

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2022
NAME OF PROVIDER OR SUPPLIER CAPTAINS WATCH		STREET ADDRESS, CITY, STATE, ZIP CODE 514 TODD DRIVE NE CONCORD, NC 28027		
(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 An annual survey was completed on 5/16/22. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and has a current census of 3. The sample consisted of audits of 3 current clients.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30	V 119	V 119 RHA Health Services will ensure all medication requirements are followed. The Nurse will in- service train the direct care staff to check all medications monthly for expiration dates and dispose of expired medications as needed. The medications will be reordered and/or replenished as needed as they expire. This will be reviewed monthly during the Nursing House Assessment. This will be monitored monthly during the CQI & Safety Committee Meetings with the IDT members. In the future, the Nurse will ensure all expired medications are removed from the group home. RECEIVED MAY 23 2022 DHSR-MH Licensure Sect	7/15/2022

Division of Health Service Regulation

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

Katherine Benton,

TITLE

Director of Operations

(X6) DATE

5/20/2022

STATE FORM

6899

TLPX11

If continuation sheet 1 of 6

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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to dispose of medications in a manner that guards against diversion or accidental ingestion affecting 3 of 3 clients(#3 and #3). The findings are:</p> <p>Finding #1: Review on 5/12/22 of client #1's record revealed: -admission date of 3/5/10; -diagnoses of Autism Spectrum, Intermittent Explosive Disorder(D/O), GERD(Gastroesophageal Reflux Disorder), HTN(Hypertension), Constipation, Osteopenia and IDD(Intellectual Developmental Disability)-Moderate; -physician's order dated 9/8/21 for Cyclobenzapine 10mg one tablet as bed as needed(prn).</p> <p>Observations on 5/16/22 at client #1's medications revealed Cyclobenzapine 10mg one tablet as bed prn not on site.</p> <p>Review on 5/12/22 and 5/16/22 of client #1's MARs for 3/2022, 4/2022 and 5/2022 revealed client #1 had not been administered Cyclobenzapine 10mg one tablet as bed prn.</p> <p>Interview on 5/16/22 with staff #1 revealed prn medication was expired and has been re-ordered.</p> <p>Finding #2:</p>	V 119		

Division of Health Service Regulation

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V 119	<p>Continued From page 2</p> <p>Review on 5/12/22 of client #2's record revealed: -admission date of 1/28/11; -diagnoses of Major Depressive Disorder, OCD(Obsessive Compulsive Disorder), Intermittent Explosive D/O, IDD-Mild, Brittle Diabetes, Insomnia and GERD; -physician's order dated 8/23/21 for Artificial Tears 1-2 drops in eyes four times daily as needed.</p> <p>Observations on 5/16/22 at 10:10am of client #2's medications revealed Artificial Tears 1-2 drops in eyes four times daily as needed over the counter with expiration date of 3/2022.</p> <p>Review on 5/12/22 and 5/16/22 of client #2's MARs for 3/2022, 4/2022 and 5/2022 revealed client #2 had not been administered Artificial Tears 1-2 drops in eyes four times daily as needed.</p> <p>Interview on 5/16/22 with staff #1 revealed she was not aware the medication was expired.</p> <p>Finding #3: Review on 5/12/22 of client #3's record revealed: -admission date of 1/28/11; -diagnoses of Unspecified Psychosis, Schizophrenia, IDD-Mild, GERD, overactive balder, insomnia and movement disorder; -physician's order dated 2/11/22 for the following medications: Naproxen 500mg one tablet twice daily prn and Promethazine 25mg one tablet every 4 hours prn.</p> <p>Observation on 5/16/22 at 10:00am of client #2's medications revealed Naproxen 500mg one tablet twice daily prn and Promethazine 25mg one tablet every 4 hours prn not on site.</p> <p>Review on 5/12/22 and 5/16/22 of client #3's</p>	V 119		

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V 119	Continued From page 3 MARs for 3/2022, 4/2022 and 5/2022 revealed client #3 had not been administered Naproxen 500mg one tablet twice daily prn and Promethazine 25mg one tablet every 4 hours prn. Interview on 5/16/22 with staff #1 revealed -the prn medications were expired; -new ones have been re-ordered; -should be delivered today. Additional observations on 5/16/22 at 2:50pm of client #3's medications produced by staff #1 revealed: -Naproxen 500mg one tablet twice daily prn dispensed 5/12/22; -Promethazine 25mg one tablet every 4 hours prn dispensed 5/12/22.	V 119		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled	V 120	V 120 RHA Health Services will ensure all medication requirements are met. The Nurse will in-service train the direct care staff to store all external medications separately from internal medications in the medication storage closet. This will be reviewed through the monthly Nursing House Assessment. This will be monitored through the monthly CQI & Safety Meetings. In the future the Nurse and Residential Team Leader will ensure all medications are stored correctly and separately.	7/15/2022

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V 120	<p>Continued From page 4</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each client and separately for external and internal use affecting 2 of 3 clients(#2, #3). The findings are;</p> <p>Finding #1: Review on 5/12/22 of client #1's record revealed: -admission date of 3/5/10; -diagnoses of Autism Spectrum, Intermittent Explosive Disorder(D/O), GERD(Gastroesophageal Reflux Disorder), HTN(Hypertension), Constipation, Osteopenia and IDD(Intellectual Developmental Disability)-Moderate; -physician's order dated 12/2/21 for Imiquimond Cream apply at bed.</p> <p>Observations on 5/16/22 at 10:25am of client #1's medications revealed Imiquimond Cream apply at bed stored with client #1's internal medications.</p> <p>Finding #2: Review on 5/12/22 of client #2's record revealed: -admission date of 1/28/11; -diagnoses of Major Depressive Disorder, OCD(Obsessive Compulsive Disorder), Intermittent Explosive D/O, IDD-Mild, Brittle Diabetes, Insomnia and GERD; -physician's order dated 8/23/21 for Tolfaftate Powder apply once daily as needed.</p>	V 120		

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V 120	<p>Continued From page 5</p> <p>Observations on 5/16/22 at 10:10am of client #2's medications revealed Tolfaftate Powder apply once daily as needed not with his other medications.</p> <p>Interview on 5/16/22 with staff #1 revealed: -unable to find client #2's Tolfaftate Powder apply once daily as needed; -know he has the powder; -not in his medication box.</p> <p>Further observations on 5/16/22 at 10:25am revealed client #2's Tolfaftate Powder apply once daily as needed stored in client #1's prn medication box.</p>	V 120		



May 20, 2022

Ms. Gina McLain
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-013-159 Captains Watch

RECEIVED
MAY 23 2022
DHSR-MH Licensure Sect

Dear Ms. McLain:

Please see the enclosed Plan of Correction (POC) for the deficiency cited at the Captains Watch Group Home during your annual survey visit on 5/16/2022. We have implemented the POC and invite you to return to the facility on or around 7/15/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Captains Watch Group Home (MHL-013-159).

Sincerely,

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

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