

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411095	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2023
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NAME OF PROVIDER OR SUPPLIER PALM HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405
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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 7/17/23. 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 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">AUG 31 2023</p> <p style="text-align: center;">Lic. & Cert. Section</p>	
V 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 26E .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall</p>	V 116		<p>During the survey on 7/12/2023, it was found that the QP was pre packaging medications for one of the consumer. The Director/ owner Traci Martin immediately went over the medication rules with the QP and had the QP to take all the prepackage medication and return them to the bubble package and medication bottle.</p> <p>The QP was required to do a medication refresher. The medication Nurse reemphasize the importance of medication not being prepackage. The nurse also explain the difference of giving medication out to consumers daily and dispensing medication (which is only done by a license pharmacist) The class was scheduled by the owner/ Director Traci Martin</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Traci Martin

TITLE

owner/Director

(X6) DATE

08/27/2023

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V 116	<p>Continued From page 1</p> <p>not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medication dispensing was restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 7/12/23 of Client #2's record revealed: -Admission date of 9/30/22. -Diagnosis of Autistic Disorder.</p> <p>Observation on 7/12/23 at 2:43 pm of Client #2's medications revealed: -The following medications were observed packaged in individual bubble packs with attached pharmacy labels for administration and dosage times (morning, noon, afternoon, evening, bedtime): -risperidone 4 mg (milligrams) tablet (tab), 4 times daily (irritability associated with autism). -clonazepam 1 mg tab, 3 times daily (anxiety). -aripiprazole 2 mg tab, 1 tab daily (irritability associated with autism).</p>	V 116	<p>Medication management and refresher was taken by the QP and Staff on 08/01/2023</p> <p>The owner /Director Traci Martin will conduct periodical unannounced medication audit several times during each month to ensure that medication procedure are done.</p>	07/25/2023

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V 116	<p>Continued From page 2</p> <ul style="list-style-type: none"> -sertraline 50 mg tab, 1 tab once daily (anxiety). -omeprazole 40 mg capsule (cap), 1 cap 2 times daily (acid reflux). -Trazodone, 150 mg tab, 1 tab every evening (sleep). -duloxetine hydrochloric acid (HCL) delayed release (DR), 30 mg cap, 1 cap 2 times daily (anxiety). <p>-The following medications were observed in over-the-counter bottles with labeled instructions from the manufacturer:</p> <ul style="list-style-type: none"> -Multivitamin gummies, 2 gummies once daily (dietary supplement). -Hemp gummies 30 mg, 1 gummy 3 times daily (anxiety). <p>Observation and interview on 7/12/23 at approximately 3:00 pm with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -He repackaged Client #2's medications every week in a "pill reminder box" for staff. -A plastic multi-colored pill container that had 4 rows of 7 individual enclosed slots on each row. There were 5 separate doses of pills in the purple-colored row, 5 separate doses of pills in the green-colored row, 4 separate doses of pills in the blue-colored row, and 3 separate doses of pills in the yellow-colored row. -The slots were not labeled to indicate which doses were morning (a.m.), noon, afternoon, or evening (p.m.). -"The staff knew when the medications were to be given. This box makes it simpler for staff to give [Client #2]'s medication to him instead of using the bubble packs. When they (staff) were doing that (using the bubble packs), [Client #2]'s behavior was more aggressive. I don't think he was given the correct dosages." -"Since we (staff) started using this pill reminder box, [Client #2] has been more calmer." 	V 116		

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V 116	<p>Continued From page 3</p> <p>Interview on 7/13/23 with the QP revealed: -He began repackaging Client #2's medication in the plastic pill container not long after Client #2's admission. -"After this week is over, we'll go back to his (Client #2)'s packages (bubble packs). We might lose a pill if we try to put them back now." -He did not realize putting Client #2's pills in the plastic container were considered dispensing.</p> <p>Observation and interview on 7/13/23 at approximately 1:00 pm with the Owner/Licensee revealed: -She was not aware Client #2's medications were repackaged in a plastic container. -She stated to the QP he needed to "stop using the box (plastic container)." -She would ensure staff returned to administering Client #2's medications from the pharmacy-dispensed bubble packages.</p>	V 116		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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V 118	<p>Continued From page 4</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> <ul style="list-style-type: none"> (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. <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 record review, observation and interview, the facility failed to ensure the MARs were kept current and failed to administer medications on the written order of a person authorized by law to prescribe medications affecting 3 of 3 clients (Clients #1, #2 and #3). The findings are:</p> <p>Reviews on 7/12/23 and 7/13/23 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 9/18/20. -Diagnoses of Moderate Mental Retardation, Autism, and a history of Severe Stomach Ulceration (3/2020) -Physician order dated 5/1/23 for the following medications: <ul style="list-style-type: none"> -sucralfate 1 gram (gm)/10 milliliters (ml) 	V 118		

