

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL097-071	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2022
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NAME OF PROVIDER OR SUPPLIER SPARTA ROAD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 77 SPARTA ROAD NORTH WILKESBORO, NC 28659
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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 000	INITIAL COMMENTS An annual and complaint survey was completed on 1/28/22. The complaint was unsubstantiated (intake #NC 00182801). Deficiencies were cited This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The survey sample consisted of audits of 3 current clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug.	V 118	<p>RECEIVED FFP 23 2022 DHS-Rural Licensure Sect</p> <p>V - 118 Nursing will in-service staff on Medication Administration, documentation of Medication Administration Record, notification of missed medications, Medication Error Reports and med checker system. Nursing will monitor the Medication Administration Record one time a week for one month and then on a routine basis to ensure staff are followings policies, administering medications as prescribed and completing medication error when required. In the future nursing will assure staff are trained to administer medications as prescribed and document and report all errors per policy.</p> <p>By: 3/30/22</p>	

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

STATE FORM

TITLE

(X6) DATE

Regina Vire President

2/16/22

NIR511

If continuation sheet 1 of 14

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V 118	<p>Continued From page 1</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed by appointment or consultation with a physician.</p> <p>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 were recorded immediately after administration affecting 3 of 3 current clients (#1, #2, and #3). The findings are:</p> <p>Review on 1/24/22 and 1/25/22 of Client #1's record revealed: -admitted on 2/13/17 -diagnoses of Intellectual Developmental Disability (IDD), moderate; Bipolar Disorder (d/o), History of Constipation, Acid Reflux, and Childhood Seizures.</p> <p>Review on 1/25/22 and 1/27/22 of the physician orders for Client #1 revealed: -the following medications were ordered 1/10/21: --Chlorpromazine (antipsychotic) 100 milligrams (mg) one tablet three times per day (TID) --Divalproex (anticonvulsant) 500mg 3 tablets at bedtime (qhs) --Fluvoxaminé (antidepressant) 25mg one tablet twice a day (BID) --LinzeSS (gastrointestinal) 290 micrograms (mcg) one capsule daily (qd) --Neutrogena T/Sal 3% shampoo apply topically</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>to affected area daily</p> <p>--Oxcarbazepine (anticonvulsant) 300mg one tablet BID</p> <p>-Benzotropine (anti-Parkinson) 1 milligram tablet BID ordered 1/20/21</p> <p>-Thermo tablets (electrolyte) one tablet BID ordered 10/28/21</p> <p>-Ferrous sulfate (anemia) 325mg one tablet qd ordered 10/28/21</p> <p>-Loratadine (antihistamine) 10mg one tablet qd ordered 5/5/20</p> <p>-Metamucil fiber singles (laxative), mix 1 capsule in 240 milliliters of water and give BID ordered 10/5/20</p> <p>-Neutro moist sun protection factor (spf) 15, apply topically to the affected area of face daily after bath ordered 11/4/19</p> <p>-Olanzapine (antipsychotic) 2.5mg one tablet BID ordered 4/29/21</p> <p>-Olanzapine (antipsychotic) 5 mg one tablet qhs 4/29/21</p> <p>-Vitamin B-12 2500mcg one tablet qd ordered 9/3/19</p> <p>-Lorazepam (anti-anxiety) 0.5mg one tablet BID for 7 days ordered 11/9/21</p> <p>-Augmentin XR 1000/62.5mg take 2 tablets BID for 10 days ordered 10/21/21.</p> <p>Review on 1/24/22 and 1/25/22 of Client #1's MARs for November and December 2021 and January 2022 revealed:</p> <p>-Vitamin D-3 2000 units one capsule daily administered 11/1/21- 1/24/22 without a written physician's order</p> <p>-Amoxicillin 875/125mg one tablet BID administered 11/29/21 to 1/9/22 without a written physician's order</p> <p>-there was a handwritten note that the Thermo tablets had been discontinued but there was no discontinuation order in the chart</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-there were no initials on 12/30/21 indicating that the 8:00pm dose was administered for Bzotropine 1 mg, Divalproex 500mg, Fluvoxamine 25mg, Metamucil single, Olanzapine 2.5 mg, Olanzapine 5mg, Oxcarbazepine 300mg, and Amoxicillin 875/125mg</p> <p>-there were no initials on 12/30/21 indicating that the 3:00pm and 8:00pm doses were administered for Chlorpromazine 100 mg.</p> <p>Interview on 1/24/22 with Client #1 revealed: -he did not respond to questions regarding his medications; he wanted to talk about his music.</p> <p>Review on 1/24/22 and 1/25/22 of Client #2's record revealed: -admitted on 12/21/13 -diagnoses of Schizoaffective d/o, Eating d/o, Depression, Obsessive Compulsive d/o, Moderate IDD, History of Pulmonary Embolism, Hiatal Hernia, Gastroesophageal Reflux Disease (GERD), Constipation, and Appendectomy.</p> <p>Review on 1/25/22 of physician orders for Client #2 revealed: -physician orders dated 10/5/21 for the following medications: -Alendronate (endocrine) 70mg one tablet once per week on Mondays -Aspirin chew 81mg chew one tablet daily -Atorvastatin 10mg one tab qhs -Bzotropine (anti-Parkinson) 0.5mg one tablet BID -Calcium/Vitamin D3 600mg/400u one tablet BID -Divalproex 500mg 2 tablets qhs -Eszopiclone (sleep) 2mg one tablet qhs -Latuda (psychosis) 60mg one tablet BID -Olanzapine (psychosis) 20mg 2 tablets qhs -Rexulti (schizoaffective) 3mg one tablet daily</p>	V 118			

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V 118	<p>Continued From page 4</p> <p>-Hydroxyzine 25mg take 2 capsules qhs order dated 8/25/20.</p> <p>Review on 1/24/22 and 1/25/22 of Client's #2's MARs for November and December 2021 and January 2022 revealed:</p> <p>-there were no initials on 12/30/21 indicating that the 8:00pm doses were administered for Atorvastatin 10mg, Benzotropine 0.5mg, Calcium/Vitamin D3 600mg/400u, Divalproex 500mg, Eszopiclone 2mg, Latuda 60mg, and Olanzapine 20mg</p> <p>-there were no initials on 12/30/21 and 12/31/21 indicating the daily dose of Hydroxyzine 25mg was administered</p> <p>-there were no initials on 11/30/21 indicating the daily dose of Aspirin 81mg was administered</p> <p>-there were no initials on 11/15/21 and 1/17/22 indicating that the weekly dose of Alendronate 70mg was administered</p> <p>-there was no explanation on the MAR for the missed medications.</p> <p>Review on 1/27/22 of medication error reports for Client #2 revealed:</p> <p>-an error report was completed for the 1/17/22 missed dose for Alendronate</p> <p>-error reports were not completed for any other missed medications.</p> <p>Interview on 1/24/22 with Client #2 revealed:</p> <p>-she took medication and she took her medication "when I am supposed to."</p> <p>Review on 1/24/22 and 1/25/22 of Client #3's record revealed:</p> <p>-admitted on 12/21/13</p> <p>-diagnoses of Intermittent Explosive d/o, Schizophrenia- disorganized type, Major Depression, Psychotic d/o, Oppositional Defiant</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>disorder, Mild IDD, Enuresis, Hemorrhoids, Hypertension.</p> <p>Review on 1/25/22 and 1/27/22 of physician's orders dated 8/20/21 for Client #3 revealed:</p> <ul style="list-style-type: none"> -Bupropion (depression) 300mg XL one tablet in the morning -Ciclopirox gel (dermatological) 0.77% apply to face BID -Levocetirizine (antihistamine) 5mg one tab daily -Lisinopril (hypertension) 10mg one tablet daily -Metronidazole cream 0.75% apply to face BID -Mirtazapine (depression) 30mg one tablet at bedtime -Polyeth glycol (constipation) mix 17grams in 4 to 8 ounces of liquid and drink three times per week -Quetiapine (psychosis) 100mg one tablet in the morning -Quetiapine (psychosis) 400mg one tablet every evening -Ciclopirox shampoo 1% apply to scalp and leave on for 3 minutes then rinse off at bedtime -Vitamin D3 50mcg take 2 tablets by mouth daily <p>Review on 1/24/22 and 1/25/22 of Client #3's November and December 2021 and January 2022 MARs revealed:</p> <ul style="list-style-type: none"> -there were no initials on 11/30/21 indicating that the 8:00pm doses were administered for Ciclopirox gel 0.77%, Metronidazole cream 0.75%, Ciclopirox Shampoo 1% and Mirtazapine 30mg -there were no initials on 12/30/21 indicating that the evening dose of Ciclopirox gel 0.77%, Metronidazole cream 0.75%, Ciclopirox Shampoo 1% Mirtazapine 30mg, and Quetiapine 400mg were administered -there were no initials on 12/15/21 indicating the daily dose of Lisinopril 10mg was administered -Hydromet 5/1.5mg syrup, 5 mls by mouth daily 	V 118		

