

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-100</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/25/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOSS LANE II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>42414 MOSS LANE NEW LONDON, NC 28127</b>
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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
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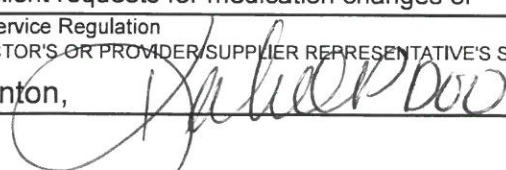
V 000	INITIAL COMMENTS  An annual survey was completed on March 25, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V 118  RHA Health Services will ensure all medications are available to and listed on the Medication Administration Record (MAR) for each client. RHA will also ensure all medications are administered as prescribed by the medical provider. The QP will send all new prescriptions to the pharmacy and, once received, will ensure the new order is added to the MAR. The Residential Team Leader (RTL), QP and/or RN will monitor and review the MAR weekly to ensure accuracy. The QP and RN will ensure all medications are ordered and available to the clients. This process is monitored weekly by completing medication checks by the RTL and any needed medications will be sent to the pharmacy as a refill request. The RN & QP will monitor all new orders to ensure they are being dispensed as ordered on a monthly basis. In the future, the QP and RN will ensure all medications are available to the clients as prescribed by the provider as ordered. This process will be monitored by completing monthly Nursing House Assessments & weekly MAR checks.	5/24/22
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. (5) Client requests for medication changes or	V 118		

DHSR - Mental Health

APR 6 2022

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

Katherine Benton,



TITLE

Director of Operations

Lic. & Cert. Section

(X6) DATE

3/30/2022

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>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 reviews, observations, and interview the facility failed to: A) Ensure medication was available according to the physician order for three of three audited clients (#1, #2 and #3); and B) to have updated physician orders for administered medications affecting two of three audited clients (#1 and #2.) The findings are</p> <p>Review on 3/25/22 of Client # 1's record revealed: -Admission date of 3/1/21. -Diagnoses of Intermittent Explosive Disorder; Developmental Disorder of Speech and Language, Unspecified; Severe Intellectual Disabilities; Autistic Disorder.</p> <p>Review on 3/25/22 of Client #1's physician's orders revealed: -There were no orders on file for: -Quetiapine 200 mg, take one tablet in the morning.</p> <p>Observation on 3/25/22 at 11:00 am of Client #1's medication revealed: -There was a bubble package with a dispensing date of 3/3/22 containing Quetiapine 200 mg.</p> <p>Review on 3/25/22 of Client #1's MAR for January 2022 through March 2022 revealed:</p>	V 118		
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V 118	<p>Continued From page 2</p> <p>-Medication had been marked as given from January 2022 Though March 10, 2022.</p> <p>Review on 3/25/22 of Client #2's record revealed: -Admission date 7/20/18. -Diagnosis of Seizure Disorder; Hypothyroidism, Unspecified; Disruptive Mood Dysregulation Disorder; Mild Intellectual Disabilities; Anxiety Disorder; Bipolar Disorder, unspecified; Major Depressive Disorder, single episode, moderate; Vitamin D3 deficiency; Oppositional Defiant Disorder; Intermittent Explosive Disorder; Osteopenia.</p> <p>Review on 3/25/22 of Client #2's physician order revealed: -Orders dated 7/5/21:     -Pro Air Aerosol Inhaler; inhale 1 puffs four times daily as needed.     -Alyacen 1/35, take one tablet once a day. -There were no orders on file for:     -Duloxetine 60 mg, take two capsules in the morning.     -Fluticasone 50 mcg, instill one spray in each nostril twice a day.</p> <p>Observation on 3/25/21 at 11:30 am of Client #2's medications revealed: -Pro Air Aerosol Inhaler; there was one bottle available with a dispense date of 12/31/19. There was no other bottles available. -There were no Alyacen 1/35 available. -There was one bubble pack containing Duloxetine 60 mg available with a dispense date of 3/3/22. -There was one bottle of Fluticasone 50 mcg available with a dispense date of 1/24/22.</p> <p>Review on 3/25/22 of Client #2's MARs for January 2022 through March 2022 revealed:</p>	V 118		
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V 118	<p>Continued From page 3</p> <p>-Pro Air Aerosol was not needed and not marked as given from January 2022 through March 2022. -Alyacen was marked as given from January 1, 2022 through March 16, 2022. -Duloxetine was marked as given from January through March 25, 2022. -Fluticasone was marked as given from January 24, 2022 through March 25, 2022.</p> <p>Review on 3/25/22 of Client #3's record revealed: -Admission date of 3/1/21. Diagnoses of Moderate Intellectual Disability; Thrombocytopenia; Type 2 Diabetes Mellitus with Hyperglycemia; Hyperlipidemia; Essential Primary Hypertension; History of Traumatic Brain Disorder; Epilepsy, Unspecified, Intractable, Without Status Epilepticus; Bunion of Unspecified Foot; Pain in Leg, unspecified; Age related Nuclear Cataract, Right Eye; Dementia in Other Disease Classified Elsewhere with behavioral Disturbance.</p> <p>Review on 3/25/22 of Client #3's physician order dated 10/28/21 revealed: -Melatonin 5 mg, take one tablet at bedtime as needed for sleep.</p> <p>Observation on 3/25/21 at 11:30 am of Client #3's medications revealed: -There were no Melatonin 5 mg available.</p> <p>Interview on 3/25/22 with the Qualified Professional revealed: -Regarding medicines not being available at the house: -She would make sure the right medications were at the house. -Client #2 recently threw away her birth control pills while having a behavior incident. -Medication had been reordered</p>	V 118		
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V 118	Continued From page 4  -Facility would ensure that medication is not disposed by client in the future. -She also had reordered a new Inhaler for Client #2 and threw away the old bottle. -Client #2 had not used her old inhaler in a while. -Regarding missing physician scripts: -Nurse was in charge of making sure all scripts were on record. -She would follow-up with the nurse about the scripts. -She acknowledged that the facility failed to ensure medication was available according to the physician order for three of three audited clients (#1, #2 and #3); -She acknowledged the facility failed to have updated physician orders for administered medications affecting two of three audited clients (#1 and #2.)	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:	V 736		

