

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL052-002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/11/2022
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NAME OF PROVIDER OR SUPPLIER QUALITY-CARE BEHAVIORAL HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 402 MAPLE AVENUE MAYSVILLE, NC 28555
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 11, 2022. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 3 and current has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>VII8-27G.0209 (C) Medication Requirements: Quality Care Behavioral Health Services will follow the medication rule as stated.</p>	5/16/22
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	<p>Quality-Care Behavioral Health Services, will obtain copies of written prescriptions from the doctor or pharmacy. Quality-Care Behavioral Services will write on MAR's and administer as prescribed.</p> <p>Quality-Care Behavioral Services QP will match current prescriptions, and MAR's after each medical appointment for accuracy, to stay in compliance with the medication Requirement Rule.</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Brenda Hick

TITLE (X6) DATE

QP **DHSR - Mental Health** 5/16/22

STATE FORM

6899

H7R011

MAY 20 2022

If continuation sheet 1 of 6

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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 review, observation and interview the facility failed to keep the MARs current for 3 of 3 audited clients (#1, #2, and #3). The findings are:</p> <p>Review on 5/10/22 of client #1's record revealed: - 65 year old female admitted 4/11/19. - Diagnoses included Intellectual/Developmental Disability, moderate; Persistent Depressive Disorder; Unspecified Anxiety Disorder; Osteoporosis; Vitamin D Deficiency; Seizure Disorder; Binge Eating Disorder; and Hypertension. - Physician's order signed and dated 7/15/21 for Ventolin Inhaler (bronchodilator) 50 micrograms (mcg), 2 inhalations every 8 hours as needed. - No Physician's order for fluticasone 50 mcg 2 sprays in each nostril once daily.</p> <p>Review on 5/10/22 of client #1's MARs for March 2022 - May 2022 revealed: - Transcription for Ventolin Inhaler 2 inhalations every 8 hours as needed. - No transcription for fluticasone (used to treat nasal congestion) 50 mcg, 2 sprays in each nostril once daily.</p> <p>Observation on 5/10/22 at 10:45 am of client #1's</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>medications on hand revealed: - No Ventolin Inhaler. - Fluticasone 50 mcg dispensed 1/06/21; discard by date 1/06/22.</p> <p>During interview on 5/10/22 client #1 stated she took her medications daily with staff assistance and to her knowledge had never missed any medications.</p> <p>Review on 5/10/22 of client #2's record revealed: - 63 year old female admitted 3/29/16. - Diagnoses included Intellectual/Developmental Disability; Trisomy 21; Dementia; Type II Diabetes; Seizure Disorder; Hypertension; Osteoarthritis; Enuresis, nocturnal & diurnal; Encopresis w/constipation & overflow incontinence; and Chronic Anemia. - "[client #2] Medication List 2-22-22" signed by the Physician included cetirizine (antihistamine) 10 mg "Take (1) tablet by mouth twice daily as needed for allergies."</p> <p>Review on 5/10/22 of client #2's MARs for March 2022 - May 2022 revealed: - Transcription for cetirizine 10 mg 1 tablet twice daily as needed; staff initials that the medication was administered twice daily.</p> <p>Observation on 5/10/22 at 12:05 pm of client #2's medications on hand revealed cetirizine 10 mg one tablet by mouth twice daily, dispensed 2/21/22.</p> <p>During interview on 5/10/22 client #2 stated the Qualified Professional/Director (QP/D) administered her medications daily.</p> <p>Review on 5/10/22 of client #3's record revealed: - 74 year old female admitted 1/13/17.</p>	V 118		
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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - Diagnoses included Intellectual/Developmental Disability, moderate; Depression; Osteoarthritis; and Gastroesophageal Reflux Disease. - "[client #3] Medication List 2-24-22" signed by the Family Nurse Practitioner-Certified (FNP-C) included: <ul style="list-style-type: none"> - Arthritis Pain Relief 650 mg 2 tablets every 8 hours as needed - levocetirizine (antihistamine) 5 mg take 1 tablet daily - Order signed by the FNP-C dated 4/21/22 for blood sugar testing once weekly. - An undated prescription signed by a Physician for blood sugar testing twice weekly. - Staff documentation client #3's blood sugar testing was completed twice weekly March 2022 - May 2022. <p>Review on 5/10/22 of client #3's March 2022 - May 2022 MARs revealed:</p> <ul style="list-style-type: none"> - The following transcriptions: <ul style="list-style-type: none"> - Arthritis Pain Relief 650 mg 2 tablets every 8 hours as needed; staff initials that the medication was administered twice daily at 8:00 am and 8:00 pm March 2022 - April 2022, and once daily at 8:00 am May 1 - May 11, 2022. - levocetirizine 5 mg "Take (1) tablet by mouth daily (NIGHT)"; with staff initials that the medication was administered daily at 8:00 am. - "Prodigy auto code meter, test strips, lance" to be used for blood sugar testing at 7:00 am; documentation of twice weekly blood sugar testing was separate from the MAR. <p>Observation on 5/10/22 at 1:30 pm of client #3's medications on hand revealed:</p> <ul style="list-style-type: none"> - Arthritis pain relief 650 mg 2 tablets every 8 hours dispensed 2/15/22. - levocetirizine 5 mg "Take (1) tablet by mouth daily (NIGHT)" dispensed 4/18/22. 	V 118		

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> - Prodigy blood sugar test strips "Use to test blood sugar weekly" dispensed 4/21/22. <p>During interview on 5/10/22 client #3 stated:</p> <ul style="list-style-type: none"> - The QP/D administered her medications daily. - The Physician verbally told the QP/D to do blood sugar testing twice weekly. <p>During interviews on 5/10/22 and 5/11/22 the QP/D stated:</p> <ul style="list-style-type: none"> - The only inhaler she had known client #1 to have was the fluticasone that was prescribed when client #1 had COVID-19. - Client #1 was prescribed Ventolin and fluticasone when she was diagnosed with COVID-19, but she was only supposed to use them for 7 days. - She couldn't remember when client #1 had COVID-19, but it was sometime in 2021. - Client #2's cetirizine was administered twice daily as ordered; it was previously ordered for once daily as needed; the MAR was not changed when the Physician changed the order. - Client #3's arthritis pain relief was originally prescribed to be given every 8 hours but was later changed to "as needed." - She told the FNP-C the levocetirizine was making client #3 sleepy during the day and the FNP-C told her to administer it at night; "and I put it on the MAR to give it at night. I wrote night on the MAR so everyone would know to give it at night." - Client #3's blood sugar testing was done twice weekly "because that's what he told me to do." - "They gave me a new order with the date of 5/10 (2022) . . . but I told them it wouldn't do any good because you already saw it." - At the medical providers' request, she compiled lists of the clients' medications and had the medical providers sign and date the lists when 	V 118		

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V 118	<p>Continued From page 5</p> <p>the clients had their annual physical exams.</p> <ul style="list-style-type: none"> - 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. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL052-002	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/11/2022	Y3
NAME OF FACILITY QUALITY-CARE BEHAVIORAL HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 402 MAPLE AVENUE 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 _____	Correction	ID Prefix _____	Correction
Reg. # 27E .0107	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	05/11/2022	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>Corie Anderson</i>	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		<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		



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

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

DHSR - Mental Health

MAY 20 2022

Lic. & Cert. Section

Re: Annual and Follow Up Survey completed 5/11/22
Quality-Care Behavioral Health Services,
402 Maple Avenue, Maysville, NC 28555
MHL # 052-002
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 one of the deficiencies is 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

- Re-cited standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is June 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