


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL045-067	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/30/2022
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NAME OF PROVIDER OR SUPPLIER HILLPARK GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 175 ELSON AVENUE HENDERSONVILLE, NC 28739
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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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on March 30, 2022. The complaints were unsubstantiated (Intake #NC00186113 and #NC00186397). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>V 114</p> <p>RHA will ensure all required fire and disaster drills are completed monthly on a rotating basis to include each shift. This process will be monitored by the Safety Committee and CQI Committee each month.</p>	4/29/2022
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills quarterly for each shift. The findings are:</p>	V 114	<p>DHSR - Mental Health</p> <p>APR 27 2022</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton, 	TITLE Director of Operations	(X6) DATE 4/21/2022
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V 114	<p>Continued From page 1</p> <p>Review on 3-16-22 and 3-17-22 of Fire and Disaster Drills covering the period of July 2021 to March 2022 revealed: -There were no documented disaster drills for second or third shift in the fourth quarter.</p> <p>Interview on 3-16-22 with Client #2 revealed: -He had been a part of fire and disaster drills.</p> <p>Interview on 3-16-22 with Staff #1 revealed: -Fire and disaster drills are completed regularly and logged in the drill book.</p> <p>Interview on 3-16-22 and 3-17-22 with the Qualified Professional (QP) revealed: -Copies of the fire/disaster drills are kept on site as well as a copy held at the main office in Fletcher. -Was aware that there may be a gap in drills. There have been staff turnover recently.</p>	V 114	V 118 RHA has removed the medication key certification for the Direct Support Professional (DSP) who made the significant medication errors at the Hillpark Group Home. The DSP staff will complete the entire Medication Administration training modules and the in-person class with the Regional RN on 3/30/2022. The DSP staff will also complete two (2) medication passes with the Unit Clerk to ensure medications are administered properly and then will complete a final medication pass with the RHA Nurse before she is able to pass medications independently again.	4/29/2022
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118	<p>The Regional RN is also scheduled to complete in-person Medication Administration training with the entire Hillpark direct support team on 3/30/2022.</p> <p>The Unit Clerk, QP, Regional RN and Administrator will ensure all Hillpark direct care staff are retrained on the medication administration and documentation process and will complete weekly medication observations for 30 days and then on a routine basis to ensure ongoing compliance and accuracy at the Hillpark Group Home.</p>	