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V 118	<p>Continued From page 6</p> <p>as needed for up to 10 days was administered 11/24/21 to 11/7/21 without a written physician's order</p> <p>-there was no explanation on the MAR explaining the missed medications.</p> <p>Interview on 1/24/22 with Client #3 revealed:</p> <p>-he takes medications but could not recall the names of the medications</p> <p>-staff give him his medication when it's time; he didn't know if he missed any doses.</p> <p>Interview with the Resident Team Lead (RTL) on 1/24/22 revealed:</p> <p>-she has overseen this facility for 18 years</p> <p>-if there were missing initials on the MAR, staff were to complete a medication error report</p> <p>-if there was a blank on the MAR from the previous shift, staff knew if the client didn't receive their medication because the pill would still be in the bubble pack.</p> <p>Interview on 1/24/22 and 1/26/22 with Staff #1 revealed:</p> <p>-she has worked at the facility for approximately three years</p> <p>-if she noticed a blank on the MAR, she notified the RTL or the staff who missed initialing</p> <p>-she would know if the medication wasn't given because the pill would still be in the bubble pack for that dose</p> <p>-if the staff person didn't give the medication then that was considered a medication error and there was a form to complete.</p> <p>Interviews on 1/25/22, 1/26/22 and 1/27/22 with the Qualified Professional (QP) revealed:</p> <p>-she spoke with the RTL and the staff who worked 2nd shift on 12/30/21 stated she gave the medications to clients but must not have</p>	V 118			

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V 118	Continued From page 7 documented on the MAR -a staff person on the next shift would know if a client didn't receive their medication because they would see the pill from the previous dose in the bubble pack -it is agency policy to complete a medication error report if that were to occur which is given to nursing staff -it is agency policy that any extra medications in the bubble packs at the end of the cycle are returned to nursing -she verified with nursing staff that the medications were returned to the pharmacy for disposal -she completed an in-service training on 1/26/22 reviewing company policy on initialing for medications immediately after administration and completing the medication error report form. Due to the failure to accurately document medication administration it could not be determined if clients received their medication as ordered by the physician.	V 118		
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	V – 123 Cross Reference V – 118	

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V 123	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report medication errors immediately to a physician or pharmacist affecting 3 of 3 current clients (#1, #2, and #3). The findings are:</p> <p>Review on 1/24/22 and 1/25/22 of Client #1's record revealed: -admitted on 2/13/17 -diagnoses of Intellectual Developmental Disability (IDD), moderate, Bipolar Disorder (d/o), History of Constipation, Acid Reflux, and Childhood Seizures.</p> <p>Review on 1/25/22 and 1/27/22 of physician orders for Client #1 revealed: -Bentropine (anti-Parkinson) 1 milligram (mg) one tablet twice a day (BID) ordered 1/20/21 -Chlorpromazine (antipsychotic) 100 mg one tablet three times per day (TID) ordered 1/10/21 -Divalproex (seizures/bipolar) 500 mg 3 tablets at bedtime (qhs) ordered 1/10/21 -Fluvoxamine (depression) 25mg one tablet BID ordered 1/10/21 -Metamucil fiber singles (laxative), mix 1 capsule in 240 milliliters (ml) of water and give BID ordered 10/5/20 -Olanzapine (antipsychotic) 2.5mg one tablet BID ordered 4/29/21 -Olanzapine (antipsychotic) 5 mg one tablet qhs ordered 4/29/21 -Oxcarbazepine (seizures/bipolar) 300mg one tablet BID ordered 1/10/21.</p> <p>Review on 1/24/22 and 1/25/22 of Client #1's MARs for November and December 2021 and</p>	V 123			

