

PRINTED: 01/06/2022  
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL0411011	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  01/06/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FLYING START CREATIVE EXPRESSIONS, INC

1204 STERNLY WAY  
HIGH POINT, NC 27260

(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  A complaint survey was completed on January 6, 2022. The complaint (Intake#00184345) was substantiated. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living in a Private Residence.  The survey sample consisted of audits of 0 current clients, 1 former clients, 0 deceased 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	V 118		

DHSR - Mental Health

MAR 02 2022

Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

8CTY11

TITLE

(X6) DATE

If continuation sheet



Division of Health Service Regulation

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Division of Health Service Regulation

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>(E) name or initials of person administering the 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 record reviews and interviews, the facility staff failed to administer medications on the written orders of a physician for 1 of 1 Former Client (FC #1). The findings are:</p> <p>Review on 12/28/21 of Former Client (FC #1)'s record revealed:</p> <ul style="list-style-type: none"> <li>-An admission date of 7/15/16</li> <li>-Diagnoses of Bipolar Disorder, Severe With Psychotic Features and Aggression, Moderate Mental Retardation, Communication Disorder, Speech is Very Difficult to Understand, Severe Teeth Decay, and Vitamin D Deficiency.</li> <li>-Discharge date of 12/6/21</li> <li>-An assessment dated 7/15/16 noted "lives with his mother, is looking to move into an AFL home, some vocational learning, previous hospitalization at [a state psychiatric hospital], behaviors include self-injurious (SIB)s, restless when upset, slumped posture, can be withdrawn and passive aggressive, history of aggressive acts, homicidal risk-low, Thought process includes compulsive and obsessive, frequently lies and a history of property destruction, will require extended services, barriers to treatment include family, health and legal issues and will need or should</li> </ul>	V 118		

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V 118	<p>Continued From page 2</p> <p>have day support services, does not like to be told no and needs alternative choices, history of being inappropriate with females, if upset, and not easily calmed down with redirection, will need to be allowed time to himself, must never talk to strangers as he will give stuff away, and will invite strangers into the home, will display verbal and physical aggression when confronted about not following the rules and will cuss, wave his arms and display intimidating movements."</p> <p>-A treatment plan dated 6/1/21 noted "requires assistance in developing and utilizing coping skills related to self-advocacy, will use community based training to learn new skills, will develop and demonstrate independence in activities of daily living using multi-step commands, will wash and put away the dishes, will use anger management skills with no verbal or physical aggression, will use respectful language and appropriate tones, will decrease verbal and physical aggression and will use appropriate manners."</p> <p>Review on 12/29/21 of FC #1's physician's orders, dated 10/5/21, revealed: -Depakote/divalproex sodium (used to treat manic episodes associated with bipolar disorder, epilepsy and migraine headaches) 500mg 1poqam and 2poqhs then stop</p> <p>Review on 12/28/21 of FC #1's December 2021 MAR revealed: -Depakote/divalproex sodium 500mg, 1poqam was documented as administered from 12/1/21 to 12/6/21 until FC #1's discharge date of 12/6/21 -Depakote/divalproex sodium 500mg, 2poqhs was documented as administered from 12/1/21 to 12/5/21 until FC #1's discharge date of 12/6/21 -Atomoxetine 18mg, 1poqdinner was administered as ordered from 12/1/21 to 12/5/21 when FC #1 was discharged on 12/6/21.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 12/28/21 of the AFL Provider's Medication Release Form for FC #1 revealed: - "Date of Departure: 12/6/2021." - Medications and Dosage as follows: - Depakote/divalproex sodium 500mg, 1poqam-Quantity of 25 - Depakote/divalproex sodium 500mg, 2poqhs-Quantity of 52</p> <p>Interview on 12/30/21 with FC #1 revealed: - Took all medications - Due to diagnoses, FC #1 was not able to answer questions about medications that were discontinued.</p> <p>Interview on 12/28/21 with FC #1's Care Coordinator revealed: - FC #1 was discharged from the AFL on 12/6/21 - "All of the issues with his medications were discovered after his discharge and transition to a new facility. [FC #1] will not have any concerns with his medications as he appears more higher function than he is ..." - Requested and reviewed FC #1's physician's orders and MARs for December 2021. - "As far as I remember, Depakote/divalproex sodium was discontinued on 10/5/21 due to his ammonia levels being elevated." - The Depakote/divalproex sodium was documented as being given the first several days of December 2021 on the MAR. - "I spoke with [the pharmacy's medication technician] and there was no physician's order to restart the medication in December (2021). So, I don't understand why he was given the medication ..."</p> <p>Interview on 12/29/21 with the Pharmacy's Medication Technician revealed:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>- "Personally, I handled all of FC #1's medications because they were a mess."</p> <p>- Had difficulty getting in touch with the Nurse Practitioner.</p> <p>- Had difficulty getting in touch with the AFL Provider.</p> <p>- Was not aware the Nurse Practitioner had been emailing FC #1's physician's orders to the AFL Provider.</p> <p>- "The pharmacy would consistently get written physician's orders without any refills. This meant the refills on the prescriptions can be filled one time. We must continue to print the MARs as being active. It is a grey area on what we can do. We have no way of knowing if medications has been discontinued without the physician's orders. Legally we cannot make an assumption if medications were discontinued unless we have a discontinued order."</p> <p>Further interview on 1/5/2022 with the Pharmacy's Medication Technician revealed:</p> <p>- Depakote/divalproex sodium 250mg was not dispensed after 5/24/21</p> <p>- The supply of the 250mg should have run out on 6/30/21 as there were no refills</p> <p>- If the 250mg was given after 6/30/21 it would either be filled at a different pharmacy or the NP would have sent it to a different pharmacy to be refilled</p> <p>- From 10/1 to 12/6, the new medication should not have been documented as given unless it was dispensed from another pharmacy.</p> <p>- Did not receive a physician's order dated 10/5/21 to discontinue this prescription.</p> <p>- "If the provider got an email from the NP to stop giving [FC #1], the Depakote/divalproex sodium 500mg prescription on 10/5/21, then it would remain on the MAR, but the provider should not have given it past 10/5/21"</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Interview on 12/28/21 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>-FC #1 was removed on 12/6/21 from her home by the Legal Guardian.</li> <li>-Had no issues with FC #1's medications, physician's orders and MARs with the previous physician who retired in March 2021.</li> <li>-With the new physician, there had been numerous issues with FC #1's medications, physician's orders and MARs</li> <li>-"[FC #1]'s physician resided in a neighboring state and had seen him for the past nine months via Zoom."</li> <li>-Stated the pharmacy had concerns with the physician and the writing of prescriptions for FC #1</li> <li>-The current physician emailed the AFL Provider with all of the medication orders for FC #1</li> <li>-"None of the emails had the physician's signature, just the name and the title."</li> <li>-Had, on numerous occasions, requested d/c orders from the physician, for FC #1's medications, to no avail.</li> <li>-"I am just the provider. I have to go by the physician's orders and the MARs when medications are dispensed and not discontinued unless there's an order for a medication to be discontinued. I can't go on an email from the physician not even for medication orders. I have no control on what's written on the MARs ..."</li> </ul> <p>Interview on 12/28/21 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>-FC #1 was moved without any notice or warning on 12/6/21</li> <li>-Was not sure where FC #1 was placed</li> <li>-"We have never had any issues with his medications ..."</li> </ul>	V 118			

