Division	of Health Service Regu	lation			FORI	W APPROVE
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPL	
		MHL080096	B. WING		02/0	04/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE ZIP CODE	027	J-172022
			SOME ROAD	772,211 0002		
BRENTWO	OOD		RY, NC 28144			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI	BE	COMPLETE
		*	140	DEFICIENCY)	AIE	DAIL
V 000	INITIAL COMMENTS		V 000	V 118		
			1 000			4/6/202
	An annual and compla	aint survey was completed		The Nurse will ensure all med	dication	
	on 2/4/22. The compla	aint was		orders are correct on the MAI	R	
	unsubstantiated(Intake	e #184820). Deficiencies		and ensure all medications ar		
	were cited.			available and administered		
				to the people supported		
	This facility is licensed	for the following service		as ordered by their physician.	The	
	category: 10A NCAC 2	27G .5600C Supervised		Nurse will routinely check the	MAR	
	Living for Adults with D	Developmental Disabilities.		to ensure all med certified DS	A	
	This sure to the			staff are administering and	.	
	This survey sample co	insisted of audits of 3		documenting on the MAR cor	rectly	
	current clients.			If this does not occur, the Nur	se.	
	NEW CONTRACT OF THE STATE OF TH			will issue a medication error to	the	
V 118	27G .0209 (C) Medicat	tion Requirements	V 118	DSA staff and re-train them or	n	
	10A NCAC 27G .0209	MEDICATION		the correct medication admini	stration	1
	REQUIREMENTS	MEDICATION		process. This will be monitore	ed	
	(c) Medication adminis	tration:		monthly with the Nursing House	se	
		prescription drugs shall		Assessment and Medication		
	only be administered to	a client on the written		Observations which are review	ved	
	order of a person author	prized by law to prescribe		in the CQI and Safety Commit	tee	
	drugs.	in a sy law to presente		Meetings.		
	(2) Medications shall be	e self-administered by				
	clients only when author	orized in writing by the				
	client's physician.					
	(3) Medications, includi	ng injections, shall be				
	administered only by lic	censed persons, or by				
1	unlicensed persons trai	ned by a registered nurse,				
1	pharmacist or other lega	ally qualified person and				
1	privileged to prepare an	nd administer medications.				
	(4) A Medication Admin	istration Record (MAR) of				
a	all drugs administered t	o each client must be kept				
	current. Medications ad			OHSR - Mental Health		
l r	recorded immediately a	fter administration. The		- Calli		
	MAR is to include the fo	pilowing:		MAR 0 2 2022		
	(A) client's name;	mummatika af the all		2022		
	B) name, strength, and	quantity of the drug;		1:- 0 -		
	C) instructions for admi	rug is administered; and		Lic. & Cert. Section		
		erson administering the				
	Service Regulation	auministering the		40		
		PLIER REPRESENTATIVES SIGNATURE		TITLE	(Y6	i) DATE

Katherine Benton,

Director of Operations

2/24/2022

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL080096 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD **BRENTWOOD** SALISBURY, NC 28144 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 1 V 118 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. 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: 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:

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-physician's order dated 1/10/22 documented

PRINTED: 02/15/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL080096 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD **BRENTWOOD** SALISBURY, NC 28144 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 | Continued From page 2 V 118 "hold Valtoco until prior authorization is completed and available from pharmacy:" -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. Observation on 2/1/22 at 2:25pm of client #1's medications revealed: -Diastat 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 -clonazepam 1mg one tablet three times daily dispensed 1/20/22. Review on 1/28/22 and 2/1/22 of client #1's MARs from 11/1/21-1/27/22 revealed: -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.

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Finding #2

-admission date of 7/24/88:

Review on 1/28/22 of client #3's record revealed:

-diagnoses of IDD, Obstructive Sleep Apnea Hypopnea, Type 2 Diabetes, Hyperlipidemia,

