FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ MHL0601464 B. WING\_ 01/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE 02/16/2023 ROPES, INC **CHARLOTTE, NC 28213** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 **INITIAL COMMENTS** V 000 A limited follow up survey for the Type A1 was completed on 01/23/2023. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V116), 10A NCAC 27G .0209 Medication Requirements (V117), and 10A NCAC 27G .0209 Medication Requirements (V118), were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G .0209 Medication Requirements (V116) and 10A NCAC 27G .0209 Medication Requirements (V117). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. V 118 V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: DHSR - Mental Health (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law FEB 21 2023 to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing Lic. & Cert. Section 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	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 JXZG11 If continuation sheet 1 of 7

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V 118	Continued From page 1	V 118	
	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.  (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.		
	This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure medications were administered on the written order of a physician and failed to keep MARs current affecting 2 of 3 Clients (#1 and #2). The Findings are: Findings #1:		
	Review on 12/14/2022 of Client #1's record revealed: -10-year-old maleAdmitted 08/30/2022Diagnosed with Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Moderate Intellectual Developmental Disability (IDD), and Schizophrenia.		
	Review on 12/14/2022 of Client #1's signed		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

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(X3) DATE SURVEY COMPLETED

# STREET ADDRESS, CITY, STATE, ZIP CODE

## 10721 GLENLUCE AVENUE

## ROPES, INC

## CHARLOTTE, NC 28213

(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	Continued From page 2  physician orders revealed: -Atomoxetine HCL (Hydrochloric Acid) (attention)- 25 milligram (mg)- take 1 capsule by mouth every morning dated 11/22/2022Guanfacine HCL (attention) 2 mg- take 1 tablet (tab) by mouth twice a day dated 11/22/2022Prazosin HCL (urinary retention) 1 mg- take 1 capsule (cap) by mouth every day at bedtime dated 11/22/2022Depakote Sprinkles (mood stabilizer) 125 mg take 1 cap TID (three times a day) dated 11/22/2022.	V 118		
	Review on 12/14/2022 of Client #1's December 05, 2022-December 14, 2022, MAR revealed: No administration for; -Atomoxetine HCL 25 mg on 12/10/2022 and 12/11/2022 at 8 amGuanfacine HCL 2 mg on 12/5/2022, 12/6/2022, 12/10/2022, 12/11/2022 for 8 am and 8 pm and 12/12/2022 at 8 pmPrazosin HCL 1 mg on 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, and 12/12/2022 at 8 pmDepakote Sprinkles 125 mg on 12/5/2022, 12/10/2022 and 12/11/2022 for 8 am; 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022, 12/10/2022, 12/11/2022, and 12/11/2022 for 8 am; 12/5/2022, 12/6/2022, 12/7/2022, 12/8/2022, 12/9/2022 for 4 pm and 8 pm.			
	Findings #2:  Review on 12/14/2022 of Client #2's record revealed: -16-year-old maleAdmitted 11/08/2021Diagnosed with Disruptive Mood Disorder, Conduct Disorder, and Persistent Depressive Disorder.			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: MHL0601464 B. WING \_ 01/23/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10721 GLENLUCE AVENUE ROPES, INC CHARLOTTE, NC 28213 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 3 V 118 Review on 12/14/2022 of Client #2's signed physician orders revealed: -Abilify 10 mg (antipsychotic)- take 1 tab by mouth every morning dated 11/30/2022. -Tegretol (mood stabilizer) 200 mg- take 1 tab by mouth twice daily dated 11/10/2022. -Concerta HCL ER (attention) 36 mg- take 1 tab daily dated 09/12/2022. -No order for Concerta HCL ER 27 mg. Review on 12/14/2022 of Client #2's December 05, 2022-December 14, 2022 MAR revealed: No administration for: -Abilify 10 mg on 12/11/2022 at 8 am. -Tegretol 200 mg on 12/11/2022 at 8 am. -Concerta HCL ER 36 mg on 12/14/2022 at 8 am. -No transcription for Concerta HCL ER 27 mg. Review on 01/19/2023 of Client #2's December 05, 2022-December 14, 2022 MAR revealed: -Error correction for Concerta HCL ER 36 mg to Concerta HCL ER 27 mg. -Staff initials added for; Abilify 10 mg on 12/11/2022 at 8 am, Tegretol 200 mg on

12/11/2022 at 8 am, and Concerta HCL ER

Observation on 12/14/2022 during a phone interview with the Licensee (L)/Executive Director (ED)/Qualified Professional (QP)

speaker phone, he was overheard instructing

27 mg on 12/14/2022 at 8 am.

Observation on 12/14/2022 at approximately 12:30 pm-12:50 pm of Client #2's medications revealed: -Bottle of Concerta HCL ER 27 mg dispensed from the pharmacy on

-No Concerta HCL ER 36 mg.

