

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-221	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/11/2022
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NAME OF PROVIDER OR SUPPLIER KERR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 514 OLIVE STREET WILMINGTON, NC 28401
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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	INITIAL COMMENTS An annual survey was completed on July 11, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 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		

Division of Health Service Regulation
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Meriah O'Brien *Meriah O'Brien* TITLE Administrator (X6) DATE 7/29/22

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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 administer medications as ordered by the physician, and maintain an accurate MAR affecting 2 of 3 clients audited (clients #3, #4). The findings are:</p> <p>Finding #1: Review on 7/8/22 of client #3's record revealed: -31 year old male admitted 1/15/22. -Diagnoses included moderate intellectual developmental disorder, autism spectrum disorder, and delusional disorder.</p> <p>Review on 7/8/22 of client #3's orders and April 2022-July 2022 MARs revealed: -Order dated 12/13/21 and 4/20/22 for Propranolol 10 mg (milligrams) 3 times daily, scheduled at 8 am, 3:30 pm, and 8 pm. (tachycardia) -4/15/22 8 pm dose of Propranolol 10 mg had not been documented. -Order dated 12/13/21 and 4/20/22 for Deep Sea nasal spray 0.65%, 2 sprays in each nostril as needed for a stuffy nose. -Deep Sea nasal spray 0.65% was documented as administered twice on 4/27/22, and once on 7/1/22 and 7/6/22. The time the medication was administered had not been documented.</p>	<p>This rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to administer Medications as ordered by the physician, and Maintain an accurate MAR affecting 2 of 3 clients Audited.</p> <p>Client 1 med administered but not documented on MAR. And prn given and signed for but not documented on Back of MAR. Client 2: No problem on hand, staff signed as administered.</p> <p>Plan of correction RHA nurse/home manager/DSA, will ensure all Medications are available when cycle medications are Delivered. If a medication is not sent with monthly order, Nurse will inform home manager and pharmacy to ensure Medications is obtained for distribution. RHA home manager Will check in all meds upon arrival and ensure all medications Present. RHA DSA will review all medications to be given on MAR. DSA will do 3 checks on all meds before and after given meds, To ensure all medications prescribed are available and administered. If any issues, DSA will report immediately to home manager. Monitoring of this process will be the responsibility of RHA Nurse and Home manager, and will take place at least monthly/as needed.</p>
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V 118	<p>Continued From page 2</p> <p>Interview on 7/7/22 client #3 stated: -He took medications. -Staff administered his medications and they always had his medications.</p> <p>Finding #2: Review on 7/8/22 of client #4's record revealed: -29 year old female admitted 6/5/21. -Diagnoses included moderate intellectual developmental disorder, Down Syndrome, anxiety, and hashimobo's thyroiditis.</p> <p>Review on 7/8/22 of client #4's orders and April 2022-July 2022 MARs revealed: -Order dated 2/3/22 for Probiotic-Prebiotic, 1 Capsule daily. (digestive health) -Probiotic-Prebiotic, scheduled at 8 am, had been documented daily in June and July 2022. -Order dated 4/25/22 for Flonase nasal spray twice into each nostril daily in the morning. (allergy symptoms) -Flonase nasal spray was not documented between 4/25/22 and 4/30/22.</p> <p>Observation of client #4's medications on 7/8/22 at 11:26 am revealed: -There was no Probiotic-Prebiotic on hand. -Other routine medications had been dispensed in bubble packs, dispense dates either 6/16/22 or 6/21/22. -7 or 8 doses had been removed from the other bubble packs on hand for routine medications.</p> <p>Unable to interview client #4 about her medications on 7/7/22 due to her intellectual disability and communication skills.</p> <p>Interview on 7/8/22 the Home Manager stated: -Client #4's Probiotic-Prebiotic had not been</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>received with the June "batch" of medications delivered by the pharmacy. -Typically the medications received in the "batch" would be started on the first of the following month. -It was possible the staff had signed client #4's July MAR and not realized the medication was not on hand to be given. -No one had reported to the Home Manager that client #4 did not have her Probiotic-Prebiotic.</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		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 7/7/22 at 3:38 pm and on 7/8/22 between 12:15 pm and 2:00 pm revealed: -Dead bug/dust/dirt debris clinging to the front entry porch light and siding. -Particles of black debris collected in eating</p>	V 736		

