

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601423	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2024
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NAME OF PROVIDER OR SUPPLIER FOREST POND HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6019 FOREST POND DRIVE CHARLOTTE, NC 28262	APR 1 - 2024 DHSR-MH Licensure Sect
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed 2-26-24. The complaint was unsubstantiated (#NC00211888). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for one and currently has a census of one. The survey sample consisted of audits of one current client.</p>	V 000	<p>V118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p> <p>(1) Staff will go back through Medication Administration 2 instructed by RN's at Abound.</p> <p>(2). 1:1 Coaching with Qualified Professional on Abound Medication Policy 126.</p> <p>(3). 1:1 C'soaching with staff on Abound Medication Policy #126 (With extra focus on this part of the policy: Standards 8,9,10,11 and page 126-3).</p> <p>(4) Policy 126 will be upheld to reduce Medication Documentation errors and support accurate MAR production. 1:1 Coaching with Qualified Professional on Abound's Medication Policy 126.</p>	V118 1 Completed by 04/25/2024 V118 2 Completed on 2/27/2024 V118 3 Completed on 2/27/2024 V118 4 Completed on 2/27/2024
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. (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</p>	V 118	<p>To minimize medication administration risks, staff are to:</p> <ul style="list-style-type: none"> • Give full attention to the task, • Remain with the person served until the medication has been taken, • Prepare medication for only one person served at a time, • Confirm the name of the person receiving services, medication name, strength, dosage, instructions, and time of administration on the container match the MAR, • Contact the QP immediately if the name of the receiving services, medication name, strength, dosage, instructions, and time of administration on the container and MAR do not match, • Administer medications out of the original container ONLY, • Update the QP of any medication changes immediately, • Ensure there are written orders, from a physician or practitioner authorized by law to prescribe medication, before starting or discontinuing any medication. The written orders must be a part of the home binder and a copy maintained in the client's record. <p>Measures to prevent the problem from occurring again. 1. Monthly face to face residential monitorings the next 3 months 2. Pop-up visits to be included for the next 3 months</p> <p>Who Will Monitor: QP/PD</p>	

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

(X6) DATE

Franky Morris, Program Director Abound Health

03-26-2024

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V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that medication was only dispensed by registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy effecting one of one client (Client #1). The findings are:</p> <p>Observation on 2-26-24 of Client #1's medications revealed: -Four pill dispensers with multiple pills in one section.</p> <p>Interview on 2-26-24 with the Alternative Family (AFL) provider revealed: -It made giving Client #1 her pills in morning easier if they were already put in the pill dispenser. -She did not know she was not supposed to do that. -From now on she would leave the pills in their original packaging until it was time to give them to Client #1.</p> <p>Interview on 2-26-24 with the Qualified professional revealed:</p>	V 118	<p>How Often will monitoring take place: Monthly for the next 3 months, then quarterly</p> <p>*Medication Policy attached</p>	

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V 118	Continued From page 2 -He did not know that medication could not be pre-dispensed into pill containers. -He would ensure that all medications remained in their original packaging. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118			

ABOUND HEALTH, LLC

Policy: Medication Administration	Date: October 2016
Policy #: 126	Date Revised: March 2018, September 2019, July 2020, April 2021, November 2022, October 2023
Reference: 10A NCAC 27G. .0209, 10A NCAC 27E .0201; CARF 2.C Applicable to Periodic, Residential and Per Diem Services	

When medications are prescribed per the treatment needs of the person served, procedures, and safeguards in accordance with sound medical practice shall be necessary when medications are known to present a serious risk to the person for whom it is prescribed. Particular attention shall be given to use as treatment. Furthermore, attention shall be given to the use of antipsychotic medications. All medications and /or medical treatment prescribed for the people we serve must come directly from a physician or practitioner authorized by law to prescribe drugs, who is a part of the treatment team along with other professionals, the person served and/or legally responsible person. Research and/or Experimental drugs will be prohibited from use. Abound Health, LLC will ensure that the use of drugs or medications as a treatment measure shall be governed by G.S. 122C-57 and G.S. 90, Articles 1, 4-A and 9-A.

PROCEDURE:

1. The person served and/or legally responsible person shall be informed in advance of the potential risks and benefits of treatment choices.
2. Prescription and Non-prescription medication shall be administered in accordance with acceptable medical standards and only on the written order of a physician or other practitioner licensed to prescribe medications as documented in the person's clinical record. Medications shall be self-administered by person served only when authorized in writing by the person's physician or other practitioner licensed to prescribe medication and specified in the Plan of Care.
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. People receiving services shall be free from unnecessary or excessive medications. Medications shall not be used for punishment, discipline, or staff convenience.
5. Consents may be withdrawn at any time by the person who gave the consent.
6. If treatment is refused, then other treatment options will be sought by a Qualified Professional. If all appropriate treatment options are refused, the person served may be discharged, although refusal of consent will not be used as the only grounds for termination of services unless there are no other viable options for treatment and/or habilitation available in the program.

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ABOUND HEALTH, LLC

7. In the event of an emergency, a person served may be administered treatment or medication only by a licensed professional credentialed to administer the treatment or medication, despite the refusal of the legally responsible person. However, this treatment shall never include electroshock therapy, the use of experimental drugs or procedures or surgery other than emergency surgery.
8. Abound Health, LLC staff will be trained regarding each person’s individual service plan; this will include medications and possible side effects.
9. Staff will adhere to the six rights of medication administration –
 1. Right Person
 2. Right Drug
 - 3 Right Dosage
 4. Right Time and
 5. Right Route (method) and
 6. Right Documentation
10. Staff shall have medication administration training prior to medication administration, as approved by licensure requirements, and shall maintain medication administration certifications.
11. It is the policy of Abound Health, LLC that a Medication Administration Record (MAR) of all drugs administered to each person served must be kept current. Medications administered shall be recorded immediately after administration. It is the policy of Abound Health, LLC that the MAR is to include the following:
 - a. Name of person receiving services;
 - 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.
13. It is the policy of Abound Health, LLC that 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.
14. Medication supply is reviewed with the Medication Administration Record by the person administering the medication to ensure refills are ordered prior to having a 7-day supply of medication remaining. For Residential and Supported Living homes (SL), to ensure an adequate supply of medications, the QP should be notified if the medication refill was not submitted by day 7 or if there is a complication with the refill. The QP will work with the team to ensure medication is received timely to avoid a medication shortage or medication error.
15. If a medication shortage occurs, the QP must be notified immediately and the Residential or SL providers are to call the Pharmacy of the person receiving services and request an emergency prescription. If the Pharmacy is unavailable, the Residential or SL provider is to go to an Urgent Care or Emergency Department and request an emergency prescription.