

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/11/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

QUALITY-CARE BEHAVIORAL HEALTH II

**301 FOURTH STREET
MAYSVILLE, NC 28555**

(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 and follow up survey was completed on May 11, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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 118	<i>V 118 - 27G.0209 (c) Medication Requirements: Quality Care Behavioral Health services will follow the medication rule as stated. Quality Care Behavioral Health services, will obtain copies of written prescriptions from the doctor or pharmacy. Quality Care Behavioral will write on MAR's and administer as prescribed. Quality-Care QP will match current prescriptions, and MAR's after each medical appointment for accuracy, to stay in compliance with the Medication Requirement Rule.</i>	<i>5/16/22</i>

Division of Health Service Regulation

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

Brenda Hick

STATE FORM

6899

8FOX11

TITLE
DHSR - Mental Health

(X6) DATE

5/16/2022

MAY 20 2022

If continuation sheet 1 of 3

Lic. & Cert. Section

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH II		STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555		
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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, observations and interviews the facility failed to keep the MARs current for 1 of 2 current clients (#1). The findings are:</p> <p>Review on 5/11/22 of client #1's record revealed: - 22 year old male admitted 6/06/17. - Diagnoses included Autism Spectrum Disorder with accompanying intellectual impairment; Schizoaffective Disorder, unspecified; Attention Deficit Hyperactivity Disorder, combined presentation; and Persistent Motor Tic Disorder. - "[client #1] Medication List" dated 4/13/22 and signed by the Family Nurse Practitioner-Certified (FNP-C) included "Fluticasone Propionate (used to treat nasal congestion) 50 mcg (micrograms)/INH (inhalation) . . . Inhale (1) spray in each nostril daily as needed/self-administer."</p> <p>Review on 5/11/22 of client #1's MARs for March 2022 - May 2022 revealed transcription for fluticasone 50 mcg 1 spray each nostril daily with staff initials to indicate the medication was administered daily.</p> <p>Observation on 5/11/22 at 10:40 am of client #1's medications on hand revealed fluticasone 50 mcg "1 to 2 sprays each nostril as needed" dispensed</p>	V 118		

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

QUALITY-CARE BEHAVIORAL HEALTH II

**301 FOURTH STREET
MAYSVILLE, NC 28555**

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V 118	<p>Continued From page 2</p> <p>4/28/22.</p> <p>During interview on 5/10/22 client #1 stated he took his medications daily with staff assistance.</p> <p>During interview on 5/11/22 the Qualified Professional/Director stated:</p> <ul style="list-style-type: none"> - Client #1's fluticasone was given to him everyday; "he just does what he does." - At the medical providers' request, she compiled lists of the clients' medications and had the medical providers sign and date the lists when the clients had their annual physical exams. - The medical providers did not always review the medication lists for accuracy. - New prescriptions were typically sent straight to the pharmacy by the doctors' office and she did not receive a copy unless she requested one from the pharmacy. 	V 118		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL052-012	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/11/2022
NAME OF FACILITY QUALITY-CARE BEHAVIORAL HEALTH II		STREET ADDRESS, CITY, STATE, ZIP CODE 301 FOURTH STREET MAYSVILLE, NC 28555

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 V0536	Correction	ID Prefix V0736	Correction	ID Prefix	Correction
Reg. # 27E .0107	Completed	Reg. # 27G .0303(c)	Completed	Reg. #	Completed
LSC	05/11/2022	LSC	05/11/2022	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 	DATE 5/11/22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE

FOLLOWUP TO SURVEY COMPLETED ON
2/13/2020

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 13, 2022

DHSR - Mental Health

MAY 20 2022

Lic. & Cert. Section

Brenda Hicks, Qualified Professional/Director
Quality-Care Behavioral Health Services, Inc.
PO Box 942
Maysville, NC 28555

Re: Annual and Follow Up Survey completed 5/11/22
Quality-Care Behavioral Health II, 301 Fourth Street, Maysville, NC 28555
MHL # 052-012
E-mail Address: qcbhs@yahoo.com

Dear Ms. Hicks:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed May 11, 2022.

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. An additional deficiency was cited during the survey.

Enclosed you will find the deficiency 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 deficiency found, the time frame 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 July 10, 2022.

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

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.***

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, South Coastal Team Leader, at 910-214-0350.

Sincerely,



Connie Anderson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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