administered 10/30/21-12/13/21. (45 days) -Olanzapine 10mg was not administered in October before being discontinued on 10/28/21. -Omega 3 Acid 1 gram was self-administered 10/30/21-12/13/21. (45 days) -Pravastatin 40mg was self-administered 10/1/21-10/11/21, 10/29/21-12/13/21. (54 days) -SOD Fluoride 1.1% was not administered during this review period. -Triamcinolone Ointment was self-administered 11/11/21-11/15/21, 12/1/21-12/13/21. (18 days) -Client #3 initialed the MAR each time he administered his medications. Staff initialed in the square below.</p> <p>Interview on 12/13/21 with Client #1 revealed: -He had no problems with his medications. Staff gave medications. He took them out of the package and signed the MAR.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Interview on 12/13/21 with Client #2 revealed: -She knew mostly what medications she took. She had never refused her medications.</p> <p>Interview on 12/13/21 and 12/15/21 with Client #3 revealed: -When asked he would not directly answer if he always took his medications.</p> <p>Interview on 12/13/21 with Staff #3 revealed: -"The MAR is signed by clients and staff. Staff hand the client the med pack, they pop it and take it then sign MAR."</p> <p>Interview on 12/15/21 with the Nursing Unit Clerk revealed: -The pharmacy sent her a copy of orders each time they received a new order for facility clients. -She was not aware Client #1 had a new order to begin Metformin and discontinue Benzotropine until she received it from the pharmacy. -She was not sure when she sent the order for Client #1 to the group home for them to adjust the MAR.</p> <p>This deficiency is cross referenced into 10A NCAC 27G.5603 Operations (V291) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>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</p>	V 123		

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V 123	<p>Continued From page 7</p> <p>and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 3 audited clients (Client #3). The findings are:</p> <p>Record review on 12/13/21 for Client #3 revealed: -Date of Admission-8/26/19 -Diagnoses- Schizophrenia, type 2 diabetes, anxiety disorder, Gastroesophageal Reflux Disease (GERD), tobacco dependence, dermatitis, psoriasis.</p> <p>Review on 12/13/21 of physician ordered medications for Client #3 revealed: -The following medications were ordered on 10/27/20: -Cetirizine 10milligrams (mg) (allergies) - 1 tab (tablet) daily. -Dove sensitive Body Wash (dermatological) - use as directed daily. -Clotrimazole Cream 1% (dermatological) - apply to affected areas twice daily. -Hydroxyzine HCL 50mg (anxiety) - 1 tab at bedtime and discontinued 10/28/21. -Metformin 500mg (diabetes) - 1 tab twice daily. -Olanzapine 10mg (antipsychotic) - 1 tab daily and discontinued 10/28/21. -Omega 3 Acid 1 gram (cholesterol) - 2</p>	V 123		

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V 123	<p>Continued From page 8</p> <p>capsules twice daily.</p> <ul style="list-style-type: none"> -Triamcinolone Ointment 0.1% (dermatological) - apply to affected areas twice day for 14 days then 7 days off ordered 10/27/20. <p>Review on 12/31/21 of additional physician ordered medications for Client #3 revealed:</p> <ul style="list-style-type: none"> -Pravastatin 40mg (cholesterol) - 1 tab every evening ordered 2/9/21. -SOD (sodium) Fluoride 1.1% (dental) - brush on teeth every evening ordered 10/28/20. <p>Review on 12/13/21 of October 2021 MARs (medication administration record) of internal medications for Client #3 revealed:</p> <ul style="list-style-type: none"> -Cetirizine 10mg was refused from 10/12/21-10/14/21. (3 doses) -Hydroxyzine HCL 50mg was refused from 10/12/21-10/14/21. (3 doses) -Metformin 500mg was refused from 10/1/21-10/14/21 both am and pm doses. (28 doses) -Olanzapine 10mg was refused from 10/1/21-10/14/21. (14 doses) -Omega 3 Acid 1 gram was refused from 10/1/21-10/15/21 am doses and from 10/12/21-10/14/21 pm doses. (18 doses) -Pravastatin 40mg was refused from 10/12/21-10/14/21. (3 doses) <p>Review on 12/13/21 of MARs of topical medications administered from October-December 2021 revealed:</p> <ul style="list-style-type: none"> -Dove sensitive Body Wash was refused from 10/11/21-10/14/21, 10/29/21-10/31/21, 11/1/21-11/30/21. (37 doses) -Clotrimazole Cream 1% was not marked as administered on MAR for 10/1/21-10/31/21 and 11/3/21-11/9/21. (76 doses). He also refused from 11/1/21-11/2/21, 11/10/21-12/13/21 for both am 	V 123		

