

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 August 25, 2022. Deficiencies were 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 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 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 observation, record reviews, and interviews the facility failed to ensure that medications were administered as prescribed by physician orders and the Medication Administration Records (MAR) were kept current for each client affecting 1 of 3 audited clients (Client #5). The findings are:</p> <p>Review on 8-23-22 of Client #5's record revealed: Admission date: 5-28-2015. -Diagnoses: Severe intellectual disabilities, Conduct disorder, Hypothyroidism, Anxiety disorder, Bipolar disorder, and Congenital iodine-deficiency syndrome.</p> <p>Review on 8-24-22 of Physician's orders for Client #5 revealed: -Sertraline HCL 50mg. take 1.5 tablets (75mg total) by mouth daily. Dated 3-21-22. -Sertraline HCL 100mg for anxiety. Take one tablet (100mg total) by mouth daily. Dated 5-12-22.</p> <p>Review on 8-23-22 and 8-24-22 of the MAR for May for Client #5 revealed: -Sertraline HCL 75mg - 1.5 tabs given two times a day for the entire month.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 118	<p>Continued From page 2</p> <p>Review on 8-23-22 and 8-24-22 of the MAR for June for Client #5 revealed: -Sertraline HCL 75mg - 1.5 tabs given two times a day from 6-1-22 to 6-23-22. -Sertraline HCL 75mg - 1.5 tabs given one time a day on 6-24-22 and 6-25-22. -Sertraline HCL 100mg - 1 tab given one time a day on 6-26-22 to present.</p> <p>Observation on 8-23-22 at 3:03 pm of the medications for Client #2 included: -Sertraline HCL 100mg - Take 1 tablet by mouth daily. -Date dispensed - 5-12-22.</p> <p>Interview on 8-23-22 with Client #5 revealed: -Did not know the specific physician's order for his medication but felt that he received his medication without problem.</p> <p>Interview on 8-24-22 with the House Manager revealed: -Responsible for picking up medications and filling out the MARs, including when a medication change occurs. -"I'm going to say what happened (about Client #3's medication) was when we discontinued the one pill to the two, we got the bottles switched. I don't know how else it could have happened." -When asked about the new order not being written on the MAR, "I don't know what I can say, it's not there." -Didn't realize that Client #2's medication was a PRN. -Trained in Medication Administration on 3-10-16 and subsequently received annual refresher training.</p> <p>Interview on 8-25-22 with the Qualified Professional (QP)/Administrator revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 118	<p>Continued From page 3</p> <p>-"The house managers are responsible for...the MARs and getting those done each month. They keep up with the prescriptions ..."</p> <p>-"I do look at the medication sheets when I sign off monthly, but don't look at them closely to catch those funky errors."</p> <p>-"I wasn't clear on the MAR. I wasn't checking them."</p> <p>-"The things you pointed out to me; I was unaware of." (Client #5 medication discrepancies).</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(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.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 119	<p>Continued From page 4</p> <p>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 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting 1 of 3 audited clients (Client #5). The findings are:</p> <p>Review on 8-23-22 of Client #5's record revealed: Admission date: 5-28-2015. -Diagnoses: Severe intellectual disabilities, Conduct disorder, Hypothyroidism, Anxiety disorder, Bipolar disorder, and Congenital iodine-deficiency syndrome.</p> <p>Review on 8-24-22 of Physician's orders for Client #5 revealed: -Acetaminophen 325 mg tablet - take 1 tablet every 4 hours as needed. Dated 6-29-21.</p> <p>Observation on 8-23-22 at 3:03 pm of Client #5's medications included: -Acetaminophen 325 mg tablet - Expiration date 6-29-22.</p> <p>Interview on 8-24-22 with the House Manager revealed: -Was responsible for keeping the medication stocked and disposal of expired medication. -Unsure how the expired medication was</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/25/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
---	--

(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 119	Continued From page 5 overlooked. Interview on 8-25-22 with the Qualified Professional (QP)/Administrator revealed: -"The house managers ...keep up with the prescriptions and disposal ..." -"I do look at the medication sheets when I sign off monthly, but don't look at them closely ..." -Did not cover shifts in the house and review medications.	V 119		