PRINTED: 02/15/2022 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ MHL080096 B. WING 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD **BRENTWOOD** SALISBURY, NC 28144 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 | Continued From page 3 V 118 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. 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. 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

daily; Division of Health Service Regulation

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

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FICIENCIES RECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE : COMPL	
	MHL080096	B. WING		02/	04/2022
ER OR SUPPLIER			TATE, ZIP CODE		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I	BE	(X5) COMPLETE DATE
es left blank for 1/22-1/27/22(am), 1/22-1/20/22(pm), 1/2-1/20/22(pm), 1/2-1/20/22(pm), 1/2-1/20/22(pm), 1/2-1/22 with sing from particular to the left of the blanks of t	1/22-1/13/22(am), 1/1/22-1/3/22(pm), 1/24/22-1/26/22(pm) with no R for Ted Hose wear daily morning and remove at the Qualified aled: n the MARs; ication errors; tion keys and not allowed ons until they have been the for client #3 on order for pharmacy; on Valtoco for client #1 not the Regional medication Valtoco for	V 118			
cation §131E-256 HEAL STRY lefore hiring healt care facility or selection care facility shall nnel Registry and	TH CARE PERSONNEL h care personnel into a ervice, every employer at a l access the Health Care I shall note each incident	V 131			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L inued From page as left blank for 1/ (22-1/27/22(am), 2-1/20/22(pm), 1/ anation on the MA in first thing in the before bed. view on 2/1/22 with estimated the bed. view on 2/1/22 with estimated the bed. view on 2	MHL080096 RE OR SUPPLIER STREET ADI 609 NEWS SALISBUF SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) inued From page 4 as left blank for 1/1/22-1/13/22(am), 1/22-1/27/22(am), 1/1/22-1/3/22(pm), 2-1/20/22(pm), 1/24/22-1/26/22(pm) with no anation on the MAR for Ted Hose wear daily in first thing in the morning and remove at before bed. Iniew on 2/1/22 with the Qualified assional(QP) revealed: are of the blanks on the MARs; and handling medication errors; alost their medications until they have been aned; action Alendronate for client #3 on order for and coming from pharmacy; are why medication Valtoco for client #1 not be. iew on 2/4/22 with the Regional anistrator revealed medication Valtoco for #1 is currently on site at the facility. 131E-256 (D2) HCPR - Prior Employment action S131E-256 HEALTH CARE PERSONNEL	MHL080096 MHL080096 B. WING	MHL080096 MHL080096 STREET ADDRESS. CITY, STATE, ZIP CODE 809 NEWSOME ROAD SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Inued From page 4 Is left blank for 1/1/22-1/13/22(am), 22-1/27/22(am), 1/1/22-1/23/22(pm), 21-1/20/22(pm), 1/24/22-1/26/22(pm) with no ination on the MAR for Ted Hose wear daily in first thing in the morning and remove at before bed. Iniew on 2/1/22 with the Qualified issional(QP) revealed: Ire of the blanks on the MARs; ing handling medication errors; lost their medications until they have been medication with the phase been medication with the Regional nistrator revealed medication Valtoco for dient #1 not e. Is used to the phase of the p	RECTION IDENTIFICATION NUMBER: MHL080096 B WING STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD SALISBURY, NC 28144 SUMMARY STATEMENT OF DEPOSENCES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSO IDENTIFYING INFORMATION) PREPIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Inued From page 4 V 118 Inued From page 4 Inued Fr

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL080096 02/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NEWSOME ROAD **BRENTWOOD** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 131 Continued From page 5 V 131 V 131 4/6/2022 The HR Training Coordinator will This Rule is not met as evidenced by: ensure each new applicant has no Based on records review and interviews, the significant findings on the NC HCPR facility failed to access the HCPR(Health Care prior to their being hired with the Personnel Registry) for 3 of 3 staff (Staff #1, Qualified Professional/QP and Residential Team agency. This will be monitored through ongoing Quality Assurance Lead/RTL). The findings are: and HR audits. 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. Interview on 2/4/22 with the Director of Operations revealed: -aware some the HCPRs were late: -have corrected the issue.