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V 123	<p>Continued From page 9</p> <p>and pm doses. (70 doses) -SOD Fluoride 1.1% was refused from 10/1/21-10/14/21, 10/29/21-12/13/21. (60 doses) -Triamcinolone Ointment 0.1% was refused from 10/2/21-10/5/21, 10/13/21-10/14/21, 11/10/21, 11/24/21-11/30/21 for am doses and from 10/3/21-10/6/21, 10/13/21-10/14/21, 11/10/21, 11/24/21-11/30/21 pm doses. (28 doses)</p> <p>Review on 12/14/21 of Client #3's hospital discharge summary following IVC (involuntary commitment) from 10/15/21-10/28/21 revealed: -" ...Reported to have decompensated in the past couple days. He has not been adherent with his medications. He has been internally preoccupied as he was scanning his environment. He is paranoid and guarded. He has been responding to internal stimuli. He was threatening towards staff and peers at his facility ..."</p> <p>Review on 12/14/21 of facility blue (progress) notes for Client #3 revealed: -10/1/21-" ...took meds (medications) ..." -10/2/21-" ...refusing ALL AM meds with an attitude ..." -10/3/21-no note about medications -10/4/21-" ...refused AM meds again ..." -10/5/21-" ...took meds ..." -10/6/21-" ...took meds ..." -10/7/21-" ...took meds ..." -10/8/21-" ...took meds ..." -10/9/21-" ...took meds ..." -10/10/21-" ...took meds ..." -10/11/21-" ...took meds ..." -10/12/21-"[Client #3] was angry, agitated and aggravated with staff for redirection and continued to slam doors, being demanding and refused to do chores and take night meds ... [Client #3] got up sometime around 10ish. Staff heard loud slamming of doors ...Staff asked</p>	V 123		

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V 123	<p>Continued From page 10</p> <p>[Client #3] if he was alright and [Client #3] ignored staff and mumbled. [Client #3] continued to go out the front door, back door, bedroom, bathroom and continued to make loud slamming noises ...Staff notified nurse on call but no answer so on the 6th call, staff left a voice mail. Staff also used personal cell-nurse answered and hung back up-never called back ..."</p> <p>-10/13/21- "[Client #3] worked today, got back shortly after 4pm ...refused to cooperate, said he didn't have to do anything I asked and he could do whatever he wants. [Qualified Professional (QP)] talked with him encouraging [Client #3] to cooperate with staff and be respectful of others ...refused meds 2nd day in a row, tried to offer at 7pm, 7:15pm, 7:30pm, called RN (registered nurse), he won't talk on speaker phone and slammed his bedroom door, contacted [QP] tried again at 9pm locked himself in his room, did not shower."</p> <p>-10/14/21- "[Client #3] slept in late, didn't work ...at 3pm was going back and forth from bedroom to bathroom slamming doors ...mumbled insults out loud to staff. Contacted [Staff #3] advised to lock office do not pay attention to [Client #3] to lessen his likelihood of further escalation, refused meds ..."</p> <p>Review on 12/15/21 of Nurse's Progress notes regarding Client #3 revealed: -10/14/21-Staff reported that client had refused AM and PM medications for the past 2 days. Nurse instructed staff to try different methods of encouraging client to take medication or to wait a few minutes then ask patient to take medications again. Nurse asked to put client on the phone, so maybe the nurse could encourage client to take his PM medications. Nurse spoke to client on the phone, but client still refused. Nurse reported to [Nurse Practitioner] regarding the client refusing</p>	V 123		