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V 118	<p>Continued From page 6</p> <p>Interview on 1/5/2022 with the Nurse Practitioner revealed:</p> <ul style="list-style-type: none"> <li>-Was surprised to hear the AFL Provider continued administering Depakote/divalproex sodium</li> <li>-The NP did write an order, dated 8/4/21, for Depakote/divalproex sodium 500mg 1poqam and 2poqhs to continue as FC #1's labs were not back yet.</li> <li>-"She (the AFL provider) must have assumed it was okay to continue the Depakote/divalproex sodium 500mg and that it needed to be stopped at the pharmacy. We did send something with a stop order to the pharmacy, but I don't have that date in my notes. When we got his labs back, I felt the ammonia levels were too high. He should never have been given any Depakote/divalproex sodium in December 2021. I know we reiterated to her to stop the Depakote/divalproex sodium. My nurse even conveyed that to her on 8/19/21, to stop the Depakote/divalproex sodium. I am not sure if there was a disconnect but if she had questions, she should have called me..I rely on the group home providers to voice any issues and remain in close contact with me. If they need a certain type of documentation or a discontinued order, then they need to communicate that to me ..."</li> <li>-The NP stated she had moved on from where from we were (with the medication orders).</li> <li>-"I apologized for it (the medication orders) being a little "muddled". I am glad [FC #1] is safe and I will continue to follow up with him ..."</li> </ul> <p>Further interview on 1/6/2022 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>-Had administered FC #1's Depakote/divalproex sodium 500mg 1poqam and 2poqhs in December 2021 until his discharge on 12/6/21.</li> <li>-Had asked the NP for discontinued orders for the</li> </ul>	V 118			



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V 118	<p>Continued From page 7</p> <p>Depakote/divalproex sodium 500mg, on two separate occasions, but never received them -Was not aware the physician's name and title in an email was considered a valid order.</p> <p>Further interview on 1/6/2022 with the QP revealed: -Would have the AFL Provider submit medication error reports for December 1 through December 6. -"We have Medication Administration every April. I will ensure the training will be done with [the AFL Provider] sooner than April of this year."</p>	V 118			