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V 123	<p>Continued From page 9</p> <p>January 2022 revealed:</p> <ul style="list-style-type: none"> -there were no initials on 12/30/21 indicating that the 8:00pm dose was administered for Benzotropine 1 mg, Divalproex 500mg, Fluvoxamine 25mg, Metamucil single, Olanzapine 2.5 mg, Olanzapine 5mg, Oxcarbazepine 300mg, and Amoxicillin 875/125 -there were no initials on 12/30/21 indicating that the 3:00pm and 8:00pm doses were administered for Chlorpromazine 100 mg -no evidence that the facility contacted the pharmacy or the physician. <p>Review on 1/24/22 and 1/25/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -admitted on 12/21/13 -diagnoses of Schizoaffective d/o, Eating d/o, Depression, Obsessive Compulsive d/o, Moderate IDD, History of Pulmonary Embolism, Hiatal Hernia, Gastroesophageal Reflux Disease (GERD), Constipation, and Appendectomy <p>Review on 1/25/22 of physician orders for Client #2 revealed:</p> <ul style="list-style-type: none"> -physician orders dated 10/5/21 for the following medications: -Alendronate (endocrine) 70mg one tablet once per week on Mondays -Aspirin chew 81mg one tablet daily -Atorvastatin 10mg one tab qhs -Benzotropine (anti-Parkinson) 0.5mg one tablet BID -Calcium/Vitamin D3 600mg/400u one tablet BID -Divalproex 500mg 2 tablets qhs -Eszopiclone (sleep) 2mg one tablet qhs -Latuda (psychosis) 60mg one tablet BID -Olanzapine (psychosis) 20mg 2 tablets qhs -Hydroxyzine 25mg take 2 capsules qhs order dated 8/25/20. 	V 123		

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V 123	<p>Continued From page 10</p> <p>Review on 1/24/22 and 1/25/22 of Client's #2's MARs for November and December 2021 and January 2022 revealed:</p> <ul style="list-style-type: none"> -there were no initials on 12/30/21 indicating that the 8:00pm doses were administered for Atorvastatin 10mg, Benztropine 0.5mg, Calcium/Vitamin D3 600mg/400u, Divalproex 500mg, Eszopiclone 2mg, Latuda 60mg, and Olanzapine 20mg -there were no initials on 12/30/21 and 12/31/21 indicating the daily dose of Hydroxyzine 25mg was administered -there were no initials on 11/30/21 indicating the daily dose of Aspirin 81mg was administered -there were no initials on 11/15/21 and 1/17/22 indicating that the weekly doses of Alendronate 70mg had been administered -a medication error report was completed for the 1/17/22 missed dose of Alendronate; it was signed by the facility's Licensed Practical Nurse (LPN) but the physician was not notified -no evidence that staff contacted a pharmacy or the physician. <p>Review on 1/24/22 and 1/25/22 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -admitted on 12/21/13 -diagnoses of Intermittent Explosive d/o, Schizophrenia- disorganized type, Major Depression, Psychotic d/o, Oppositional Defiant disorder, Mild IDD, Enuresis, Hemorrhoids, Hypertension. <p>Review on 1/25/22 and 1/27/22 of physician's orders dated 8/20/21 for Client #3 revealed:</p> <ul style="list-style-type: none"> -Ciclopirox gel (dermatological) 0.77% apply to face BID -Lisinopril (hypertension) 10mg one tablet daily -Metronidazole cream 0.75% apply to face BID 	V 123			

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NAME OF PROVIDER OR SUPPLIER SPARTA ROAD HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 77 SPARTA ROAD NORTH WILKESBORO, NC 28659		
(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 736	Continued From page 13 Interview on 1/24/22 and 1/28/22 with the Residential Team Lead (RTL) revealed: -this was the only facility that the agency leased and not owned -the Direct Support Mentor (DSM) put in the work order approximately 3 to 4 weeks ago for the toilet tank lid and approximately in the last 2 weeks to replace the cracked toilet seat -she will follow up with maintenance about the vents -their maintenance person retired but is working part time.	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

February 16, 2022

Cindy Myers, Vice President
RHA Health Services NC, LLC
176 Wildcat Rd.
Deep Gap, NC 28618

Re: Annual and Complaint Survey completed January 28, 2022
Sparta Road Home, 77 Sparta Rd., N. Wilkesboro, NC 28659
MHL # 097-071
E-mail Address: cmyers@rhanet.org
Intake # NC00182801

Dear Ms. Myers:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed January 28, 2022. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is March 30, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 16, 2022
Sparta Road Home
Cindy Myers

- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

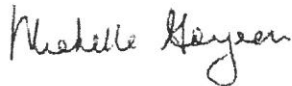
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-200-6605.

Sincerely,



Michelle Goyeau, LCSW, LCAS
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
Pam Pridgen, Administrative Assistant