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V 118	<p>Continued From page 5</p> <p>suspension, 10 ml 2 times daily with the biggest meals (anti-ulcer). -ferrous sulfate elixir 220 milligrams (mg)/473 ml, 5 ml once daily (iron).</p> <p>Review on 7/13/23 of Client #1's MARs from May 2023 through 7/13/23 revealed: -No documentation of administration of the following: -sucralfate suspension at 7 pm on 5/31/23 and 7/11/23. -ferrous sulfate elixir at 7 am on 7/2/23.</p> <p>Review on 7/13/23 of Client #2's record revealed: -Admission date of 9/30/22. -Diagnosis of Autistic Disorder. -Physician orders revealed: -9/28/22-hemp gummies 30 mg, 1 gummy 3 times daily (anxiety). -10/14/23-omeprazole 40 mg capsule (cap), 1 cap 2 times daily (acid reflux). -12/21/22- sertraline 50 mg tablet (tab), 1 tab once daily (anxiety) and Trazodone, 150 mg tab, 1 tab every evening (sleep). -3/8/23- clonazepam 1 mg tab, 3 times daily (anxiety). -3/9/23- duloxetine hydrochloric acid (HCL) delayed release (DR), 30 mg cap, 1 cap 2 times daily (anxiety). -4/27/23-aripiprazole 2 mg tab, 1 tab daily (irritability associated with autism) and risperidone 4 mg tab, 4 times daily (irritability associated with autism).</p> <p>Reviews on 7/12/23 and 7/13/23 of Client #2's MARs from May 2023 through 7/13/23 at 10:44 am revealed: -No documentation of administration of the following: -Trazodone at 7 pm on 5/29/23.</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -clonazepam and omeprazole at 3 pm on 5/30/23 and 7 am on 7/13/23. -duloxetine at 7 pm on 5/31/23 and 7 am on 7/13/23. -risperidone, aripiprazole, and sertraline at 7 am on 7/13/23. <p>Review on 7/13/23 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 5/25/22. -Diagnosis of Autistic Disorder, Moderate Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), and Intermittent Explosive Disorder. -Physician orders dated 6/3/22 revealed: <ul style="list-style-type: none"> -haloperidol 5 mg tab, 1 tab 2 times daily at 7 am and 7 pm (agitation). -haloperidol 2 mg tab, twice daily as needed (PRN) (agitation). -polyethylene glycol 3350 powder solution, dissolve 17 grams in 240 ml of fluid in full glass to drink every day (constipation). <p>Review on 7/12/23 of Client #3's MARs from May 2023 through 7/13/23 revealed:</p> <ul style="list-style-type: none"> -No documentation of administration of the following: <ul style="list-style-type: none"> -PRN haloperidol 2 mg. -haloperidol 5 mg at 3 pm on 6/2/23 and 6/24/23. -No list on the MARs of the following medications: <ul style="list-style-type: none"> -polyethylene glycol 3350 powder solution. <p>Observation on 7/12/23 at 3:08 pm of Client #3's medications revealed:</p> <ul style="list-style-type: none"> -1 pharmacy-packaged haloperidol 2 mg with #1 and #2 labeled doses empty from the pack. -1 bottle of polyethylene glycol 3350 powder solution. 	V 118		

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V 118	Continued From page 7 Attempted interviews on 7/12/23 with Clients #1, #2 and #3 revealed: -They indicated they took medication by having responded "yeah." -They were unable to answer additional questions regarding their medications. Interview on 7/13/23 with Staff #1 revealed: -He came into work at 7:30 am as direct care staff and he gave the clients their morning medications. -"Something could have happened this morning that I didn't get the MAR initialed." -"If there are other days not initialed, something must have been going on and staff forgot." Interview on 7/13/23 with the Owner/Licensee revealed: -She believed the staff gave the clients their medications as prescribed. -She understood the clients' MARs needed to list PRN medications and the staff were to record when these medications were administered. -She would schedule the registered nurse to do a medication refresher training for all of her staff.	V 118	During the survey the surveyor found that there were several blank spaces on the MAR for several consumers. The QP met with each staff and talk to about the importance of taking their time and not rushing when giving out medication. The QP also discuss that the MAR is only to be signed when each medication is given to the consumer. It a crisis arise with another consumer while giving out the medication; the staff is to stop handle the crisis and come back and continue with giving out medication. A refresher medication management class was held on 8/1/2023 for staff and management. Staff who did not attention was reschedule for the next medication management class. The QP will check all MAR daily for missing initials or blank spots on the MAR. There will be staff supervisions issued and possible termination if a staff has more that two back to back repeated offenses. The owner/director Traci Martin will check for consumers MAR having blank spots during her susprise audits that will be done several times a month.	07/20/23 08/01/2023 07/25/2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 2, 2023

Traci Martin, Owner
JMJ Enterprises LLC
2020 Textile Drive
Greensboro, NC 27405

Re: Annual Survey completed July 17, 2023
PALM House, 3212 Presley Way, Greensboro, NC 27405
MHL # 041-1095
E-mail Address: tmartin@jnjenterprise.net

Dear Ms. Martin:

Thank you for the cooperation and courtesy extended during the annual survey completed July 17, 2023.

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

The following are cited as standard level deficiencies:

- NCAC 27G .0209 (a) Medication Requirements (V116)
- NCAC 27G .0209 (c) Medication Requirements (V118)

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is September 15, 2023.

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.).

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

- 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.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

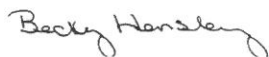
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

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 Maria Smith, North Piedmont Team Lead at (828) 747-9913.

Sincerely,



Becky Hensley
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR_Letters@sandhillscenter.org
Joy Futrell, CEO, Trillium Health Resources LME/MCO
Sharon Barlow, Director Guilford County DSS
Pam Pridgen, Administrative Supervisor