

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
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NAME OF PROVIDER OR SUPPLIER PLEASANT HILL GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 82 BOYD STREET ANDREWS, NC 28901
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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 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	<p>DHSR - Mental Health</p> <p>SEP 15 2022</p> <p>Lic. & Cert. Section</p>	
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>V118.</p> <p>To correct this deficiency we have switched to a Pharmacy generated MAR that the QP inspects for accuracy at the beginning of each month. We have also made files for each residents current prescriptions that the QP will keep current and compare to the MAR at the beginning of each month. By having</p>	

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

Just Cooner

TITLE

Executive Director

(X6) DATE

9-11-22

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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 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	<p><i>the Pharmacy produce the MAR, we will be more likely to rule out human error in changing the prescription strength or amount. The QP will be responsible for checking the MAR and prescriptions every month. The QP will also be responsible for updating the prescriptions in the files as they change.</i></p>	
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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		

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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. 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	<p>V119.</p> <p>To correct this deficiency the QP will meet with house manager and go through residents medication cubbies to remove and update any out of date medications and PRN meds. I will dispose of any out of date meds correctly and obtain a new script and medication as needed.</p>	

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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	<p>The QP and house manager will be responsible for this medication inspection and it will occur at the beginning of every month.</p>	
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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		
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 2, 2022

Jacob Cresmen
ARC Cherokee/Clay Inc.
82 Boyd Street
Andrews, NC 28901

Re: Annual Survey completed August 25, 2022
Pleasant Hill Group Home, 82 Boyd Street, Andrews, NC 28901
MHL # 020-006
E-mail Address: arcofcc@gmail.com

Dear Mr. Cresmen:

Thank you for the cooperation and courtesy extended during the Annual survey completed August 25, 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 October 24, 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.
- Indicate **who will monitor** the situation to ensure it will not occur 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

September 2, 2022
Pleasant Hill Group Home
ARC Cherokee/Clay, Inc.

- 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 Barbara Perdue at 336-861-6283.

Sincerely,



Benjamin Robinson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: dhhs@vayahealth.com
Pam Pridgen, Administrative Supervisor