11/20/2022.

while on

the Lead QP to initial the MARs.						
Division of He	ealth Service Regulation					
		STATE FORM 6899 JX	ZG11 If continuat	ion sheet 4 of 7		
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Division	of Health Service Regu	lation			FORM	APPROVED
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NAME OF	PROVIDER OR SUPPLIER					
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ROPES,	INC	10721 GL	ENLUCE AVE	NUE		
CHARLOTTE, NC 28213						
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V 118	Continued From page 4	V 118	
	Interview on 12/14/2022 with the Lead QP revealed: -"Staff must have forgotten to initial after giving meds (medications)." -Had provided current physician orders for Clients #1 and #2.		
	Interview on 12/14/2022 with the L/ED/QP revealed: -"[Client #1] was in the hospital from 12/13/2022 to 12/17/2022. Staff should have initialed and circled and there should have been a note on the back of the MAR that said he was in the hospital and medications was not administered." -"The QP provide medication oversight and make sure meds are administered. We trained and retrained staff on the medication administration and we have our in-house training."		
	Interview on 01/19/2023 with the Lead QP revealed: -Was the QP for the facilityWas responsible for medication oversight"Maybe somebody forgot to sign them (MARs). I don't know what to say. We made sure everything was up to date. We are supposed to sign and date after we give them (meds)."		
	Interview on 01/19/2023 with the L/ED/QP revealed: -Was not a Registered Nurse (RN)Retrained the Lead QP on the medication process"The (Lead) QP is responsible for making sure everything match; the meds, MARs, and etc." -"Our process is for there to be two staff signatures on MARs."		
	-"We have a nurse to come in every month to make sure the meds, MARs, and orders match." -"No, there is not a nurse."		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL0601464	B. WING	01/23/2023

### STREET ADDRESS, CITY, STATE, ZIP CODE

## 10721 GLENLUCE AVENUE

### ROPES, INC

## CHARLOTTE, NC 28213

(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	Continued From page 5  -Would provide documentation to support staff retraining on medication administration processes.  Interview on 01/23/2023 with the L/ED/QP revealed:  -"I don't have the information (documentation to support staff retraining on medication administration processes)."  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.  Review on 01/23/2023 of the Plan of Protection written by the Licensee/Executive Director/Qualified Professional dated 01/23/2023 revealed:  "What immediate action will the facility take to ensure the safety of the consumers in your care? "Medications given must be updated in the MAR Form immediately after administration.  *Ropes has implemented a 2-party signature system which both the person administering and the witness must sign immediately.  *Ropes will enforce by writing up/possible termination/reassignment of lead QP on staff if found out of compliance.  *Ropes is also training on online MAR record system for off-site supervisor to be able to access at any moment.  Describe your plans to make sure the above happens.  *Lead QP must administer and initial each MAR before administration of next client/consumer. *Witness must also ensure MAR Form is signed immediately upon administration.  *Witness must also ensure MAR Form is updated at the time of administration.	V 118	Measure put in place to correct deficiency:  The lead QP will continue to monitor the MAR to ensure that it is current daily.  The house manager will act as backup to check for compliance every 24 hours and observe for any missed signatures on MAR.  No QP has been allowed or instructed to initial for another and that will continue.  Updated training addendum signed and verified by staff completed 02/17/2023.  If a dose signature is not accounted for immediately after dosing time the lead QP will contact staff responsible and director to confirm administration or missed dose.  If a dose signature is missed Lead QP will inform the director and staff will be educated on process or receive a write up.  House manager is responsible for checking MAR forms for initials daily in addition to it being Lead QP's responsibility.  House manager is also responsible for reviewing MAR form monthly by the 2nd of each month, to verify the medication orders match the MAR and blister pack.  Any missed dose must be initialed and circled by staff and reported to Lead QP.  All staff have been informed that all dose times require signature and confirmation of dose or missed dose despite the client being on the premises.  Medication orders:  Medication orders will be updated annually or in the event of a medication change or adjustment within 24 hours.  Ropes has medication orders signed	

	from prescribing doctors on file for each medication administered as confirmed by visit on 01/23.  Lead QP is responsible for ensuring medication orders are current and kept on file for each medication administered.  To prevent problems in the future the lead QP is also responsible for ensuring that medication changes/addition medication orders are on file prior to picking up meds but no longer than 48 hours in the event meds have to be picked up immediately. House manager is responsible for checking medication MAR forms against orders for any mistakes made by the QP.  In the event of an intake a client is required to have the medication order prior to being housed on premises and completed as part of the intake packet.
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	NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10721 GLENLUCE AVENUE  CHARLOTTE, NC 28213					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		

V 118	Continued From page 6	V 118		
	*Both signatures will ensure that MAR is updated at the time of administration.  *Online MAR records are being implemented (2nd Quarter 2023) and ability to access by of site supervisors/clinical staff for immediate access to ensure MAR is updated in proper fashion."  Client #1 was a 10-year-old male diagnosed with Autism Spectrum Disorder, ADHD, Moderate IDD, and Schizophrenia. Client #2 was a 16-year-old male diagnosed with Disruptive Mood Disorder, Conduct Disorder, and Persistent Depressive Disorder, Client #1 was prescribed Atomoxetine HCL, Guanfacine HCL, Prazosin HCL, and Depakote Sprinkles. Client #2 was prescribed Abilify, Tegretol, and Concerta HCL ER. The facility failed to administer and/or document administration of 24 medication dosages for Client #1 and 3 medication dosages for Client #2. On 12/14/2022, under the direction of the L/ED/QP, the Lead QP initialed the MARs after the fact for dates he did not administer medications to clients. In addition, facility failed to maintain current medication orders for Client #2. The facility administered a medication to Client #2 without a valid physician's order and failed to update the MAR to reflect the change in dosage. This deficiency constitutes a Continued Failure to Correct Type A1 rule violation originally cited for serious neglect. An administrative penalty of \$500.00 per day is imposed for failure to correct within 23 days.	V 118	<ul> <li>MAR is to be initialed by each QP, the Lead QP for the dates and times he was responsible, and each QP for the dates they were responsible.</li> <li>ED at no time has trained or instructed staff to initial for each other for doses not given.</li> <li>ED did in fact instruct Lead QP over the phone to initial for the dates he missed, including the day of survey for which it should have been completed 3 hours prior.</li> </ul>	