

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-446	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
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NAME OF PROVIDER OR SUPPLIER MONARCH DBA UMAR-GIVENS	STREET ADDRESS, CITY, STATE, ZIP CODE 650 BARRETT LANE ASHEVILLE, NC 28803
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 1/23/24. The complaint was unsubstantiated (# NC00210993). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of an audit of 1 current client.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</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</p>	V 113	<ul style="list-style-type: none"> Consent to Treat, including Emergency Treatment, will be completed for client 1, and all Givens clients. These consents will be signed by the legally responsible person and maintained in the EHR. <p style="text-align: center;">RECEIVED FEB 16 2024 DHSR-MH Licensure Sect</p>	3/23/24

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Maggi Houghton, Residential Director	(X6) DATE 02/14/2024
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V 113	<p>Continued From page 1</p> <p>emergency care from a hospital or physician; (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 1 of 1 audited client (Client #1). The findings are:</p> <p>Record review on 1/19/24 for Client #1 revealed: -Date of Admission-2/20/23. -Diagnoses- Moderate Intellectual Developmental Disability, Epilepsy, Oppositional Defiant Disorder and Anxiety Disorder. -There was no signed consent for emergency treatment in her record.</p> <p>Interview on 1/23/24 with the Vice President of Operations revealed: -Their annual consents were in their new system with their new licensee. The consent for</p>	V 113	This section intentionally left blank	
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V 113	Continued From page 2 emergency treatment was in the new packet. The new qualified professional would be responsible for collecting all consents.	V 113	This section intentionally left blank	
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; (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.	V 118		

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V 118	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medications were administered on the written order of a physician and failed to keep the MARs current for 1 of 1 audited client (#1). The findings are:</p> <p>Record review on 1/19/24 for Client #1 revealed: -Date of Admission-2/20/23. -Diagnoses- Moderate Intellectual Developmental Disability, Epilepsy, Oppositional Defiant Disorder and Anxiety Disorder. -Physician ordered medications included: Polyethylene Glycol 3350 (constipation)- 1 capful daily ordered 10/31/23. Fluticasone 50mcg (allergies)- 1 spray each nostril twice daily ordered 11/2/23. Simply Saline 0.9% (congestion)- 1 spray each nostril daily ordered 10/31/23.</p> <p>Review on 1/23/24 of Client #1's December 2023-January 2024 MARs revealed: Polyethylene Glycol was marked "D" (medication not in facility) 12/19-12/22/23, 12/26-12/30/23, 1/1-1/5/24, 1/8-1/12/24. 1/6/24 and 1/7/24 were blank. Fluticasone was blank on 1/7/24 am dose, 12/2/23, 12/15/23, 1/14/24 pm doses. It was also marked "D" on 1/6/24, 1/8-1/11/24 am doses and 1/7-1/11/24 pm doses. Simply Saline was marked as given 4 times daily not once as the order was written. It was administered at 7am on 1/1-1/19/24, 12pm on 1/1-1/14/24, 5pm 1/1-1/14/24 and 9pm on 1/1-1/18/24.</p>	V 118	<ul style="list-style-type: none"> All Givens staff will receive in-service on Medication Administration Policy Client #1's medication orders will be reviewed with staff to ensure understanding and correct administration. Residential Director will assist site staff to ensure Medications are in facility in a timely manner. 	3/23/24
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V 118	<p>Continued From page 4</p> <p>Interview on 1/19/24 with Staff #1 revealed: -Was from a sister facility/art center in another town and just filling in at the facility. -"Everyone sort of pitches in. [Staff #3] had been great about getting medication refills."</p> <p>Interview with Staff #2 revealed: -Was from a sister facility in another town. -She only administered 1 pill with the saline spray and Flonase at night.</p> <p>Interview on 1/23/24 with the Vice President of Operations revealed: -The new qualified professional would be responsible for collecting and managing all medication appointments and orders.</p>	V 118	This section intentionally left blank	
V 121	<p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(f) Medication review: If the client receives psychotropic drugs, the ator shall be responsible for obtaining a review of ten at least every six months. The review shall be pharmacist or physician. The on-site manager shall physician is informed of the results of the review on is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by:</p>	V 121		

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V 121	<p>Continued From page 5</p> <p>Based on record reviews and interviews, the facility failed to obtain a pharmacist's or physician's review of medications every 6 months for 1 of 1 audited client (Client #1). The findings are:</p> <p>Record review on 1/19/24 for Client #1 revealed: -Date of Admission-2/20/23. -Diagnoses- Moderate Intellectual Developmental Disability, Epilepsy, Oppositional Defiant Disorder and Anxiety Disorder. -Physician ordered medications included: Guanfacine ER (extended release) 4mg (milligram) - daily at bedtime ordered 10/19/23. Escitalopram 10mg - daily ordered 10/31/23. Hydroxyzine 25mg - twice daily PRN (as needed) for anxiety ordered 10/31/23. -There was no documentation to indicate a pharmacist or physician had provided a 6 month review of medications for Client #1.</p> <p>Interview on 1/23/24 with the Vice President of Operations revealed: -Their primary care physician wrote the orders for psychotropic medications. -The new qualified professional would be responsible for collecting and managing all medication appointments and orders.</p>	V 121	<ul style="list-style-type: none"> • Current, signed Physicians Orders will be obtained. They will be sent to the Pharmacy and maintained in the client record. • Pharmacy review took place on 2/1/2024 	3/23/24
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug</p>	V 123		

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V 123	<p>Continued From page 6</p> <p>shall be charted.</p> <p>.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all medication administration errors were immediately reported to a pharmacist or physician affecting 1 of 1 audited client (#1). The findings are:</p> <p>Record review on 1/19/24 for Client #1 revealed: -Date of Admission-2/20/23. -Diagnoses- Moderate Intellectual Developmental Disability, Epilepsy, Oppositional Defiant Disorder and Anxiety Disorder. -Physician ordered medications ordered 5/15/23 included: -Butenafine 1% cream- apply daily for fungal rash</p> <p>Review on 1/23/24 of Client #1's December-January MARs revealed: -Butenafine was marked as refused 12/1/23, 12/4-12/7/23, 12/17-12/22/23, 12/27-12/31/23.</p> <p>Interview on 1/22/24 with Staff #2 revealed: -"[Client #1] had not refused medications for me."</p> <p>Interview on 1/23/24 with Staff #3 revealed: -Still have a lot of rotating staff filling in until positions are filled. -Staff who made medication errors probably didn't know. She signed the MAR but didn't pass the medications. "I notified [Vice President of Operations].</p>	V 123	<ul style="list-style-type: none"> • Givens staff will receive in-service training on Medication Administration Policy and Incident Reporting Policy. • Physician will be consulted regarding Client #1's order for Butenafine to ensure instructions are clear and medication is still needed. 	3/23/24

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V 123	Continued From page 7 Interview on 1/23/24 with the Vice President of Operations revealed: -Was not aware of any med error reports. -Will be using the new internal system to report.	V 123	This section intentionally left blank	