Division of Health Service Regulation

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V 736	<p>Continued From page 5</p> <p>Observation on 3/25/22 at 12:30 PM of the Living room revealed: -Unfinished patched-up repair on wall next to front door. -Unfinished patched-up repair on wall next to medicine closet.</p> <p>Observation on 3/25/22 at 12:35 PM of the Outside of the home revealed: -There was a storm door laying on its side and resting on the guardrails of the front deck. -There were exposed screws on the hinges from frame of front door where old storm door used to be.</p> <p>Interview on 3/25/22 with the Qualified Professional revealed: -Agency was responsible for doing maintenance for the home. -She was aware of items that needed to be fixed. -Work orders had already been submitted. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736	<p><b>V 736</b></p> <p>RHA Health Services will ensure each facility is maintained in a safe, clean, attractive and orderly manner AEB: 1) Finishing repairs to walls &amp; patched areas next to front door &amp; medication closet. 2) Replacing the storm door laying on its side on the front deck. 3) Replacing all loose screws on the hinges of the frame on the front door. This will be monitored by the Maintenance Supervisor and RTL monthly when completing the Enviornmental Assessment. The QP will ensure all Work Orders are completed for the needed repairs. The IDT members will monitor this process monthly during the Safety &amp; CQI Meetings.</p>	5/24/22

Date: 3/30/2022

Home: Moss Lane #2

Complete Description Of Problem Or Work To Be Done: \_\_\_\_\_

**Finish repairs to walls/patched areas next to front door & medication closet.**

*Replace storm door on front porch (dispose of old one)  
Replace all loose screws on the hinges of front door.*

Staff Member Making Request: **Katherine Benton, Director of Operations**

Administrative Approval: **Katherine Benton, Director of Operations**  Date: 3/30/22

**Maintenance Action Taken**

Date Work Given: \_\_\_\_\_ To Whom: \_\_\_\_\_

Date Began Work: \_\_\_\_\_ Time Spent: \_\_\_\_\_

Comments (Didn't Finish, Problems, Reasons): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Complete: \_\_\_\_\_



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 29, 2022

Katherine Benton, Director of Operations  
RHA Health Services NC, LLC  
195 Ervine Woods Drive  
Kannapolis, NC 28081

Re: Annual Survey completed March 25, 2022  
Moss Lane II, 42414 Moss Lane, New London, NC 28127  
MHL # 084-100  
E-mail Address: kbenton2@rhanet.org

Dear Ms. Benton:

Thank you for the cooperation and courtesy extended during the Annual survey completed March 25, 2022.

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 5/24/22.

**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



March 29, 2022  
Moss Lane II  
Katherine Benton

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org  
QM@partnersbhm.org  
dhhs@vayahealth.com  
Pam Pridgen, Administrative Assistant



April 1, 2022

Mr. Edgar Garrido, MSW  
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

APR 6 2022

Lic. & Cert. Section

**RE: MHL-084-100 Moss Lane #2**

Dear Mr. Garrido:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Moss Lane #2 Group Home during your annual survey visit on 3/25/2022. We have implemented the POC and invite you to return to the facility on or around 5/24/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Moss Lane #2 Group Home (MHL-084-100).

Sincerely,

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

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