

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 03/29/2022
NAME OF PROVIDER OR SUPPLIER COUNTRY PINES #2			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551		
(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 An annual and follow up survey was completed on March 29, 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 is licensed for 5 and has a current census of 5. The survey sample consisted of audits of 3 current 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 (E) name or initials of person administering the drug.	V 118			

RECEIVED
MAY 04 2022
DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

54B411

If continuation sheet 1 of 14

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V 118	<p>Continued From page 1</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 review, observation and interview the facility failed to administer medications as ordered by the Physician for 2 of 3 audited clients (#3 and #4) and to keep the MAR current for 1 of 3 audited clients (#4). The findings are:</p> <p>Review on 3/25/22 of client #3's record revealed: - 26 year old male admitted 6/19/17. - Diagnoses included Autistic Disorder; Intellectual/Developmental Disability, moderate; Intermittent Explosive Disorder; poor impulse control; borderline hypertension; and obesity. - Physician's orders signed and dated as follows: 7/22/21 risperidone (anti-psychotic) 2 milligrams (mg) 1 tablet twice daily 10/21/21 benztropine (anti-tremor) 2 mg 1 tablet twice daily 9/23/21 gabapentin (anti-convulsant) 300 mg 1 capsule at bedtime</p> <p>Client #3 was on a home visit at the time of the medication review and his medications were not available for observation.</p> <p>Review on 3/25/22 of client #3's MARs for January - March 2022 revealed: - Transcription for risperidone 2 mg 1 tablet twice</p>	V 118	<p>V118 All medications will be administered to clients as ordered by physician. Periodic MARs checks will be made by administrative staff.</p>	3-30-22	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COUNTRY PINES #2

**2600 NORTH BESTON ROAD
LA GRANGE, NC 28551**

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V 118	<p>Continued From page 2</p> <p>daily; given at 8:00 am and 8:00 pm.</p> <ul style="list-style-type: none"> - Blanks for risperidone 3/08/22 8:00 am - 3/12/22 with "med (medication) not at facility;" and 3/14/22 8:00 am with no documented explanation. - Transcription for benztropine 2 mg 1 tablet twice daily; given at 8:00 am and 8:00 pm. - Blanks for benztropine 3/08/22 - 3/14/22 8:00 am with "re-issued by Dr. (doctor)" documented. - Transcription for gabapentin 300 mg 1 capsule at bedtime. - Blanks for gabapentin 2/23/22 - 2/28/22 with no documented explanation. <p>During interview on 3/29/22 client #3 stated he took his medications daily with staff assistance and to his knowledge he had not missed any.</p> <p>Review on 3/25/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 33 year old male admitted 4/01/08. - Diagnoses included Intellectual/Developmental Disability, mild; Spina Bifida; Hydrocephalus with ventriculoperitoneal shunt; seizures; and neurogenic bowel and bladder. - Physician's orders signed and dated as follows: 2/10/21 Adult Gummy multivitamin chew and swallow 1 gummy daily <p>3/15/22 (FL-2) Centrum multivitamin take 2 per day.</p> <p>Review on 3/25/22 of client #4's MARs for January 2022 - March 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for Centrum tablet 1 tablet daily; given at 8:00 am. - The transcription was crossed out and a line was drawn through the boxes for staff initials January 2022 - March 2022. - No documentation a multivitamin was administered January 2022 - March 2022. 	V 118		

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V 118	<p>Continued From page 3</p> <p>Observation on 3/25/22 at approximately 2:15 pm of client #4's medications on hand revealed: - Over the counter bottle of adult gummy chewable multivitamins with pharmacy label that included chew and swallow 2 gummy daily, dispensed 3/15/22.</p> <p>During interview on 3/29/22 client #4 stated he took his medications daily with staff assistance. He did not know the names of his medications, but he got "some gummies every day."</p> <p>During interview on 3/25/22 staff #4 stated one of her responsibilities was to administer medications; medications were always available. Medication changes were communicated to staff verbally and in writing.</p> <p>During interview on 3/29/22 staff #5 stated she did not often administer medications because there was a live-in staff at the facility. As far as she knew medications were always available.</p> <p>During interview on 3/29/22 Administrative Assistant #2 stated she understood the requirement for MARs to be kept current and to reflect medication orders as written by the Physician. She was not sure why there were blanks on the MARs.</p> <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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2600 NORTH BESTON ROAD
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Division of Health Service Regulation
STATE FORM