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V 736	<p>Continued From page 4</p> <p>utensil drawer in kitchen.</p> <p>-Paint worn from wall above trashcan to the right on entry into the kitchen.</p> <p>-Bathroom in client #5's room: Water stain on ceiling approximately 3 feet in diameter. Light in overhead fan was not operable. Light fixture globe discolored dark gray.</p> <p>-Client #4's room: several areas of discoloration on crown molding approximately 12 inches in length.</p> <p>-Water stain on hall ceiling approximately 24 inches by 18 inches in size. A smaller area of staining, about 3 inches by 5 inches next to hall ceiling light.</p> <p>-Laundry room: small device, about the size of a light socket, connected into the wall near ceiling and to one's right on entry. The device was dangling with wires exposed. No cover over the device.</p> <p>-Door over the attic access in hallway was covered with stains the size of hand prints.</p> <p>Interview on 7/8/22 the Home Manager stated:</p> <p>-The water stains on the ceiling were caused by leaks from the air conditioner in the attic space.</p> <p>-There were leaks and stains from a year ago, and recent leaks had increased the staining.</p> <p>-No one knew what the device was in the laundry room.</p> <p>-She would follow up and make sure the cabinets were cleaned in the kitchen.</p>	V 736	<p>V736 27G. 0303 @ facility and grounds maintenance</p> <p>This rule is not met as evidence by:</p> <p>Based on observation and interview, the facility was not Maintained in a safe, clean, attractive and orderly manner.</p> <p>The findings are Dead bug/dust dirt clinging to the front Entry porch light and siding.</p> <p>Utensil drawer in kitchen had debris.</p> <p>Paint worn from wall above trashcan to the right.</p> <p>Bathroom had a water stain on the ceiling and fan not operable.</p> <p>Water stain on hall ceiling.</p> <p>Laundry room no cover on wire hanging from wall.</p> <p>Attic door hand print sized stains.</p> <p>Plan of correction:</p> <p>All area mentioned above will be addressed</p> <p>ie. Home will be pressure washed, utensil drawer Will be cleaned, paint will be touched up near trash can, Stain on ceilings will be painted</p> <p>Electrician will be contacted to fix bathroom light and fan.</p> <p>Laundry room wires will be covered.</p> <p>Monitoring of this process will be the responsibility of RHA Administrator/home manager and will take place at least</p>	
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Completion Date
8/30/22



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

July 19, 2022

Meriah Obrien
RHA Health Services NC, LLC
3255 Burnt Mill Drive
Wilmington, NC 28403

Re: Annual Survey completed July 11, 2022
Kerr House, 514 Olive Street, Wilmington NC 28401
MHL # 065-221
E-mail Address: mdeegan2@rhanet.org

Dear Ms. Obrien:

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

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

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 9, 2022.

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.

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

7/19/22
Kerr House
RHA Health Services NC, LLC

- 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 at 910-214-0350.

Sincerely,



Betty Godwin, RN, MSN
Nurse Consultant
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



RHA Health Services, LLC,
WAVE
3255 Burnt Mill Dr. Suite 5
Wilmington, NC 28403
Phone: 910-251-6616
Fax 910-254-1118

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

Handwritten form with fields: To: NC DHHS, From: RHA - Meigh O'Brien, Date: 7/29/22, and checkboxes for Urgent, For Review (checked), As Requested, Please Reply, and Please Recycle.

Confidentiality Note: The enclosed facsimile transmission contains confidential medical record information. This information has been disclosed to the recipient identified above and is protected by State and Federal law.