

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/05/2022
NAME OF PROVIDER OR SUPPLIER STAMEY HOME 1		STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD MARION, NC 28752		
(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, complaint and follow up survey was completed on December 5, 2022. The complaint was substantiated (intake #NC 00193638). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living For Individuals With a Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	DHSR - Mental Health FEB 02 2023 Lic. & Cert. Section	
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;	V 118	V118 Qualified Professional is checking in on a more frequent basis to ensure medication protocols are being followed. RN has re-trained staff in the facility on proper medication administration and documentation. CEO has completed a new yearly facility training that includes all requirements of the facility. This includes medication requirements. Compliance Specialist will do period check ins to ensure rules are being properly followed.	2/1/2023

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



(X6) DATE

1/30/2023

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V 118	<p>Continued From page 1</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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 and interview the facility failed to ensure the MAR was kept current affecting 1 of 1 audited former clients (FC) #4). The findings are:</p> <p>Review on 11-10-22 of FC #4's record revealed: -Admission date: 7-8-22. -Discharge date: 9-26-22 -Diagnoses: Coarctation of Aorta; Congenital Insufficiency of Aortic Valve; Cerebral Palsy; Other Disorder of Psychological Development; Asthma; Pre-Excitation Syndrome; Conduct Disorder; Mild Intellectual Developmental Disability; Impulse Control Disorder; Oppositional Defiant Disorder; Constipation; Attention Deficit Hyperactivity Disorder; Thoracic Aortic Ectasia; Anemia; Wolff-Parkinson-White Syndrome.</p> <p>Review on 11-10-22 of FC #4's Physician's orders revealed: -Order dated 7-19-22 for fluoxetine hydrochloride (HCL) (for depression) 20 milligrams (mg) take one capsule orally each morning along with a 40 mg capsule for a 60 mg dose. -Order dated 9-1-22 to discontinue fluoxetine</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(HCL) 20 mg tablet. -Order dated 9-1-22 to discontinue fluoxetine (HCL) 40 mg tablet. -Order dated 9-1-22 for fluoxetine (for depression) 20 mg/5 milliliter (ml) oral solution. Take 15 ml (60 mg dose) orally each morning. -Order dated 7-15-22 for Rexulti (anti-psychotic) 1 mg tablet take one tablet orally once daily. -Order dated 9-1-22 to discontinue Rexulti. -Order dated 7-25-22 for Risperdal (anti-psychotic) 2 mg take one tablet orally at bedtime. -Order dated 9-1-22 to discontinue Risperdal 2 mg tablet and change to 2 mg oral solution by mouth once daily.</p> <p>Review on 11-10-22 of FC #4's July 2022, August 2022 and September 2022 MAR's revealed: -Fluoxetine HCL 20 mg capsule was not discontinued until 9-8-22. -Fluoxetine HCL 40 mg capsule was not discontinued until 9-8-22. -Fluoxetine 15 ml oral solution was not documented as having been administered until 9-8-22. -Rexulti 1 mg tablet was not discontinued until 9-8-22. -Risperdal 2 mg tablet was not discontinued until 9-8-22. -Risperdal 2 mg oral solution was not documented as having been administered until 9-8-22.</p> <p>Interview on 11-9-22 with staff #1 revealed: -"He (FC #4) was good for a couple of weeks then he started to decline." -On August 28th he started refusing his meds. -"We tried everything we couldreward system....anything anybody could throw at us to help."</p>	V 118		

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V 118	Continued From page 3 -When medications were refused staff completed incident reports to document the refusal. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interviews the facility was not kept free from offensive odor. The findings are: Observation on 11-9-22 at 9:55 am revealed: -A strong odor of urine in the bathroom causing the the Department of Health Service Regulations surveyor's eyes to water. -A foul smell of body odor in bedroom #2. Interview on 11-15-22 with staff #2 revealed: - "I have noted an odor a time or two." - "We have one guy (client #2) here that does not have a lot of body control. He gets up a lot during the night and of course [staff #1] is sleeping at night. So sometimes in the morning [staff #1] has to clean up behind him." Interview on 11-14-22 with the Qualified	V 736	V736 Facility staff did a deep clean of whole house to eliminate the smell of urine. QP visited the home the following day and noted that the home was free of offensive odor. Facility staff will empty ensure that members who urinate on themselves are immediately cleaned with room being immediately cleaned to prevent smell. Facility staff will ensure that bathroom is kept cleaned daily to prevent odors. QP will monitor facility on a monthly basis to ensure the grounds are kept free of an offensive odor. Compliance specialist will do periodic drop ins to ensure home remains free of offensive odors.	1/30/2023

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V 736	<p>Continued From page 4</p> <p>Professional revealed: -She agreed there was a foul odor in the facility. -She addressed the odor issue with staff #2 who addressed the issue immediately. -There was an issue with "a septic toilet smell ...it seems to be when we get a lot of rain there is an odor there. It ' s all guys in that house and sometimes it smells like guys ..." -She began coming to the home twice monthly to keep a check on the environmental issues.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		

Late due to not receiving until 1/19/23

From: [REDACTED]
To: [REDACTED]
Cc:
Subject: FW: DHSR-Mental Health survey results for Stamey Home 1 059-077 FID: 150352
Date: Thursday, January 19, 2023 9:19:13 AM
Attachments: [image001.png](#)
[059-077_2567L_12-5-22.pdf](#)
[059-077_2567_12-5-22.pdf](#)

[REDACTED]

Please see the email sent on 12/16/22. My apologies, your email was omitted in error. Please contact Eileen Moreno (336-247-0107) if you have questions.

Thank you!

[REDACTED]
Team Leader
Division of Health Service Regulation, Mental Health Licensure & Certification Section
NC Department of Health and Human Services

[REDACTED]
1800 Umstead Drive, Williams Building
2718 Mail Service Center
Raleigh, NC 27699-2718



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From: Grier, Lynn M
Sent: Friday, December 16, 2022 11:12 AM
To: Pridgen, Pam <Pam.Pridgen@dhhs.nc.gov>; 'dhhs@vayahealth.com' <DHHS@vayahealth.com>; Partners Behavioral Health (QM@partnersbhm.org) <QM@partnersbhm.org>

Subject: DHSR-Mental Health survey results for Stamey Home 1 059-077 FID: 150352

Importance: High

Please find attached the results of the survey completed on 12/5/22 by the MHL&C Section.

[REDACTED]
Team Leader

Division of Health Service Regulation, Mental Health Licensure & Certification Section
NC Department of Health and Human Services

[REDACTED]
1800 Umstead Drive, Williams Building
2718 Mail Service Center
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