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V 118	<p>Continued From page 2</p> <p>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; (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.</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 observation, record reviews and interviews the facility failed to keep current the Medication Administration Record (MAR) and administer medications as ordered for 2 of the 3 clients (#2 and #6) audited. The findings are:</p> <p>Review on 3-17-22 of Client #6's record revealed: -Date of Admission: 8-24-16 -Diagnoses: Severe Intellectual and Developmental Disability, Autism, Attention-Deficit/Hyperactivity Disorder -Physician's orders for the following medications ordered on 12-8-21 included: -Murine ear wax removal - Instill 5 drops in each ear once a week. -Nyamyc POW (powder) 100000 - Apply topically to the affected area(s) daily. -Mometasone cream 0.1% - Apply topically to</p>	V 118		
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V 118	<p>Continued From page 3</p> <p>the affected area(s) PRN (as needed). Steroid cream used to treat itching, swollen, and irritated skin.</p> <ul style="list-style-type: none"> -Triamcinolone cream 0.1% - Apply topically to the affected area(s) of antecubital and forearm twice a day. Topical used to treat the itching, inflammation, and discomfort of skin. <p>Observation on 3-16-22 of Client #6's medications revealed:</p> <ul style="list-style-type: none"> -Nyamyc POW 100000 had an expiration date of 1-31-22. -Mometasone cream 0.1% was a tube placed inside a clear bag with Administration Instructions/Label affixed to the bag. -The Label showed a dispensed date of 9-23-20 and an expiration date of 9-22-21. -The Label showed the instructions as a daily medication. - Triamcinolone cream 0.1% was not present in the facility. <p>Review on 3-16-22 and 3-17-22 of Client #6's medications, MARs from January 2022 to March 2022, and Physicians orders revealed:</p> <ul style="list-style-type: none"> -Mometasone cream 0.1% was a tube placed inside a clear bag with Administration Instructions/Label affixed to the bag. - The MAR and Physicians orders were written as a PRN whereas the label was written as a daily medication. -There were no signatures on the MAR that this medication had been administered for the month of March 2022. - Triamcinolone cream 0.1% was listed on the MAR but the medication was not present in the facility. -The MAR listed this medication as a PRN, but the physicians order was written as daily use. -The MAR had been signed off daily between 	V 118		
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V 118	<p>Continued From page 4</p> <p>March 1-14.</p> <ul style="list-style-type: none"> -Murine ear was removal was documented on the MAR as given every day in January 2022. -On the back of the MAR was a notation on 1-23-22 documenting an error and that the medication had not been given. <p>Review on 3-17-22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 11-3-21 -Diagnoses: Moderate Intellectual and Developmental Disability, Pervasive Developmental Disorder, Impulse Control Disorder, Episodic Mood Disorder, Attention-Deficit/Hyperactivity Disorder, Parkinsonism, Hypotension, Gastroesophageal Reflux Disease -Physician's orders for the following medications ordered on 12-8-21 included: <ul style="list-style-type: none"> -Ketoconazole 2% shampoo - Alternate use with anti-dandruff shampoo. Used to treat dandruff. -Anti-dandruff shampoo 1% - Apply topically to scalp/beard 3 times a week as directed. <p>Review on 3-16-22 of Client #2 MARs from January 2022 to March 2022 revealed:</p> <ul style="list-style-type: none"> -For March 2022 showed no signatures for either prescription shampoo. <p>Review on 3-21-22 of Client #2's MARs from January 2022 to March 2022 revealed:</p> <ul style="list-style-type: none"> -Ketoconazole had signatures up to 3-19-22 with the next date to be given as 3-21-22. -Anti-dandruff shampoo had signatures for March up to and including the date of 3-26-22. -Staff #1's initials were signed for every date for both medications. -Staff #1 worked 11 days between 3-1-22 and 3-18-22. -Staff #1 was the designated staff for 	V 118		
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V 118	<p>Continued From page 5</p> <p>administering medications on 3 days between 3-1-22 and 3-18-22.</p> <p>Interview on 3-16-22 with Client #6 revealed: -Client was non-verbal and no information was gathered from interview.</p> <p>Interview on 3-16-22 and 3-21-22 with Client #2 revealed: -Received his medications as prescribed.</p> <p>Interview on 3-16-21 with Staff #1 revealed: -Thought that Mometasone cream 0.1% and Triamcinolone cream 0.1% were the same medication.</p> <p>Interview on 3-28-22 with Staff #2 revealed: -One staff would typically administer medications for the whole shift. There wouldn't be reason for more than one person to sign the MAR on a specific shift. -"I'm not giving my med (medication) keys to anyone."</p> <p>Interview on 3-21-22 with Staff #5 revealed: -"The nurse does oversight on checking the medications and MARs". -The MAR is not to be signed until the medication is given. -"Do not initial (MAR) if not given that day."</p> <p>Interview on 3-17-22 with the Licensed Practical Nurse (LPN) revealed: - Unit clerk was the one who went in sometimes to do a medication house assessment ...once a month. -Mometasone cream 0.1% and Triamcinolone cream 0.1% are not the same.</p> <p>Interview on 3-21-22 with Qualified Professional</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>(QP) revealed:</p> <ul style="list-style-type: none"> -Pre-Covid, the MARs would be brought to the center and checked every day. Post-Covid, a nurse would go to the facility once a week to check the MARs. -"Now it has been up to the House Manager to check them once a week." -Nursing was supposed to do monthly spot checks. -Currently do not have a House Manager for the group home. -The QP has been medication certified but "...typically I don't do a whole lot with meds." -If there was an issue with a medication or MAR, the staff would call a nurse, then the house manager, and then the QP. -MARs should only be signed on the day it is given. "If it was signed it is meaning the medication has been given." -One staff would normally administer medications on a shift. -The Nurse would be the one to highlight the specific day on the MAR for a medication that is not a daily medication. The QP was not sure why that was not done. <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
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V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 131		
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V 131	<p>Continued From page 7</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to check the Health Care Personnel Registry (HCPR) prior to hiring health care personnel. The findings are:</p> <p>Review on 3-17-22 of Former Staff #7's record revealed: -Date of hire: 9-13-21 -HCPR check completed: 1-6-22</p> <p>Review on 3-17-22 of Staff #6's record revealed: -Date of hire: 12-11-17 -HCPR check completed: 8-19-21</p> <p>Interview on 3-17-22 with the Business Manager revealed: -Used to be former Administrator for the Licensee and recently returned as the Business Manager. -"These (HCPR checks) are the only ones in the files."</p>	V 131	<p>V 131</p> <p>The Business Manager 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>	4/29/2022



In-service Training

Date
3/30/2022

Place Held
Hendersonville

Title of Training
Medication Training with Regional RN

Instructor's Name
Kim Stines

Title
RN

Instructor's Name

Title

Purpose/Outline of Training

Medication training with Regional RN. Completed additional training regarding comparing meds against the MAR 3 times, making sure all documentation is complete and only sign the MAR after the medication or task is completed. Also, never tape a medication back into the pack. If the pill is missing call Katrina/Nursing immediately. A time was offered for all staff to ask any questions they have or express any concerns they have.

Instructor's Signature

Instructor's Signature

Attendance Roll

Full Name	Clock #	Shift	Home	Grade
Brandy Benjamin			Hillpark	
Whitney Norman			Hillpark	
TAZIA Mcdowell			Hill park	
Kesha Williams			Hill Park	
Denise Solomon		1st	Hill Park	
Ay J. Jew		3rd	Hill Park	



Date: **3/30/2022** Place Held: **Kannapolis-Hillpark**

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 _____ Instructor's Signature _____

Attendance Roll

Full Name	Shift	Signature	Home
John Carithers	1st	John Carithers	VOC



April 21, 2022

Mr. Benjamin Robinson
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 27 2022

RE: MHL-045-067 Hillpark Group Home

Lic. & Cert. Section

Dear Mr. Robinson:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Hillpark Group Home during your complaint and follow-up survey visit on 3/30/2022. We have implemented the POC and invite you to return to the facility on or around 4/29/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Hillpark Group Home (MHL-045-067).

Sincerely,

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

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