

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL012-145</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GREYSTONE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>114 ERWIN STREET MORGANTON, NC 28655</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on 4/17/23. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p><b>10A NCAC 27G .0206 CLIENT RECORDS</b></p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p>	V 113		

DHSR - Mental Health  
MAY 11 2023  
Lic. & Cert. Section

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

*Carolyn Miller*

TITLE  
*CEO*

(X6) DATE  
*5-5-2023*

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V 113	<p>Continued From page 1</p> <p>(7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility staff failed to maintain a complete client record to include consent for emergency treatment for 2 of 3 audited clients (Clients #1, #2). The findings are:</p> <p>Record review on 4/17/23 for Client #1 revealed: -Date of Admission-1/17/20 -Diagnoses- Schizophrenia, Bipolar, Depression, Gastroesophageal Reflux, Hyperlipidemia, Obstructive Sleep Apnea, Hypertension, Deaf. -He was his own guardian. -There was no signed consent for emergency treatment in his record.</p> <p>Record review on 4/17/23 for Client #2 revealed: -Date of Admission-1/17/20. -Diagnoses- Chronic Cough, Deaf, Major</p>	V 113	<p>Client 1, being his own guardian, signed the consent for emergency treatment on 4/17/2023. The guardian of Client 2 received the consent for emergency treatment on 5/5/2023 and we are awaiting signature and return of this.</p> <p>The consent packet has been reviewed and updated by QP to ensure all required consents, including emergency treatment, is included and available to be signed upon admission and annually at time consents are due for renewal.</p> <p>Each quarter, at least 2 client charts will be reviewed by another QP employed by Dream Connections, Inc and audited to ensure all consents are present, signed and in date. These audits will be shared with the clinical team at DCI's quarterly scheduled QA/QI meetings, and if any pieces of required documentation is missing, incomplete, or out of date, QP responsible for that client's chart will have said chart updated and back into compliance within 1 week of QA/QI meeting. The chairperson of DCI's QA/QI meeting will meet with responsible QP after 1 week to ensure chart was brought back into compliance.</p>	<p>4/17/2023</p> <p>5/5/2023</p>
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V 113	Continued From page 2  Depression, Personality Disorder, Diabetes, Hypertension, Hyperlipidemia, Borderline Intellectual Functioning. -There was no signed consent for emergency treatment in his record.  Interview on 4/17/23 with the Director revealed: -They had updated their intake and annual consents but were only updating for existing clients as they came due. The consent for emergency treatment was in the new packet.	V 113		
V 121	27G .0209 (F) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months for 2 of 3 audited clients (Client #1, #2). The findings are:	V 121		

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V 121	<p>Continued From page 3</p> <p>Record review on 4/17/23 for Client #1 revealed: -Date of Admission-1/17/20. -Diagnoses- Schizophrenia, Bipolar, Depression, Gastroesophageal Reflux, Hyperlipidemia, Obstructive Sleep Apnea, Hypertension, Deaf. -Physician ordered medications on 2/17/23 included: -Lamotrigine 100mg (milligrams) (bipolar)- 1 tablet twice daily. -Olanzapine 20mg (antipsychotic)- 1 tablet at bedtime. -There was no 6 month review of psychotropic medications.</p> <p>Record review on 4/17/23 for Client #2 revealed: -Date of Admission-1/17/20. -Diagnoses- Chronic Cough, Deaf, Major Depression, Personality Disorder, Diabetes, Hypertension, Hyperlipidemia, Borderline Intellectual Functioning. -Physician ordered medications on 11/17/22 included: -Sertraline 100mg (depression)- 1 tablet every day. -Topiramate 25mg (bipolar) - 2 tablets every day. -Ziprasidone 40mg (antipsychotic) - 1 capsule twice daily. -There was no 6 month review of psychotropic medications.</p> <p>Interview on 4/17/23 with the House Manager and the Qualified Professional revealed: -Their clients only see their doctors annually. -Client #1 and Client #2 do not see a psychiatrist. Their primary care physician writes the orders for psychotropic medications.</p>	V 121	<p>All prescribed psychotropic medications for each member living at Greystone Group Home (including Client 1 and Client 2 from citation) were reviewed at Dream Connections' quarterly scheduled Human Rights Committee meeting on 4/28/2023 and signed off on by the licensed psychologist that is a community member of DCI's Human Rights Committee. This review will be shared with each members Primary Care Physician at next scheduled appointment.</p> <p>Group Home Manager and QP have identified an appropriate psychiatrist to take over psychotropic medication management of Client 1 and Client 2. As mentioned in Statement of Deficiency, each of these client's Primary Care Physician had previously been prescribing psychotropic medications at routine scheduled Primary Care Appointments. Both clients 1 and 2 will begin seeing new psychiatrist for medication management on 5/25/2023 and appointments will continue to be scheduled a minimum of every six months for review of all prescribed psychotropic medications.</p> <p>Doctor's visit consults and physician's orders will be taken to each appointment by accompanying staff. Staff will ensure that the psychiatrist completes the documentaion of doctor's visit consult as well as signs off on physician's order at end of each medication management appointment.</p> <p>Weekly, group home manager will review all doctor's visit consults to ensure that they have been filled out and signed by doctor and filed in the correct client's chart. Monthly, QP will review all doctor's appointment consults in each client's chart and ensure that one is present for each appointment attended by any client that month.</p> <p>Quarterly, charts will be audited by another DCI employeed QP for additional review to ensure all required medication management documentation is kept present and up to date.</p>	<p>4/28/2023</p> <p>5/25/2023</p>