AFL Provider Administration Training Post Test

Name: Shenika Fulk

Date: 1/28/22

Score: 100

Indicate whether the following statements are True or False: (Each statement is worth 3 points)

1. F Controlled medications must never be kept under double lock
2. T Provider and consumer must wash their hands prior to medication administration
3. T You are legally responsible for any medication you administer
4. T Medications should be given within one hour before or one hour after the prescribed scheduled time of administration
5. F If a doctor's office wants to restrain someone during a visit, you can let them
6. T There is no such thing as a harmless medication.
7. T Consumers cannot accept sample packages of medications from a provider
8. F If a PRN med is ordered but not available that day, it is ok to wait till available
9. F A consumer should never have their mouth checked to see if pills are still in there

Multiple Choice: (Each question is worth 3 points)

10. Prior to leaving the home for a physician's appointment, provider should:

- a. Ensure the consumer is clean and neatly dressed
- b. Know the reason for the appointment
- c. Take the Medicare/Medicaid insurance information
- d. All of the above

10. As an unlicensed person, you are restricted from which of the following?

- a. Giving a medication without a physician order
- b. Taking a verbal order over the phone
- c. Giving injections that you have not been trained
- d. All of the above

12. Gloves should be worn:

- a. When inserting suppositories
- b. When applying a transdermal patch such as nitroglycerin
- c. When changing a dressing
- d. All of the above

**Transcribe the following exercises on the provided MAR: (Each question is worth 5 points)**

18. Penicillin 250mg tablets, Take 1 tablet by mouth four times a day for 7 days.
19. Depakote 250mg tablets, Take one tablet by mouth three times a day.
20. Prednisone 5mg tablets, Take one tablet by mouth every other day for a total of 5 doses.
21. Tylenol 325mg tablets, Take one tablet by mouth every four hours as needed for headache.
22. Tetracycline 500mg capsule, Take 1 capsule by mouth three times a day for 10 days. Begin on the 6th of the month at 9:00 pm.
23. Multivitamin tablet 1 by mouth every other day.
24. Initial and sign the MAR.

See Reverse Side for Verifying Signatures

M - Other Association L - LWA N - NLU  
R - Retired O - Other H - Hosp E - Effective  
(Factor in Facility Policy) N - Nurse Notes

1. Thigh Left (Quadriceps)
2. Thigh Right (Quadriceps)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen (RUQ)

- 6. Abdomen RLQ
- 7. Abdomen LUQ
- 8. Abdomen LLQ
- 9. Bulbourethral (Gland) L&R
- 10. Bulbourethral (Gland) R

11. Chest Left
12. Chest Right
13. Back Left
14. Back Right

15. Arm Left  
16. Arm Right  
17. Ear, behind Left  
18. Ear, behind Right

Page :  
(End)

Penicillin 250mg  
TAKE 1 Tab by mouth for 7 days

Depakote 250mg  
Take 1 Tab by mouth  
3 times a day.

Prednisone 5mg Tab.  
Take 1 tab. by mouth every  
other day for total of 5 doses

Tylenol 325 Tab  
Take 1 Tab by mouth every 4  
hours PRN for headache

Tetracycline 500mg Cap.  
Take 1 cap by mouth 3 x daily  
for 10 days. Begin on 6th @ 9pm

Multivitamin, 1 Tab  
1 Tab by mouth every other day

Diagnosis: M. & B. polar

Allergies: Unknown

Diet: Regular



A	SUGGEST REASON WHY FIELD MEDICATION EXPLAINED IN NURSES MEDICATION NOTES
B	WHEN FIELD MEDICATIONS ARE GIVEN, EXPLAIN IN NURSES MEDICATION NOTES

## Medication Notes

Depa Kote / Diva proc x 500

Date		Drug	Strength	Dose	Frequency	Indication	Notes
1/2/72	3:00 PM	Tylenol	325mg	1	q4h	headache	
1/3/72	7:15 PM	Tylenol	325mg	1	q4h	headache	
<div style="display: flex; justify-content: space-between;"> <div> <p>INIT. FULL SIGNATURE AND TITLE</p> <p><i>[Signature]</i> / <i>[Title]</i></p> </div> <div> <p>INIT. FULL SIGNATURE AND TITLE</p> <p></p> </div> <div> <p>INIT. FULL SIGNATURE AND TITLE</p> <p></p> </div> <div> <p>INIT. FULL SIGNATURE AND TITLE</p> <p></p> </div> </div>							



## Community Alternatives – North Carolina Medication Error Report

Name: [REDACTED]

Record #: \_\_\_\_\_

Report Date: 12/28/2021

Medicaid #: \_\_\_\_\_

Medication(s) involved: Depakote 500 mg

Date/Time/Place of error:

12/1/2021 to 12/6/2021

8 AM/ residence

How did the error happen? Describe circumstances and symptoms noted following the error:

Medication given after prescription was to be discontinued.