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V 120	<p>Continued From page 5</p> <p>Intermittent Explosive Disorder; poor impulse control; borderline hypertension; and obesity.</p> <ul style="list-style-type: none"> - Physician's order signed and dated 6/17/21 for polyethylene glycol (PEG) (laxative) mix 17 grams in 8 ounces of liquid and drink daily. <p>Review on 3/25/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 33 year old male admitted 4/01/08. - Diagnoses included Intellectual/Developmental Disability, mild; Spina Bifida; Hydrocephalus with ventriculoperitoneal shunt; seizures; and neurogenic bowel and bladder. - Physician's order signed and dated 6/10/21 for bisacodyl suppository 10 mg insert 1 suppository rectally daily. <p>Observation on 3/3/25/22 at approximately 2:25 pm revealed:</p> <ul style="list-style-type: none"> - A bottle of PEG with pharmacy label for client #3 sitting on a shelf on the outside of the locked medicine cart in the living room. - A clear Ziploc bag of suppositories with pharmacy label for client #4 on shelf in facility refrigerator. <p>During interview on 3/25/22 Administrative Assistant #1 stated:</p> <ul style="list-style-type: none"> - The Live In House Staff informed her that another staff left the PEG on the outside of the medicine cart. - Client #3 was on a home visit and staff did not send the PEG home with him because his parent would not give it to him. - Client #4's suppositories would be placed in a locked box before being returned to the kitchen refrigerator. 	V 120	<p>Periodic checks will be conducted by administrative staff.</p>		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification	V 131			

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V 131	Continued From page 6 G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 1 of 3 audited staff (#2). The findings are: Review on 3/25/22 of staff #2's personnel record revealed: - Hire date 12/02/21, title Paraprofessional. - HCPR check dated 12/13/21. During interview on 3/29/22 Administrative Assistant #2 stated HCPR checks were typically done before hire, however staff #2's was done late. She would ensure all HCPR checks were done prior to hire going forward.	V 131			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county	V 133	<i>v131 All future Health Care Personnel Registry checks will be done prior to hire.</i>		<i>3-26-22</i>

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V 133	Continued From page 7 program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health	V 133		

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V 133	Continued From page 8 and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of	V 133		

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V 133	<p>Continued From page 9</p> <p>the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and</p>	V 133			

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V 133	Continued From page 10 Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may	V 133			

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V 133	<p>Continued From page 11</p> <p>employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to request state criminal background checks within five business days of employment for 1 of 3 audited staff (#2). The findings are:</p> <p>Review on 3/25/22 of staff #2's personnel record revealed: - Hire date 12/02/21, title Paraprofessional. - Consent for criminal background check signed 12/28/21. - Criminal background check ordered 12/13/21.</p> <p>During interview on 3/29/22 Administrative Assistant #2 stated criminal record checks were typically done before hire, however staff #2's was done late. She would ensure background checks were done prior to hire going forward.</p>	V 133	<p><i>v133 All future criminal background checks will be done within 5 business days of employment.</i></p>	<p><i>3-26-22</i></p>	

If continuation sheet 13 of 14

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V 736	Continued From page 13 and in the sink in the bathroom shared by clients #2 and #3 was 120 degrees Fahrenheit. During interviews on 3/25/22 and 3/29/22 Administrative Assistant #1 stated the light in client #2 and #3's bedroom would not turn on. She would have the water temperature turned down. She was aware of the requirement for the home to be maintained in a safe and clean manner.	V 736	<i>maintained.</i>	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/29/2022
NAME OF FACILITY COUNTRY PINES #2	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 NORTH BESTON ROAD LA GRANGE, NC 28551	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0114	Correction	ID Prefix V0536	Correction	ID Prefix	Correction
Reg. # 27G .0207	Completed	Reg. # 27E .0107	Completed	Reg. #	Completed
LSC	03/29/2022	LSC	03/29/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
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Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR 	DATE 3/29/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/2/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Division of Health Service Regulation
Mental Health Licensure and Certification Section
Rule Violation and Client/Staff Identifier List**

Facility Name: Country Pines #2
Exit Date: 3/29/22

MHL Number: 096-115
Surveyor(s): Connie Anderson

EXIT PARTICIPANTS:
Administrative Assistant

COVID NOTIFICATION: In the event a COVID positive case is identified within 48 hours of a DHSR survey – the provider or DHSR should notify the other entity to prevent possible continued exposures.

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209 (c)/V118/re-cited standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0209(e)/V120/standard

Rule Violation/Tag #/Citation Level: GS 131E-256/V131/standard

Rule Violation/Tag #/Citation Level: GS 122C-80/V133/standard

Rule Violation/Tag #/Citation Level: 10A NCAC 27G .0303/V736/standard

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

Rule Violation/Tag #/Citation Level: _____

CITATION LEVEL: Number of days from survey exit for citation correction

Standard = 60 days **Recite** – standard = 30 days **Type A** = 23 days **Type B** = 45 days
Uncorrected Type A or Type B Imposed = provider should provide written notification of intended correction date