Division of Health Service Regulation



Title of Training: HCPR Checks	Place Held: Kanna	polis-Brentwood	1
		27770000	1
nstructor's Name: Katherine Benton			
		Title: Director	of
structor's Name;		Operations	
		Title:	
1) Business Office 8 4 4	rpose/Outline of T	raining	ne.
background checks are seen to	staff are responsible	for ensuring HCDB of	
background checks are complete The Director of Operations or Adicheck and approve them prior to The Business Office is to approve	d on an applicant pric	or to hiring that applicant or	nd criminal
check and approve them prior to The Business Office is to ensure the	hiring the applicant	ew each HCPR check and cr	minal record
3) The Business Office is to ensure the signed off on ALL HCPR and CRIMI employment/position at PLA	ne Director of Operation	ions or Administra	30010
signed off on ALL HCPR and CRIMI employment/position at RHA. 4) The Business Office is to assure the signed of th	NAL BACKGROUND C	HECKS prior to offering and	viewed and
4) The Business Office is to ensure the	at all Lichn	to offering app	ilicants any
4) The Business Office is to ensure the and approved by the Director of Opersonnel files. 5) Business Office Management	perations or Administ	nal background checks that	are complete
5) Business Office Manager in 16 to	or Adminis	rator are placed in the emp	oloyees'
5) Business Office Manager is to follo process to ensure all steps are com	W the New Hire Flow	Chart and Checklist during	the New Hiro
XIII / 10 1000		ructor's Signature	- TOTAL WITHE
1 JULIUN DOO		2 Jigharure	
· · · · · · · · · · · · · · · · · · ·	Attendance Roll		
Full Name	Shift	Signature	T
- The state		Findly Hay	Home
		7 1 9	
		1	

Prince Control of Cont	TA
Date: 2/11/2022	RVICES, LLC
This of Table HCDD Charles	Place Held: K

HEALTH SERVICES	A In-	service Trai	nina
Date: 2/11/2022	Place Held: Kannapolis	the contract of the contract o	9
Title of Training: HCPR Checks		DILITIN OOG	
Instructor's Name: Katherine Benton		- Direct-	
Instructor's Name:		Title: Director of Operations	
instactor's realite;		Title:	
1) Business Office & Administrative st background checks are completed 2) The Director of Operations or Adm check and approve them prior to h 3) The Business Office is to ensure the signed off on ALL HCPR and CRIMIN employment/position at RHA. 4) The Business Office is to ensure that and approved by the Director of Oppersonnel files. 5) Business Office Manager is to follow process to ensure all steps are compositions are compositionally and process to ensure all steps are compositi	inistrator must review ea iring the applicant. E Director of Operations of IAL BACKGROUND CHECK IN THE	nsuring HCPR checks and hiring that applicant or couch HCPR check and criminar Administrator has reviews prior to offering applicately ackground checks that are are placed in the emplo	ewed and ants any e completed vees'
A	Attendance Roll		
Kenda Williah	Shift	Signature Shoh h	Home



In-service Training

	Place Held Kanna	polis Brentwood	1
Title of Training – MAR Documentation		- FOR THE COL	
Instructor's Name Katherine Benton			
Instructor's Name		Title Director of	Operations
		Title	
Pur 1) DSA staff in the group home will continue t missing, invalid or incorrect information found 2) DSA staff will ensure that they followed:	pose/Outline of T	raining	
2) DSA staff will ensure that they follow the 6 against the meds for each individual supporte 3) Documentation Errors on the MAR will conterrors as appropriate. 3) DSA staff will ensure that they contact Nurse will ensure that they contact Nurse ew medication, route or time a medication is 1) The Unit Clerk, RTL, Mentor, QP or Nurse will sted on the MARs and notify Nursing staff immit Clerk, RTL, Mentor, QP or Nurse will also expected a staff are administering & documenting the Nurse contact Nursing immediately if they have a contact Nursing immediately if they have a contact the responsibility of all staff and nurses the ported.	inue to be monitored ing staff on call immed to be given. If review the MARs monediately if they find a state they check the MAR correctly. The United a question or find a distinct in the distinct of the di	and reported as a Break in Production of the 1st to ensure an error prior to the 1st to ensure the error prior to the new MAR by MAR ongoing throughout the mit Clerk, RTL, Mentor, QP or Nuccepancy on the MAR on the error prior to the MAR of the error prior to	stion about a no errors are leing used. Th nonth to ensur
ractor's Signature DOD		tructor's Signature	
	ttendance Roll		
mberly Hall further	Shift	Home	Grade
Full Name Full Name Imberly Hall Lindly of Menery Workington Mysima MALLA MALLON RN	THE RESERVE OF THE PARTY OF THE	Home	Grade
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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 0 2 2022

Lic. & Cent. 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,

Katherine Benton

Director of Operations

RHA Health Services, LLC

Kbenton2@rhanet.org