Person Reporting Variance: Shenika Fuller

Medical Intervention/Plan of Correction: Watch vital signs and any variation needs to be reported to nurse or Supervisor. Observe for behaviors. (Medication Administration Training will be re-administered as well)

Physician Comments: \_\_\_\_\_

### Notification

	Name	Date/Time Contacted	Contacted By
Physician			
Pharmacy			
Qualified Person			
Administrator			
D.O.N./Nurse			
Case Management			
Guardian/AFL	Shenika Fuller	12/28/2021	

Person Completing Report: Sarah Thompson RN and Kelly Reaves QIDP II



## Community Alternatives – North Carolina Inservice/Training Signature Sheet

TITLE OF TRAINING: Documentation and Following Physician Orders when put in place

DATE: 1/14/2022 LOCATION: Flying Starts Creative Expressions DURATION: 45 min

SIGNATURE OF FACILITATOR: Kelly R. Reaves Jr. QIDP II

PRINTED NAME OF FACILITATOR: Kelly R. Reaves Jr. QIDP II

BRIEF DESCRIPTION OF TRAINING: Staff will correctly document on the MAR and follow all signed physician orders when they have been put in place.  
Additionally, staff will inform the( QIDP) and the providing (Pharmacy) immediately of any changes that take place in the future. QIDP will monitor medications and MAR on a monthly basis and as needed when concerns may arise.

Participant's Signature	Printed Name	Title	Service Site
Shenika	Fuller	AFL	FSCE



# Community Alternatives - North Carolina Inservice/Training Signature Sheet

TITLE OF TRAINING: Medication Administration

DATE: 1/28/22

LOCATION:

DURATION: 3 hours

SIGNATURE OF FACILITATOR:

Sarah Thompson, RN

PRINTED NAME OF FACILITATOR:

Sarah Thompson, RN

BRIEF DESCRIPTION OF TRAINING: Procedure to administer medications, appropriate

Documentation, 5 rights of Medication Administration, etc

Participant Signature	Printed Name	Title	Service Site
<u>Shenika</u>	<u>Fuller</u>		<u>FSC E</u>





DHSR - Mental Health

MAR 02 2022

Lic. &amp; Cert. Section

Community Alternatives of NC on behalf of  
Flying Start Creative Expressions, Inc.  
1204 Sternly Way  
High Point, North Carolina 27260

Re: Complaint Survey completed January 6, 2022  
Flying Start Creative Expressions, Inc., 1204 Sternly Way, High Point, NC 27260  
MHL #041-1011  
E-mail Address: [shunshn@yahoo.com](mailto:shunshn@yahoo.com)  
Intake# NC00184345

To whom it may concern:

Here is the Plan of correction for the deficiency cited during the complaint survey completed January 6, 2022.

- Ms. Fuller will participate in Medication Administration training with the RN. A medication error report will also be completed.
- QIDP have put new measures in place to make sure physician orders are followed correctly.
- QIDP will monitor to ensure Ms. Fuller comprehends and understands her responsibilities when it comes to giving and documenting medications on a routine basis to ensure adequate responses are being documented.
- QIDP will monitor medications and MAR on a monthly basis and as needed when concerns may arise.

Attached you will find an original copy of the deficiencies cited and documentation of training for Ms. Fuller. Also attached is an In-Service documenting the training that was completed with Ms. Fuller. By the RN & QIDP.



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 7, 2022

Shenika Fuller, Chief Executive Office/President/AFL Provider  
Flying Start Creative Expressions, Inc.  
1204 Sternly Way  
High Point, North Carolina 27260

Re: Complaint Survey completed January 6, 2022  
Flying Start Creative Expressions, Inc., 1204 Sternly Way, High Point, NC 27260  
MHL #041-1011  
E-mail Address: shunshn@yahoo.com  
Intake #NC00184345

Dear Ms. Fuller:

Thank you for the cooperation and courtesy extended during the complaint survey completed January 6, 2022. The complaint was substantiated.

A deficiency was cited during the survey.

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**

- The tag cited is a standard level deficiency.

**Time Frames for Compliance**

- A standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is March 7, 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.
- 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.*

**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

January 7, 2022  
Flying Start Creative Expressions, Inc.  
Ms. Shenika Fuller, CEO/President/AFL Provider

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 Barbara Perdue at (336) 861-6283.

Sincerely,

*Laura Rodriguez*

Laura Rodriguez, CI/I  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com  
\_DHSR\_Letters@sandhillscenter.org  
Pam Pridgen, Administrative Assistant