Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL084-041 B. WING 04/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 610 EAST MAIN STREET EAST MAIN STREET GROUP HOME ALBEMARLE, NC 28001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on 4/22/22. The complaint was substantiated (intake #NC00187227). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. This Page Intentionally Left Blank V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS **DHSR** - Mental Health (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written MAY 1 1 2022 order of a person authorized by law to prescribe Lic. & Cert. Section (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 Division of Health Service Regulation

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

TITLE

TITLE

(X6) DATE

STATE FORM

FORM

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			MHL084-041	B. WING _			R <b>22/2022</b>
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  610 EAST MAIN STREET  ALBEMARLE, NC 28001							
	(X4) ID PREFIX TAG	(EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) RE	(X5) COMPLETE DATE
	 	(E) name or initials of drug. (5) Client requests for checks shall be reconfile followed up by any with a physician.  This Rule is not met Based on observation interviews, the facility current affecting one of findings are:  Review on 4/21/22 of -Admission date of 2/3-Diagnoses of Modera Developmental Disability of the confidence of t	as evidenced by:  n, record review and failed to keep the MAR of three clients (#1). The  client #1's record revealed: 8/22.  ate Intellectual and lity and Type 1 Diabetes.  physician's orders for client  or Novolog Inject Flexpen ), check and record blood ay; Tresiba Flextouch 100 as subcutaneously once cks, check and record als and at bedtime.  2 at approximately 12:30 area revealed: expen and Tresiba	V 118	Medication Administration Training Med Pass Observation for all staff completed by an RN on 3/29/22 & 4/9/22.  Diabetes Education to staff was presented by Director of Nursing (LTSS on 3/29/22 via in-service. In addition, Diabetes training is conducted by an RN during the face face Medication Administration Cofor all sites.  Individual's BS parameters was added to the plan on 3/22/22.  Staff are to contact nurse if any individual has acute diabetic event.  Nurse or designee will complete medication room audit checklist monthly and send to DON for review During this medication room audit, medication and supplies are checked ensure they are in stock and availab  RTL and/or Designee will review the Medication Variance Report to ensure documentation is being completed for medication administration a minimular of monthly. Review of this report will dentify missed medications. If note level 1 incident report will be completed for the complete of the plan on the complete of the comp	DON) e-to- urse led v. d to le. re or m ll d, a	
	F	Reviews on 4/21/22 an	d 4/22/22 of MAR's for		on each incident if applicable.		- 1

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Division of Health Service Regulation

AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  AIN STREET GROUP	STREET AD HOME 610 EAST ALBEMA			04/	/22/2022
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F bb 4 an oil bill bill bill bill bill bill bill	client #1 revealed: -April 2022-There w. blood sugar reading There were blank bo pm dose, 4/9 8 pm of doses, 4/20 12 pm d given. There were bl 4/9 8 pm dose, 4/10 dose and 4/18 8 am 100 units/ml-site of ir -March 2022-There w 3/11, 3/22, 3/23, 3/28 Novolog Flexpen 100 There were blank box 3/23, 3/28 and 3/30 8 Flexpen 100 units/ml There were blank box 3/23 and 3/30 8 am d 100 units/ml blood su blank boxes on 3/1 th 3/19 12 pm doses for units/ml-site of injection on 3/1 thru 3/4, 3/7, 3/2 om doses for Novolog amount of given insuling on 3/1 thru 3/4, 3/7, 3/2 Novolog Flexpen 100 eading. There were bl 3/16, 3/18 and 3/22 4 flexpen 100 units/ml-s lank boxes on 3/8 thru pm doses for Novolog mount of given insuling n 3/8 thru 3/11 4 pm of 00 units/ml blood sug ank boxes on 3/8 thru ovolog Flexpen 100 units/ml ovolog Flexpen 100 units/ml blood sug ank boxes on 3/8 thru ovolog Flexpen 100 units/ml	as a blank box on 4/10 for and amount given of insulin. xes on 4/2 12 pm dose, 4/7 4 lose, 4/11 and 4/18 8 am ose for amount of insulin ank boxes on 4/7 4 pm dose, 8 am/pm dose, 4/11 8 am dose for Novolog Flexpen njection. Xere blank boxes on 3/8 thru 3 and 3/30 8 am doses for units/ml-site of injection. Xes on 3/8 thru 3/11, 3/22, am doses for Novolog amount of given insulin. Xes on 3/8 thru 3/10, 3/22, oses for Novolog Flexpen gar reading. There were ru 3/4, 3/8, 3/9, 3/11 and Novolog Flexpen 100 on. There were blank boxes (8, 3/10, 3/11 and 3/19 12 Flexpen 100 units/ml n. There were blank boxes 8 and 3/10 12 pm doses for lose, 4/7 4 lose, 4/7	V 118	This Page Intentionally Left Bla	nk	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLA	AN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DAT	(X3) DATE SURVEY COMPLETED	
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	F PROVIDER OR SUPPLIER  MAIN STREET GROUP	HOME 610 EAS	DDRESS, CIT T MAIN ST ARLE, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	HOULD RE	(X5) COMPLETE DATE	
	pm dose for Novolog sugar reading.  -There were blank b Tresiba Flextouch 10 -February 2022-The am dose for Novolog injection. There was dose for Novolog Fle given insulin. There dose for Novolog Flesugar reading. There pm dose for Novolog injection. There was dose for Novolog Flesugar reading. There pm dose for Novolog amount of given insulon 2/9 8 pm dose for units/ml-site of injection 2/9 8 pm dose for units/ml amount of given insulon 2/9 8 pm dose for units	g Flexpen 100 units/ml blood oxes on 3/8 thru 3/11 for 00 units/ml-site of injection. re was a blank box on 2/8 8 g Flexpen 100 units/ml-site of a blank box on 2/8 8 am expen 100 units/ml amount of was a blank box on 2/8 8 am expen 100 units/ml blood expen 100 units/ml blood expen 100 units/ml blood expen 100 units/ml-site of a blank box on 2/8 4 Flexpen 100 units/ml blood expen 100 units/ml blood expen 100 units/ml blood expen 100 units/ml blood expen 100 units/ml lin. There was a blank box Novolog Flexpen 100 on. There was a blank box Novolog Flexpen 100 ven insulin. excurately document ation it could not be medications as ordered by exith the Residential Team had blank boxes on his orgot to sign off on them. In in March 2022 with client at a few days. Other than mormally got his at sugar checks as expending the same	V 118	This Page Intentionally Lef	t Blank		

PRINTED: 04/25/2022

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED R MHL084-041 B. WING \_ 04/22/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 610 EAST MAIN STREET EAST MAIN STREET GROUP HOME ALBEMARLE, NC 28001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 118 Continued From page 4 V 118 -She confirmed staff failed to keep the MAR's current for client #1. Interview on 4/22/22 with the Vice President of Operations confirmed: -Staff failed to keep the MAR's current for client #1. This Page Intentionally Left Blank

Division of Health Service Regulation

STATE FORM





May 4, 2022

Kimberly Sauls, Facility Compliance Consultant I Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

RE: East Main / Annual, Compliant & Follow-Up / 4-22-22

Hello,

Please find enclosed the Plan of Correction and supporting documents for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me.

Sincerely,

Louise Winstead, RN

Compliance Specialist – Plan of Corrections

ousi Wistead, Ar

louise.winstead@monarchnc.org

252-289-6512

DHSR - Mental Health

MAY 1 1 2022

Lic. & Cert. Section