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V 123	<p>Continued From page 11</p> <p>his medication the past two days. [Nurse Practitioner] ordered to send client out for further eval (evaluation)." Signed by Nurse #1.</p> <p>Interview on 12/13/21 and 12/15/21 with Client #3 revealed: -When asked he would not directly answer if he always took his medications. -He didn't like the taste of the sodium flouride the dentist gave him. He would not directly answer if he brushed his teeth.</p> <p>Interview on 12/13/21 with Staff #1 revealed: -"[Client #3] talks constantly. He's extremely euphoric. It's very stressful for some of these folks." -"[Client #3] typically refuses topicals and just write R (for refused) on MAR."</p> <p>Interview on 12/15/21 with Staff #2 revealed: -She didn't remember seeing medication error reports. -"If we (staff) have 3 med errors, you lose your med key. I don't do med errors because I don't want to lose my key." -"We have an hour before and an hour after to give meds. If someone refuses, we document in blue notes and call the nurse. I don't know what the nurse does then." -"We don't call when [Client #3] refuses topicals we just suggest he take his meds." -"I don't know if he brushes his teeth or not." -"On weekends we call the on call administrator [Staff #3 or the Qualified Professional (QP)] and nurse; depends on the situation we will call both."</p> <p>Interview on 12/14/21 with the QP revealed: -When a client refused medications, the procedure was to prompt and wait several times then call on-call nurse. He didn't know what the</p>	V 123		

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V 123	<p>Continued From page 12</p> <p>nurse did. He was not aware of a form to complete for refused medications. "Staff just write R on MAR, inform the house manager (Staff #3) and nursing." -"I haven't asked staff if they've called on [Client #3] refusing topicals." -Client #3 was his own guardian and independently went to the doctor. -"Nursing would be ultimately responsible to follow up with the doctor."</p> <p>Interview on 12/15/21 the Nursing Unit Clerk revealed: -She doesn't schedule doctor appointments for that facility because the clients are so independent. "[Client #3] sees the dermatologist monthly. He complains about his skin then refuses to use medications."</p> <p>Interview on 12/14/21 and 12/15/21 with Nurse #1 revealed: -Staff contacted her on 10/12/21, 10/13/21 and 10/14/21. -She instructed staff to continue to encourage then document on the back of the MAR. -"I contacted [nurse practitioner] on 10/14/21 because [Client #3]'s behaviors were escalating." -Staff did not tell her Client #3 had been refusing medications since 10/1/21.</p> <p>Interview on 12/14/21 and 12/15/21 with the Director of Operations revealed: -Nursing was probably not notified Client #3 had refused medications from 10/1/21-10/12/21. -There were currently no nurses on staff in this unit; only have on-call nurses. -She immediately conducted an in-service training on medication refusals with the facility's QP as well as the regional unit clerk and other regional staff. The QP would be responsible for</p>	V 123		

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V 123	Continued From page 13 training facility staff and implementing this process. "This is not a new document." This deficiency is cross referenced into 10A NCAC 27G.5603 Operations (V291) for a Type A1 rule violation and must be corrected within 23 days.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 3 of 3 audited staff (Staff #1, Staff #3 and the QP (Qualified Professional)). The findings are Record review on for Staff #1 revealed: -Date of Hire-12/15/20 -Date of HCPR verified: 12/16/20 Record review on for Staff #3 revealed:	V 131		

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V 131	Continued From page 14 -Date of Hire-3/20/20 -Date of HCPR verified: 3/21/20 Record review on for the QP revealed: -Date of Hire-8/19/19 -Date of HCPR verified: 8/20/19 Interview on 12/15/21 with the regional Finance Director revealed: -He was new to the position and wasn't sure who completed the HCPR checks but he was aware they should have been completed prior to hire.	V 131		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have	V 291		

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V 291	<p>Continued From page 15</p> <p>activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination with other qualified professionals responsible for client's treatment for 3 of 3 audited clients. (Client #1, #2 and #3). The findings are:</p> <p>Cross Reference: 10A NCAC 27G.0209(c) Medication Requirements (V118) Based on record reviews and interviews, the facility failed to administer medications based on the written order of a physician affecting 3 of 3 audited clients (Client #1, #2 and #3).</p> <p>Cross Reference: 10A NCAC 27G.0209(g) Medication Requirements (V123) Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 2 of 3 audited clients (Client #1, #3).</p> <p>Review on 12/15/21 of 1st Plan of Protection signed by the Director of Operations on 12/15/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1) Director of Operations has in-serviced all clinical (including the nurse on call) and direct care staff at Riverview on correct reporting procedures for medication refusals which includes the RHA (licensee) medication error</p>	V 291		

