

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER
BRENTWOOD

STREET ADDRESS, CITY, STATE, ZIP CODE
**609 NEWSOME ROAD
SALISBURY, NC 28144**

(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 2/4/22. The complaint was unsubstantiated(Intake #184820). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

This survey sample consisted of audits of 3 current clients.

V 000 V 118

The Nurse will ensure all medication orders are correct on the MAR and ensure all medications are available and administered to the people supported as ordered by their physician. The Nurse will routinely check the MAR to ensure all med certified DSA staff are administering and documenting on the MAR correctly. If this does not occur, the Nurse will issue a medication error to the DSA staff and re-train them on the correct medication administration process. This will be monitored monthly with the Nursing House Assessment and Medication Observations which are reviewed in the CQI and Safety Committee Meetings.

4/6/2022

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

DHSR - Mental Health
MAR 02 2022
Lic. & Cert. Section

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

Katherine Benton, 

TITLE

Director of Operations

(X6) DATE

2/24/2022

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144
--	--

(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 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 records review, observations and interviews, the facility failed to ensure a MAR of all drugs administered to each client was kept current and medications administered were recorded immediately after administration affecting 2 of 3 clients(#1, #2). The findings are:</p> <p>Finding #1: Review on 1/27/22 and 1/28/22 of client #1's record revealed: -admission date of 4/1/19; -diagnoses of PTSD(Post Traumatic Stress Disorder), ADHD(Attention Deficit Hyperactivity Disorder), IDD(Intellectual Developmental Disorder)-Mild, Intermittent Explosive Disorder, Schizophrenia, Mood D/O(Disorder) NOS(Not Otherwise Specified), Impulse D/O NOS, Constipation, Dyslipidemia, Allergies, Reflux, Ataxia, strabismus and History of Seizures; -physician's order 1/1/22 for Diastat 20mg(milligram) inject 10mg gel rectally for seizures longer that 5 minutes with a discontinue order dated 1/5/22; -physician's order dated 1/5/22 for Valtoco 10mg one spray alternating prn(as needed) for seizures longer than 5 minutes; -physician's order dated 1/10/22 documented</p>	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144
--	--

(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 118	<p>Continued From page 2</p> <p>"hold Valtoco until prior authorization is completed and available from pharmacy;"</p> <ul style="list-style-type: none"> -physician's order dated 1/10/22 for levetiracetam 500mg two tablets daily with a discontinue order dated 1/24/22 for epilepsy; -physician's order dated 1/10/22 for clonazepam 1mg one tablet three times daily for seizures/spasms. <p>Observation on 2/1/22 at 2:25pm of client #1's medications revealed:</p> <ul style="list-style-type: none"> -Diasat 20mg inject 10mg gel rectally for seizures longer that 5 minutes dispensed 1/3/22; -Valtoco 10mg one spray alternating prn(as needed) for seizures longer than 5 minutes not on site; -levetiracetam 500mg two tablets daily not on site; -clonazepam 1mg one tablet three times daily dispensed 1/20/22. <p>Review on 1/28/22 and 2/1/22 of client #1's MARs from 11/1/21-1/27/22 revealed:</p> <ul style="list-style-type: none"> -levetiracetam 500mg two tablets daily was documented as administered 12/27/21-12/31/21 with no signed physician order prior to these dates; -clonazepam 1mg one tablet three times daily documented as administered 1/1/22-1/6/22 with no signed physician's order prior to these dates; -legend on MAR designated "H" for "held" in regards to dosing medications; -"H" was documented for the dosing dates from 1/7/22-1/24/22. <p>Finding #2</p> <p>Review on 1/28/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> -admission date of 7/24/88; -diagnoses of IDD, Obstructive Sleep Apnea Hypopnea, Type 2 Diabetes, Hyperlipidemia, 	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144
--	--

(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 118	<p>Continued From page 3</p> <p>Myopia, Ulcers, HTN, Acne, Osteoporosis and Seizures; -client #3 was in rehabilitation for a broken ankle from 10/6/21-12/30/21, returned to the facility on 12/31/21; -physicians' orders dated 1/5/22 for the following medications: Alendronate 70mg one tablet once a week for bone health, cordran 4mcg(microgram) apply every two days for itchy skin, Flonase 50mcg one spray daily for allergies and Petroleum jelly apply daily for dry skin/rashes; -physician order dated 1/5/22 for Ted Hose wear daily put on first thing in the morning and remove at night before bed.</p> <p>Observations on 2/1/22 at 2:15pm of client #3's medications revealed: -Alendronate 70mg one tablet once a week not on site; -cordran 4mcg(microgram) apply every two days dispensed 1/4/22; -Flonase 50mcg one spray daily for allergies dispensed 1/4/22; -Petroleum jelly apply daily dispensed 3/2/21.</p> <p>Review on 1/28/22 of client #3's MARs from 12/31/21-1/27/22 revealed: -dosing date of 1/7/22 left blank with no explanation on the MAR for Alendronate 70mg one tablet once a week; -dosing dates of 1/3/22-1/27/22 left blank with no explanation on the MAR for cordran 4mcg(microgram) apply every two days; -dosing dates of 1/1/22-1/5/22, 1/7/22-1/13/22, 1/15/22-1/21/22 and 1/24/22-1/27/22 left blank with no explanation on the MAR for Flonase 50mcg one spray daily for allergies; -dosing dates of 1/1/22-1/27/22 left blank with no explanation on the MAR for Petroleum jelly apply daily;</p>	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
NAME OF PROVIDER OR SUPPLIER BRENTWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144		
(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 118	Continued From page 4 -dates left blank for 1/1/22-1/13/22(am), 1/15/22-1/27/22(am), 1/1/22-1/3/22(pm), 1/7/22-1/20/22(pm), 1/24/22-1/26/22(pm) with no explanation on the MAR for Ted Hose wear daily put on first thing in the morning and remove at night before bed. Interview on 2/1/22 with the Qualified Professional(QP) revealed: -aware of the blanks on the MARs; -nursing handling medication errors; -staff lost their medication keys and not allowed to administer medications until they have been retrained; -medication Alendronate for client #3 on order for refill and coming from pharmacy; -not sure why medication Valtoco for client #1 not on site. Interview on 2/4/22 with the Regional Administrator revealed medication Valtoco for client #1 is currently on site at the facility.	V 118		
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.	V 131		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRENTWOOD	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144
--	--

