

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL047-164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AMAT GROUP HOMES 2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>103 CASPIA COURT RAEFORD, NC 28376</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 INITIAL COMMENTS V 000

An annual and complaint survey was completed on October 11, 2023. The complaint was unsubstantiated (intake #NC00206732). A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.

This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.

V 118 27G .0209 (C) Medication Requirements V 118

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;  
(D) date and time the drug is administered; and

**RECEIVED**  
By Laura Bryant at 2:29 pm, Oct 16, 2023

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*A. Scroggie* @P 10/15/2023

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V 118

Continued From page 1  
  
(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.

V 118

This Rule is not met as evidenced by:  
Based on records review and interviews the facility failed to keep MARs current and record immediately after administration for 1 of 3 current clients (#1). The findings are:

- Review on 10/6/23 of Client #1 (CI #1)'s record revealed:
  - Admission date of 11/29/22.
  - Diagnoses of Schizoaffective Disorder, Bipolar Type; Panic Disorder; Unspecified Intellectual Disability; Unspecified Depressive Disorder; Unspecified Anxiety Disorder; Type I Diabetes; Anxiety.
  - Discharge paperwork from Cape Fear Valley Hospital indicating that CI #1 was hospitalized from 8/27/23 to 8/29/23. CI #1 was hospitalized for Homicidal Ideation and Suicidal Ideation.
  - Physician's orders dated 12/7/22:
    - Escitalopram 5 milligrams (mg)- 1 tablet by mouth once a day.
    - Vitamin B-12 1000 mg-1 tablet by mouth once a day.
    - Atorvastatin 10 mg- 1 tablet by mouth once a day at bedtime.
    - Ferrous Sulfate 325 mg- 1 tablet by mouth once a day at bedtime.

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-Vraylar 4.5 mg- 1 capsule by mouth once a day at bedtime.</li> <li>-Buspirone 10 mg- 1 tablet by mouth three times a day.</li> <li>-Physician's orders dated 7/14/23:                             <ul style="list-style-type: none"> <li>-Levothyroxine 25 mg- 1 tablet by mouth once a day in the morning and on an empty stomach.</li> <li>-Melatonin 5 mg- 1 tablet by mouth once a day at bedtime.</li> <li>-Trazodone 50 mg- 1 tablet by mouth once a day at bedtime.</li> <li>-Clonazepam 0.5 mg- 1 tablet by mouth twice a day.</li> </ul> </li> <li>Physician's orders dated 8/30/23:                             <ul style="list-style-type: none"> <li>-Janumet 50-1000 mg- 1 tablet by mouth twice a day after food.</li> <li>-Insulin Lispro 100 unit/ml- Inject 5 units under the skin three times a day with meals and per sliding scale before meals and at bedtime. Sliding scale for blood sugar 61-150 0 units, 151-200 2 units, 201-250 4 units, 251-300 6 units, 301-350 8 units, 351-400 10 units.</li> </ul> </li> </ul> <p>Review on 10/6/23 of CI #1's MARs for August 2023 through October 6, 2023 revealed:</p> <p>-August 2023:</p> <ul style="list-style-type: none"> <li>-Staff marked their initials on all of CI #1's medications as administered from 8/28/23-8/29/23 even though she was out of the facility on those days.</li> <li>-Insulin Lispro 100 unit/ml- 8/1-8/31- Facility recorded medication as given once daily (8 am). Did not record the number of times given, but only once a day that to indicate as administered.</li> </ul> <p>September:</p> <ul style="list-style-type: none"> <li>-Insulin Lispro 100 unit/ml- 9/1-9/30- Facility recorded medication as given once daily (8 am). Did not record the number of times given, but</li> </ul>	V 118		
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*Imp date*

• Staff training will be implemented on proper documentation. *10/17/23*



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V 118

Continued From page 3

only once a day that to indicate as administered.

October:  
-Insulin Lispro 100 unit/ml- 10/1-10/5- Facility recorded medication as given once daily (8 am). Did not record the number of times given, but only once a day that to indicate as administered.

Interview on 10/6/23 with Staff #4 revealed:  
-CI #1 received insulin.  
-She monitored CI #1's blood sugar levels up to four times a day.  
-CI #1 wore a sensor patch and she was able to read the sugar blood levels via an application on the phone.  
-She administered the Humalog Kwikpen to CI #1 whenever CI #1's blood sugar levels were high.  
-She followed the sliding scale. If CI #1's blood sugars were low, she would not administer the Kwikpen.  
-She acknowledged that there were many days that she had to administer the Kwikpen more than once a day to CI #1.  
-She acknowledged only marking on CI #1's MAR that she administered the medication once a day.

Interview on 10/6/23 and 10/11/23 with the Owner revealed:  
10/6/23:  
-She understood how confusing it may had been to follow the physician's order and what was being done at the house.  
-Staff were following the sliding scale per Doctor's orders.  
-Staff administered the Kwikpen only when CI #1's sugars were about 120.  
-Staff was only recording it once a day, but may be giving it more than once a day.  
-CI wore the sensor patch and was constantly being monitored.

V 118

The Qp will ensure that staff document in the MAR each time a medication has been administered. Staff training implemented

Impl. Date  
10/6/23

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V 118	Continued From page 4  10/11/23: -She was not aware that staff at the facility continued to mark CI #1's medications as administered on the days that she was at the hospital.	V 118		
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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

October 12, 2023

Ibilola Aridegbe  
Amat Group Homes, LLC  
5519 Plainview Hwy  
Dunn, NC 28334

Re: Annual & Complaint Survey completed October 11, 2023  
Amat Group Homes 2, 103 Caspia Court, Raeford, NC 28376  
MHL # 047-164  
E-mail Address: amatpek@gmail.com  
(Intake #NC00206732)

Dear Ms. Aridegbe:

Thank you for the cooperation and courtesy extended during the annual & complaint survey completed October 11, 2023. The complaint was unsubstantiated.

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**

- Tag cited is a standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 12/10/23.

**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.
- 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.***

**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

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