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V 291	<p>Continued From page 16</p> <p>process.</p> <p>2) Director of Operations has in-serviced the direct care staff at Riverview to ensure they transport and assist in facilitating all doctor appointments and communicate all new physician orders to the Unit Clerk and nursing department for timely implementation.</p> <p>3) The QP (Qualified Professional) & Unit Clerk will ensure all people supported have orders to self-administer medications signed by their physician.</p> <p>4) Director of Operations will in-service the Administrator, QP, Nurse, RTL (residential team leader), Unit Clerk & Direct Support Staff on ensuring communication for all medical, psychiatric and medication related issues is completed timely by following the Chain of Command to ensure appropriate follow through is completed inservice dates all people supported. Describe your plans to make sure the above happens.</p> <p>1) All in-services & re-training will be completed by 12/22/21 with all clinical and direct care staff at the Riverview Group Home.</p> <p>2) The Unit Clerk and QP will complete the Medical Appointment Coordination Form for each person supported at Riverview to ensure the RTL and direct care staff are informed of appointments and related requirements.</p> <p>3) The Unit Clerk and QP will coordinate all physician appointments & lab appointments with the RTL and person supported.</p> <p>4) The direct care staff assisting with the appointments will ensure all appointment follow-up and new orders/scripts are faxed to the Unit Clerk after the completion of the appointment for implementation.</p> <p>5) The Nurse on Call will be notified of any new orders for each person supported by the Unit Clerk, RTL, QP or direct care staff.</p>	V 291		

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V 291	<p>Continued From page 17</p> <p>6) The QP, RTL and Unit Clerk will review the medical appointment coordination forms weekly to ensure no appointments are missed. These will be de-briefed with the entire IDT (interdepartmental team) team each Monday on our weekly clinical coordination call.</p> <p>7) The Administrator, QP, RTL and Unit Clerk will meet with all people supported and also de-brief the medical appointment coordination process and ensure all people supported participate."</p> <p>Review on 12/16/21 of 2nd Plan of Protection signed by the Director of Operations dated 12/16/21 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? 1) Director of Operations has in-serviced all clinical (including the nurse on call) and direct care staff at Riverview on correct reporting procedures for medication refusals which includes the RHA medication error process. Completed 12/15/21. 2) Director of Operations has in-serviced the direct care staff at Riverview to ensure they transport and assist in facilitating all doctor appointments and communicate all new physician orders to the Unit Clerk and nursing department for timely implementation. Completed 12/15/21. 3) The QP & Unit Clerk will ensure all people supported have orders to have supervision to self-administer medications signed by their physician. 4) The Direct Care staff will complete an assessment, to be developed by the RHA QA (quality assurance) Department, to determine the ability of each person supported to self-administer their medications. 5) Director of Operations will in-service the Administrator, QP, Nurse, RTL, Unit Clerk &</p>	V 291		

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V 291	<p>Continued From page 18</p> <p>Direct Support Staff on ensuring communication for all medical, psychiatric and medication related issues is completed timely by following the Chain of Command to ensure appropriate follow through is completed for all people supported. Describe your plans to make sure the above happens.</p> <ol style="list-style-type: none"> 1) All in-services & re-training will be completed by 12/22/21 with all clinical and direct care staff at the Riverview Group Home. 2) The Unit Clerk and QP will complete the Medical Appointment Coordination Form for each person supported at Riverview to ensure the RTL and direct care staff are informed of appointments and related requirements. 3) The Unit Clerk and QP will coordinate all physician appointments & lab appointments with the RTL and person supported. 4) The direct care staff assisting with the appointments will ensure all appointment follow-up and new orders/scripts are faxed to the Unit Clerk after the completion of the appointment for implementation. 5) The Nurse on Call will be notified of any new orders for each person supported by the Unit Clerk, RTL, QP or direct care staff. 6) The QP, RTL and Unit Clerk will review the medical appointment coordination forms weekly to ensure no appointments are missed. These will be de-briefed with the entire IDT team each Monday on our weekly clinical coordination call. 7) The Administrator, QP, RTL and Unit Clerk will meet with all people supported and also de-brief the medical appointment coordination process and ensure all people supported participate. 8) The RHA QA Department will develop an assessment tool for the Riverview direct support staff to assess each person supported' s ability to self-administer their own medications by 	V 291		

