

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II	STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555
--	---

(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 May 11, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 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>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II	STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555
--	---

(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 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 reviews, observations and interviews the facility failed to keep the MARs current for 1 of 2 current clients (#1). The findings are:</p> <p>Review on 5/11/22 of client #1's record revealed: - 22 year old male admitted 6/06/17. - Diagnoses included Autism Spectrum Disorder with accompanying intellectual impairment; Schizoaffective Disorder, unspecified; Attention Deficit Hyperactivity Disorder, combined presentation; and Persistent Motor Tic Disorder. - "[client #1] Medication List" dated 4/13/22 and signed by the Family Nurse Practitioner-Certified (FNP-C) included "Fluticasone Propionate (used to treat nasal congestion) 50 mcg (micrograms)/INH (inhalation) . . . Inhale (1) spray in each nostril daily as needed/self-administer."</p> <p>Review on 5/11/22 of client #1's MARs for March 2022 - May 2022 revealed transcription for fluticasone 50 mcg 1 spray each nostril daily with staff initials to indicate the medication was administered daily.</p> <p>Observation on 5/11/22 at 10:40 am of client #1's medications on hand revealed fluticasone 50 mcg "1 to 2 sprays each nostril as needed" dispensed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II	STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555
--	---

(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 118	<p>Continued From page 2</p> <p>4/28/22.</p> <p>During interview on 5/10/22 client #1 stated he took his medications daily with staff assistance.</p> <p>During interview on 5/11/22 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> - Client #1's fluticasone was given to him everyday; "he just does what he does." - At the medical providers' request, she compiled lists of the clients' medications and had the medical providers sign and date the lists when the clients had their annual physical exams. - The medical providers did not always review the medication lists for accuracy. - New prescriptions were typically sent straight to the pharmacy by the doctors' office and she did not receive a copy unless she requested one from the pharmacy. 	V 118		