

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER PINEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 304 SOUTH PINEVIEW AVENUE GOLDSBORO, NC 27530
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 5, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAY 13 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
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

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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 reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#3 and #4). The findings are:</p> <p>Finding 1 Review on 04/05/22 of client #3's record revealed: -68 year old male. -Admission date of 08/26/13. -Diagnoses of Traumatic Brain Injury, Hepatitis C, Diabetes, Kersa Koffs Syndrome, and Insomnia.</p> <p>Review on 04/05/22 of client #3's Physician orders dated 02/10/22 revealed: -Carvedilol 3. 125mg (Hypertension) One by mouth two times a day. -Sodium Fluoride Enamel Protection(Protect Teeth)-Brush for 2 minutes then spit out. Use this as night toothpaste. -Metformin HCL 750mg (Diabetes) Take one by mouth twice daily with food.</p> <p>Review on 04/05/22 of client #3's January-March 2022 MARs revealed the following blanks: -Carvedilol 3.125mg-01/01/22-01/20/22 at 8:00am and 8:00pm, 02/14/22, 02/15/22,</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>02/20/22, 02/23/22, 02/24/22 at 8:00pm, 03/06/22 and 03/15/22 at 8:00pm.</p> <p>-Sodium Fluoride Enamel Protection-01/06/22, 02/14/22, 02/15/22, 02/20/22, 02/23/22, 02/24/22, 03/6/22, 03/15/22.</p> <p>-Metformin HCL 750mg-02/15/22 and 02/24/22 at 5:00pm.</p> <p>Review on 04/05/22 of client #3's January-March 2022 MARs revealed the following medication was not available to administer: -Metformin HCL 750mg-02/24/22.</p> <p>During interview on 04/05/22 client #3 revealed: -He received his medication daily.</p> <p>Finding #2 Review on 04/05/22 of client #4's record revealed: -53 year old male. -Admission date of 04/03/13. -Diagnoses of Traumatic Brain Injury.</p> <p>Review on 04/05/22 of client #4's Physician orders dated 02/10/22 revealed: -Amantadine HCL 100mg (Parkinson's Disease) One by mouth daily. -Sertraline HCL 100mg (Depression) One by mouth every morning. -Carbamazepine 200mg (Anticonvulsant) One by mouth twice daily. -Pravastatin Sodium 40mg (Cholesterol) One by mouth every night at bedtime. -Donepezil HCL 10mg (Alzheimer's Disease) Two by mouth at bedtime.</p> <p>Review on 04/05/22 of client #4's January-March 2022 MARs revealed the following medication was not available to administer: -Amantadine HCL 100mg- 01/01/22, 01/02/22,</p>	V 118	<p>Continued investigation found computer issues were present. In order to circumvent a repeat of these issues the Medication Specialist will ensure each location has a blank paper MAR to fill out in case computer system is down.</p> <p>Staff will be reminded about policy regarding proper MAR documentation.</p> <p>Staff will be retrained if Medication Specialist audits reveal staff errors.</p> <p>Documentation is in place showing order for Carvedilol 3 125mg was not given until 01/20/22 therefore, there were no gaps in this medication.</p> <p>Program Director will ensure all procedures are put in place and audits are being performed correctly.</p>	
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V 118	<p>Continued From page 3</p> <p>01/03/22. -Sertraline HCL 100mg-01/01/22-01/13/22. -Carbamazepine 200mg-01/04/22, 03/09/22-03/14/22. -Pravastatin Sodium 40mg-02/4/22-02/07/22. -Donepezil HCL 10mg-03/20/22-03/22/22.</p> <p>During interview on 04/05/22 the House Lead revealed: -When the medication is getting low the staff will contact the medical specialist that handles the medications for each facility.</p> <p>During interview on 04/05/22 the medical specialist revealed: -The staff sends request for refills for the facility -She was aware that medication was not able to be administered due to not being available.</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>	V 118	<p>Staff will be reminded to check inventory and document when medication supply is 10 days from unavailable.</p> <p>Medication Specialist will perform medication inventory on a bi-weekly basis and document accordingly.</p> <p>To prevent delays in medication, Medication Specialist will reorder medication for the next month when current month supply arrives.</p> <p>Program Director will ensure all procedures are put in place and audits are being performed correctly.</p>	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

April 20, 2022

Diane Harrison
ReNu Life, LLC.
P.O. Box 1017
Goldsboro, NC 27533

Re: Annual and Follow Up Survey completed 04/05/22
Pineview, 304 South Pineview Avenue, Goldsboro, NC 27530
MHL # 096-078
E-mail Address: dianeharrison@renulife.org

Dear Ms. Harrison:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed 04/05/22.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 06/04/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

DHSR - Mental Health

MAY 13 2022

Lic. & Cert. Section

04/20/22

Pineview

ReNu Life, LLC.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,



Emily Jones, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL096-078	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 4/5/2022	Y3
NAME OF FACILITY PINEVIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 304 SOUTH PINEVIEW AVENUE GOLDSBORO, NC 27530		

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 V0290	Correction	ID Prefix	Correction
Reg. # 27G .0207	Completed	Reg. # 27G .5602	Completed	Reg. #	Completed
LSC	04/05/2022	LSC	04/05/2022	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
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Emily Jones, BSW</i>	DATE 4/5/22
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 11/20/2019	<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
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