

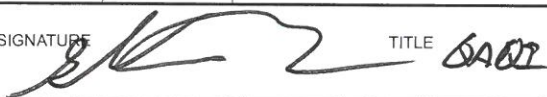
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/16/2021
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NAME OF PROVIDER OR SUPPLIER UNITED RESIDENTIAL SERVICES OF NORTH CAROLINA	STREET ADDRESS, CITY, STATE, ZIP CODE 6503 KEMPER COURT FAYETTEVILLE, NC 28303
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on December 16, 2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118	<p>DHSR - Mental Health</p> <p>APR 04 2022</p> <p>Lic. & Cert. Section</p>	

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



TITLE **QA02**

(X6) DATE **11/1/2022**

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 record reviews and interviews the facility failed to keep the MARs current affecting 3 of 3 audited clients (#1, #2 and #3). The findings are:</p> <p>Finding #1 Review on 12/16/21 of client #1's record revealed: -32 year old male. -Diagnoses of Asperger's Syndrome and Bipolar Disorder.</p> <p>Review on 12/16/21 of client #1's Physician orders dated 10/06/21 revealed: -Fluticasone Prop 50mcg (milliman clinical guidelines) (allergies) Spray two puffs in each nostril every day. -Hydroxyzine HCL 50mg (milligrams) (anxiety) Take 1 tablet by mouth every night. -Lithium ER 450mg (manic depression) Take 2 tablets by mouth every night. -Melatonin 3mg (sleep) Take 1 tablet by mouth every night. -Quetiapine Fumarate 400mg (antipsychotic) Take 1 tablet by mouth every night.</p> <p>Review on 12/16/21 of client #1's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>been administered: -Fluticasone Prop 50mcg-12/1/21-12/6/21. -Hydroxyzine HCL 50mg-12/11/21. -Lithium ER 450mg-12/11/21. -Melatonin 3mg-12/11/21. -Quetiapine Fumarate 400mg-12/11/21.</p> <p>During interview on 12/16/21 client #1 revealed he received his medication daily.</p> <p>Finding #2 Review on 12/16/21 of client #2's record revealed: -22 year old male. -Diagnoses of Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, combined type, Generalized Anxiety Disorder, Disruptive Mood Disorder, Conduct Disorder and Cerebral Palsy.</p> <p>Review on 12/16/21 of client #2's Physician orders revealed: 03/11/21 -Hydroxyzine HCL 50mg (anxiety) Take 1 tablet by mouth every 6 hours as needed for anxiety and take 2 tablets at bedtime. -Celecoxib 100mg (pain) Take 1 capsule by mouth every 12 hours for right foot pain. -Gabapentin 300mg (seizures) Take 2 capsules by mouth 3 times daily. -Metformin HCL ER 500mg (diabetes) Take 2 tablets by mouth every day with supper. 09/12/21 -Docusate Sodium 100mg (constipation) Take 1 capsule by mouth twice daily. 07/28/21 -Olanzapine 10mg (antipsychotic) Take 1 tablet by mouth at bedtime. -Lorazepam 0.5mg (anxiety) Take 1 tablet by mouth twice daily.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>12/03/21 -Oxcarbazepine 600mg (seizures) Take 1 1/2 tablets by mouth twice daily.</p> <p>Review on 12/16/21 of client #2's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had been administered: -Hydroxyzine HCL 50mg-12/09/21-12/11/21. -Celexoxib 100mg-12/09/21-12/12/21 at 7pm. -Docusate Sodium 100mg-12/09/21-12/11/21 at 7pm. -Gabapentin 300mg-12/09/21-12/11/21 at 2pm and 7pm. -Metformin HCL ER 500mg-12/09/21-12/11/21 at 7pm, 12/13/21 at 7pm, 12/15/21 at 7pm. -Olanzapine 10mg-12/09/21-12/11/21 at 7pm, 12/13/21 at 7pm, 12/15/21 at 7pm. -Lorazepam 0.5mg-12/09/21-12/11/21 at 7pm. -Oxcarbazepine 600mg-12/09/21-12/11/21 at 7pm.</p> <p>During interview on 12/16/21 client #2 revealed he received his medication daily.</p> <p>Finding #3 Review on 12/16/21 of client #3's record revealed: -28 year old male. -Diagnoses of Moderate Intellectual Developmental Disability, Hypertension and Diabetes.</p> <p>Review on 12/16/21 of client #3's Physician orders dated 10/07/21 revealed: -Docusate Sodium 100mg (constipation) Take 1 capsule by mouth twice daily. -Metformin HCL 1000mg (diabetes) Take 1 tablet by mouth twice a day. -Risperidone 3mg (antipsychotic) Take 1 tablet by</p>	V 118		


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V 118	<p>Continued From page 4</p> <p>mouth at bedtime.</p> <p>-Buspirone HCL 7.5mg (anxiety) Take 1 tablet by mouth twice daily.</p> <p>Review on 12/16/21 of client #3's December 2021 MAR revealed the following areas in the MAR with no initials to indicate the medication had been administered:</p> <p>-Docusate Sodium 100mg-12/11/21 at 7pm. -Metformin HCL 1000mg-12/11/21. -Risperidone 3mg-12/11/21 at 7pm. -Buspirone HCL 7.5mg-12/11/21.</p> <p>During interview on 12/16/21 client #3 revealed he received his medication daily.</p> <p>During interview on 12/16/21 the House Manager revealed:</p> <p>-She and the Service Coordinator reviewed the MAR's on a regular basis. -She would ensure the staff are trained and complete the MAR's.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

Appendix 1-B: Plan of Correction Form

Plan of Correction	
Division Of Health Services Regulation	United Residential Services of NC, Inc. 6503 Kemper Court Fayetteville, NC 28303
Provider Name: United Residential Services	Phone: (910)584-6268
Provider Contact Person for follow-up: Gerald Nickelberry 	Fax:
Facility Address: United Residential Services of North Carolina #2 6503 Kemper Court Fayetteville, NC 28303 Survey Date: 12/16/2021	Email: Unitedresidentialservicesinc@yahoo.com
Finding V118: This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep the MARs current affecting 3 of 3 audited clients (#1, #2 and #3).	Corrective Action Steps MAR revealed areas in the MAR with no initials to indicate the medication had been administered: Plan of correction: Staff at the United Residential Services of NC, Inc. #2 facility were provided in-service training on correctly documenting on the MAR for the administration of medications in December 2021. As a preventative measure and to ensure adherence to documentation procedures, MAR's shall be reviewed regularly by the QP, daily by the Home Manager and bi annual reviews are conducted by the Pharmacist. Staff shall complete the full Medication Administration training at least annually.
	Responsible Party QA/QI committee QP of URS Facility manager Facility staff
	Time Line Implementation Date: 1/1/2022 Projected Completion Date: 1/1/2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 4, 2021

Jessie James
United Residential Services of N.C. Inc.
P.O. Box 25928
Fayetteville, NC 28314

Re: Annual and Follow Up Survey completed 12/16/21
United Residential Services of NC #2, 6503 Kemper Court, Fayetteville, NC 28303
MHL # 026-694
E-mail Address: unitedresidentialservicesinc@yahoo.com

Dear Mr. James:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 12/16/21.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report.

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

- Re-cited standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 01/15/21.

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 4, 2021
United Residential Services of NC #2
Mr. James

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 Gloria Locklear at 910-214-0350.

Sincerely,



Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant