

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER LAKEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 103 LAKEVIEW DRIVE 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 Disability.</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>DHSR - Mental Health</p> <p>MAY 13 2022</p> <p>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
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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 affecting three of three clients (#2, #4 and #5). The findings are:</p> <p>Finding 1 . Review on 04/05/22 of client #2's record revealed: -60 year old male. -Admission date of 02/20/09. -Diagnoses of Traumatic Brain Injury, Hypertension and Chronic obstructive pulmonary disease (COPD).</p> <p>Review on 04/05/22 of client #2's Physician orders dated 02/10/22 revealed: -Buspirone HCL 30mg (Anxiety)-Take one tablet by mouth twice a day. -Breo Ellipta 100-25 MCG (COPD) One inhale daily. -Vitamin D3 1000 unit capsule (Supplement) Take one by mouth daily. -Fluoxetine HCL 20mg (Antidepressant) One by mouth daily. -Metamucil (Supplement) Take 4 capsules in the morning.</p> <p>Review on 04/05/22 of client #2's January-March</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>2022 MARs revealed the following medication was not available to administer: -Buspirone HCL 30mg 02/07/22-02/10/22 at 8:00am and 4:00pm. -Breo Ellipta 100-25 MCG -02/16/22, 02/17/22. -Vitamin D3 1000 units-02/20/22. -Fluoxetine HCL 20mg-03/09/22. -Metamucil-03/20/22.</p> <p>During interview on 04/05/22 client #2 revealed: -He had missed some of his medications because it was not sent to the facility.</p> <p>Finding #2 Review on 04/05/22 of client #4's record revealed: -48 year old male. -Admission date of 03/30/04. -Diagnoses of Traumatic Brain Injury, Psychotic Disorder, Dementia, Hyperlipidemia.</p> <p>Review on 04/05/22 of client #4's Physician orders dated 02/10/22 revealed: -Advair Diskus 250-50 MCG (Breathing) One puff twice daily.</p> <p>Review on 04/05/22 of client #4's January-March 2022 MARs revealed the following medication was not available to administer: -Advair Diskus 250-50 MCG-01/28/22-01/31/22, 02/1/22-02/02/22.</p> <p>During interview on 04/05/22 client #4 revealed: -He received his medication daily. -He was not aware of missing any medications.</p> <p>Finding #3 Review on 04/05/22 of client #5's record revealed: -49 year old male.</p>	V 118	<p>Staff will be retrained on policy regarding frequency of notification to Medication Specialist when refills are needed. (10 day supply)</p> <p>Medication Specialist will perform audit of medication twice monthly to ensure counts and refill necessity is accurate.</p> <p>Program Director will ensure all procedures are put in place and audits are being performed correctly.</p> <p>Staff will be retrained on policy regarding frequency of notification to Medication Specialist when refills are needed. (10 day supply)</p> <p>Medication Specialist will perform audit of medication twice monthly to ensure counts and refill necessity is accurate.</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>-Admission date of 08/18/98. -Diagnoses of Traumatic Brain Injury, Chronic Pulmonary Aspiration, Pharyngoesophageal Dysphagia, Chronic Respiratory Failure, Dependence of Supplemental Oxygen, Umbilical Hernia without Obstruction, Testicular Hypofunction.</p> <p>Review on 04/05/22 of client #5's Physician orders dated 02/10/22 revealed: -Linness 145 MCG capsule One by mouth 30 minutes before breakfast. -Fluticasone Propionate 50 MCG Two sprays by nasal route once daily. -Vitamin B12 Cyanocobalamin 1000mg (Supplement) One by mouth daily. -Tiotropium Inhale the contents of one capsule via Handihaler by taking two inhalations once daily. -Symbicort 160-4.5 2 puffs by mouth twice daily. -Metoclopramide HCL 10mg Take one by mouth before meals and at bedtime. -Vitamin D3 1000 unit One by mouth twice daily. -Omeprazole 20 mg Two by mouth once a day.</p> <p>Review on 04/05/22 of client #5's January-March 2022 MARs revealed the following medication was not available to administer: -Linness 145 MCG Capsule-01/13/22, 01/14/22, 03/18/22, 03/19/22. -Fluticasone Propionate 50 MCG-01/03/22. -Vitamin B12 Cyanocobalamin 1000mg-01/21/22. -Tiotropium-01/25/22-01/28/22. -Symbicort 160-4.5-01/30/22-01/31/22, 02/1/22-02/02/22, 03/10/22. -Metoclopramide HCL-02/01/22. -Vitamin D3 1000 unit-02/01/22. -Omeprazole 20mg-03/01/22.</p> <p>During interview on 04/05/22 the House Lead</p>	V 118	<p>Staff will be reminded about notification frequency to Medication Specialist. (10 day supply)</p> <p>Medication Specialist will monitor MAR daily.</p> <p>Medication Specialist will perform audit of medications and refill schedules twice monthly.</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 4</p> <p>revealed:</p> <ul style="list-style-type: none"> -The medication has run out at the facility and the staff were not able to give the medication. -When the medication is getting low the staff will contact the medical specialist that handles the medications for each facility. <p>During interview on 04/05/22 the Medical Specialist revealed:</p> <ul style="list-style-type: none"> -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>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	Policies have been amended organization wide to reflect new audit frequency and actions taken in this plan of correction.	



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

April 21, 2022

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

DHSR - Mental Health

MAY 13 2022

Re: Annual and Follow Up Survey completed 04/05/22
Lakeview, 103 Lakeview Drive, Goldsboro, NC 27530
MHL # 096-092
E-mail Address: dianeharrison@renulife.org

Lic. & Cert. Section

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

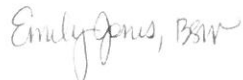
04/20/22
Pineview
ReNu Life, LLC.

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: DHSRreports@eastpointe.net
_DHSR_Letters@sandhillscenter.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 MHL096-092	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/5/2022
NAME OF FACILITY LAKEVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 103 LAKEVIEW DRIVE 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 _____	Correction	ID Prefix _____	Correction
Reg. # 27G .0207	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	04/05/2022	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		