(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 5</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the HCPR(Health Care Personnel Registry) for 3 of 3 staff (Staff #1, Qualified Professional/QP and Residential Team Lead/RTL). The findings are:</p> <p>Review on 1/27/22 of personnel records revealed: -staff #1 was hired on 12/2/21, was a transfer from the parent agency in Tennessee, original hire date in Tennessee was 2/9/21 and the HCPR was accessed on 1/28/22; -the QP was hired on 4/19/21 and the HCPR was accessed on 7/22/21; -the RTL was hired on 12/18/19 and the HCPR was accessed on 2/19/21.</p> <p>Interview on 2/4/22 with the Director of Operations revealed: -aware some the HCPRs were late; -have corrected the issue.</p>	V 131	<p>V 131</p> <p>The HR Training Coordinator will ensure each new applicant has no significant findings on the NC HCPR prior to their being hired with the agency. This will be monitored through ongoing Quality Assurance and HR audits.</p>	4/6/2022
-------	--	-------	---	----------

Date: 2/11/2022

Place Held: Kannapolis- Brentwood

Title of Training: HCPR Checks

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

Purpose/Outline of Training

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

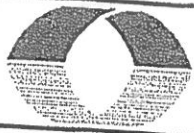
Instructor's Signature

Katherine Benton

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
<i>Kimberly Hale</i>		<i>Kimberly Hale</i>	



RHA
HEALTH SERVICES, LLC

In-service Training

Date: 2/11/2022

Place Held: Kannapolis- Brentwood

Title of Training: HCPR Checks

Instructor's Name: Katherine Benton

Title: Director of Operations

Instructor's Name:

Title:

Purpose/Outline of Training

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

Instructor's Signature

Katherine Benton

Instructor's Signature

Attendance Roll

Full Name	Shift	Signature	Home
Kendra William		<i>Kendra William</i>	



In-service Training

Date **2/11/2022**

Place Held **Kannapolis Brentwood**

Title of Training-- **MAR Documentation**

Instructor's Name **Katherine Benton**

Title **Director of Operations**

Instructor's Name

Title

Purpose/Outline of Training

- 1) DSA staff in the group home will continue to follow the Med Checker System and will report to nursing any missing, invalid or incorrect information found to be on or missing from the MAR on any page.
- 2) DSA staff will ensure that they follow the 6 rights of Medication Administration and read/check the MAR 3 times against the meds for each individual supported prior to giving the meds to the individuals.
- 3) Documentation Errors on the MAR will continue to be monitored and reported as a Break in Procedure or Med Errors as appropriate.
- 4) DSA staff will ensure that they contact Nursing staff on call immediately if/when they have a question about a new medication, route or time a medication is to be given.
- 5) The Unit Clerk, RTL, Mentor, QP or Nurse will review the MARs monthly prior to the 1st to ensure no errors are listed on the MARs and notify Nursing staff immediately if they find an error prior to the new MAR being used. The Unit Clerk, RTL, Mentor, QP or Nurse will also ensure they check the MAR ongoing throughout the month to ensure all staff are administering & documenting the MAR correctly. The Unit Clerk, RTL, Mentor, QP or Nurse will ensure they contact Nursing immediately if they have a question or find a discrepancy on the MAR or throughout the month.
- 6) It is the responsibility of all staff and nurses to ensure the MAR is accurate at all times for the individuals supported.

Instructor's Signature

Katherine Benton

Instructor's Signature

Attendance Roll

Full Name	Shift	Home	Grade
<i>Kimberly Hale</i>			
<i>Shynese Warrington nursing</i>			
<i>Blanca Taylor, RN</i>			
<i>Daisey Durant</i>			



February 24, 2022

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

MAR 02 2022

Lic. & Cert. Section

RE: MHL-080-096 Brentwood

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Brentwood Group Home during your annual & complaint survey visit on 2/4/2022. We have implemented the POC and invite you to return to the facility on or around 4/6/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Brentwood Group Home (MHL-080-096).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

Katherine Benton
Director of Operations
RHA Health Services, LLC
Kbenton2@rhanet.org