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V 291	<p>Continued From page 19</p> <p>1/8/2022."</p> <p>The facility is an adult mental health group home for 6 residents although only 5 currently reside in the home. Audited clients' diagnoses included schizophrenia, alcohol use disorder, dyslipidemia, gastroesophageal reflux disease (GERD), bipolar, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), static encephalopathy, mentally disabled (borderline intellectual functioning), type 2 diabetes, anxiety disorder, tobacco dependence, dermatitis, psoriasis. Medications ordered for the 3 audited clients included benztropine, metformin, cetirizine, clozapine, Colace, famotidine, fluticasone, fluvoxamine, multivitamin, NAC (N-acetyl Cysteine), propranolol, methylphenidate, clonidine, Depakote, quetiapine, Refresh Eye drops, Retin A cream, Dove sensitive Body Wash, clotrimazole cream, hydroxyzine, metformin, olanzapine, omega 3 Acid, pravastatin, SOD (sodium) fluoride, triamcinolone ointment and risperidone. There was no assessment nor doctor's order for Client #1, Client #2 or Client #3 to self-administer any of these 27 different medications for the 74 days reviewed. Additionally, Client #1 continued to self-administer Benztropine 0.5mg once daily for 39 days without an order changing the dosage from twice daily and for an additional 10 days after the discontinue order. Metformin was also self-administered but not until 4 days after it was ordered. Client #3 refused Clotrimazole cream for 146 doses; Sodium Fluoride refused 60 doses, Triamcinolone Ointment refused 28 doses and Dove Sensitive Body Wash refused for 37 doses. Staff continued to document these refusals without notification to nursing per facility policy nor did nursing notify pharmacist or</p>	V 291		

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V 291	<p>Continued From page 20</p> <p>physician. Client #3's refusal of psychotropic medications which occurred in October were followed by an IVC (involuntary commitment) to a local psychiatric hospital for 2 weeks. The facility's failure to obtain assessments and orders for clients' self administration of medication and the failure to ensure notification of Client #3's physician of his continued refusal of multiple medications resulted in serious neglect.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.</p>	V 291		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p>	V 367		

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V 367	<p>Continued From page 21</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C</p>	V 367		

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V 367	<p>Continued From page 22</p> <p>.0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report a Level II incident to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 12/14/21 of IRIS (Incident Response Improvement System) report dated 10/28/21</p>	V 367		

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V 367	<p>Continued From page 23</p> <p>revealed: -"On 10/15/21 [facility] direct care staff noticed that [Client #3] was having an increasing number of episodes responding to internal stimuli, paranoid thoughts, hallucinations, verbal aggression, aggressive posturing, inappropriate social interactions and delusions. [Client #3] also was refusing any medication for the 3 preceding days. RHA (Licensee) Riverview (facility) QP (qualified professional) offered to assist [Client #3] with contacting his psychiatrist, CST (Community Support Team) team and [licensee] mobile crisis, all of which was declined by [Client #3]. The RHA team met and it was decided for [Client #3]'s health and safety an IVC (involuntary commitment) was required. The IVC was acquired on 10/15/21 approximately 1:30pm. The police arrived to fulfill the IVC on 10/15/21 at approximately 5:00pm. This is an isolated incident. [Client #3] was admitted to the inpatient psychiatric unit and has received treatment to stabilize his mental health symptoms." -the incident report was not submitted within the required 72 hours.</p> <p>Interview on 10/14/21 with the QP revealed: -He was not aware the IRIS report submission was late.</p>	V 367		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with</p>	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/16/2021
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
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(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 536	<p>Continued From page 24</p> <p>disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; 	V 536		

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V 536	<p>Continued From page 25</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be</p>	V 536		

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V 536	<p>Continued From page 26</p> <p>approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p>	V 536		

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V 536	<p>Continued From page 27</p> <p>(I) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to ensure that all staff completed training in alternatives to restrictive intervention annually for 1 of 3 audited staff (Staff #3). The findings are:</p> <p>Record review on 12/14/21 for Staff #3 revealed: -Date of hire- 3/20/20 -Date of training in Proact (alternatives to restrictive intervention) was 3/20/20. There was no updated training in alternatives to restrictive interventions.</p> <p>Interview with facility Qualified Professional revealed: -He was not aware Staff #3 was not current with Proact. -He was now a certified trainer. The regional office had been without a trainer for a while.</p>	V 536		