

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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

A complaint survey was completed on April 29, 2022. The complaint was unsubstantiated (Intake #NC00187388). A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

The survey sample consisted of audits of 1 current client.

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 000

V 118

V 118

RHA Health Services will ensure all physician orders are followed as written by the prescribing provider. The RHA Nurse will ensure correct and clarified orders are obtained regarding Client #1 self-administering medications. This process will be monitored by the Nurse and QP monthly to ensure all medication orders are being followed correctly and thoroughly by reviewing the MAR and the physician orders from Client #1's primary care provider and specialist physicians. In the future, the Nurse and QP will ensure all physician orders are implemented correctly.

5/29/2022

DHSR - Mental Health
MAY 16 2022
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton,	TITLE Director of Operations	(X6) DATE 5/11/2022
--	--	-------------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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 interview and record review the facility failed to ensure a client had physician's orders to self administer medications affecting one of one audited client (Client #1). The findings are:</p> <p>Review on 4/27/22 of Client #1's record revealed: -Admitted 2/2/16. -Diagnoses of Type 2 Diabetes Mellitus, Bipolar Mood Disorder, Depression, Insomnia, Gastro-Esophageal Reflux Disease, Chronic Pancreatitis, Pancreatic Disease and Abdominal Pain.</p> <p>Review on 4/27/22 of Client #1's physician orders included: -1/20/22 and 3/17/22 - Morphine 15 milligrams (mg) IR (immediate release) - 1 tablet @ 1:30 p.m. for break through pain. -4/7/22 - Discontinue Morphine 15 mg IR. -4/7/22 - Oxycodone 10 mg - 1 tablet every 6 hours for moderate pain.</p> <p>Review on 4/27/22 of Client #1's February through April 2022 Medication Administration Records (MARs) included: -Morphine 15 mg IR - 1 tablet @ 1:30 p.m. for break through pain was initialed by staff and the client as given daily.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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>-Oxycodone 10 mg - 1 tablet every 6 hours was initialed by staff and client as given at 8:00 a.m., 2:00 p.m., 8:00 p.m. and 2:00 a.m. starting 4/8/22.</p> <p>Interview on 4/27/22 with Client #1 revealed: -He had suffered from chronic pain for many years. -On days he worked he took the 1:30 p.m. pill with him so he could take it at work.</p> <p>Review on 4/27/22 of Client #1's self-administration physician orders revealed: -1/9/22 - the client was authorized to self-administer his medications. -2/16/22 - the client "may self-administer non-controlled meds only."</p> <p>Interview on 4/27/22 with Staff #2 revealed: -On days Client #1 went to work he took his 1:30 p.m. Morphine tablet with him, and now he took his Oxycodone 2:00 p.m. dose with him. -He generally worked Monday, Wednesday, Friday, Saturday and sometimes on Thursday.</p> <p>Interview on 4/27/22 with the Registered Nurse revealed: -She just noticed the self-administration order that specified non-controlled medications only. -This was written by the nurse practitioner under the client's primary physician. -She would call and get a better understanding of the self-administration orders.</p> <p>Interview on 4/29/22 with the Qualified Professional revealed: -He was not aware of the order written on 2/16/22. -He would ensure this was clarified for Client #1.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/29/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER RIVERVIEW GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 421 RIVERVIEW DRIVE ASHEVILLE, NC 28806
---	---

(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	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		



May 11, 2022

Ms. Sally Thayer, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: MHL-011-103 Riverview Group Home

Dear Ms. Thayer:

Please see the enclosed Plan of Correction (POC) for the deficiency cited at the Riverview Road Group Home during your complaint survey visit on 4/29/2022. We have implemented the POC and invite you to return to the facility on or around 5/29/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Riverview Group Home (MHL-011-103).

Sincerely,

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

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