

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/10/2025
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NAME OF PROVIDER OR SUPPLIER MONARCH DBA UMAR-POWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 BALTIC STREET GASTONIA, NC 28054
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 2-10-25. The complaint was unsubstantiated (intake #NC00225431). 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 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000		
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		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>(E) name or initials of person administering the drug.</p> <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 reviews, interviews and observation, the facility failed to administer medications on the written order of a physician, failed to keep the MARs current affecting 2 of 3 audited clients (client's #1 #3) and failed to ensure 1 of 3 audited clients (client #3) self-administered medications on the written order of a physician. The findings are:</p> <p>Review on 2-5-25 and 2-7-25 of client #1's record revealed: -Date of admission: 10-15-18. -Diagnosis: Mild Intellectual Developmental Disability. -Physician order dated 10-7-24 for Kristalose (constipation) 10 mg (milligrams) take 10gms (grams) by mouth every 48 hours for one month. -Physicians order dated 9-6-24 for Loratadine 10mg (antihistamine) take one tablet by mouth daily, Multivitamin/mineral (general health) take one tablet by mouth daily, Omeprazole 20mg (acid reflux) take one tablet by mouth daily, Vitamin C 500mg (general health) take one tablet by mouth at lunch, Probiotic EC (Enterococcu Casseliflavus) take one tablet by mouth daily, Baclofen 10mg (muscle relaxer) take one tablet</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>by mouth daily, Celecoxib 200 (arthritis) take one capsule by mouth twice a day, Chlorhexidine (oral rinse) swish and spit 15 ml (milliliters) twice a day, Nystatin 100,000 unit/gm (gram) (anti-fungal) apply to affected area twice a day, Docusate SOD (sodium) 100mg (constipation) take one capsule by mouth twice a day, Triamcinolone 0.1% dental paste (mouth sores) apply to affected area in mouth/throat twice a day, Melatonin 5mg (sleep aid) take one by mouth at bedtime, Ensure Chocolate (supplement) drink one can three times a day as needed, Denta 5000 Plus Cream (tooth decay prevention) brush onto teeth once daily after cleaning with toothpaste, Sertraline 100mg (depression) take 2 tablets by mouth every morning.</p> <p>Findings #1: -Review of client #1's MARs from 11-1-24 to 2-7-25 revealed the following medications were not documented as administered: -Denta 5000 Plus Cream: 7am doses on 2-1-25 and 2-2-25. -Docusate SOD 100mg: 8am dose on 1-24-25. -Chlorhexidine: 7am dose on 1-24-25. -Celecoxib 200mg: 7am dose on 1-24-25.</p> <p>Interview on 2-7-25 with client #1 revealed: -"Yes," she takes medications. -Staff assisted her with her medications. -"Yes, she takes her medications daily. She has not refused any medications and she has not missed any medications</p> <p>Review on 2-5-25 and 2-7-25 of client #3's record revealed: -Date of admission: 1-5-25. -Diagnoses: Mild Intellectual Developmental Disability. -No physicians orders before 1-13-25.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>-Physicians orders dated 1-13-25 for Vitamin D3 (health) 50,000IU (international units) take one tablet by mouth daily, Vitamin B-12 10,000mg take two tablets by mouth daily, Cetirizine (allergies) 10mg take one tablet by mouth every morning, Clonidine 0.1mg (high blood pressure) take one tablet by mouth daily, Ferrous 325mg (iron supplement) take one tablet by mouth daily with a meal and plenty of liquid, Losartan HCTZ (hydrochlorothiazide) (high blood pressure) 100/25mg take one tablet by mouth daily, Omeprazole (acid reflux) 20mg take one capsule by mouth daily, Diclofenac 75 mg (pain/swelling) take one tablet by mouth twice a day with a meal, Ear Drops 6.5% instill 5 drops in left ear twice a day for 5 days until relief, Hyoscyamine 0.375 mg (irritable bowel syndrome) take one by mouth twice a day, Triamcinolone 0.1% (corticosteroid) apply a thin coat topically twice a day.</p> <p>Findings 2:</p> <p>Review of client #3's MARs from 1-5-25 to 2-7-25 revealed: -No documentation of medication administration from 1-5-25 to 1-14-25.</p> <p>Observation of client #3's room on 2-7-25 at approximately 11:45am revealed: One bottle (100 coated tablets) of Ibuprofen 200mg. One bottle (approximately half full) of [local pharmacy brand] Allergy nasal spray. One 8 ounce bottle of [national brand] cold and flu relief liquid (approximately 3/4's full). One Jar (454 grams) of triamcinolone acetonide cream 0.1%.</p> <p>Interview on 2-7-25 with client #3 revealed: -Yes, she takes medications daily. -Staff assist her with her medications. "No, she has not missed or refused any medications.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>- "They (unknown staff) told me to take them (medications kept in her room) when I need them. I took some yesterday (2-6-24) because my head was hurting a little bit (observed client #3 point to the ibuprofen bottle).</p> <p>- "I put that on my rash. I got this rash, and I use it (triamcinolone cream) for my rash (observed client #3 pull up her right shirt sleeve, however no visible rash was observed.). I just put it (triamcinolone cream) on when the rash comes back."</p> <p>- "They (facility staff) keep my other meds locked up in one of those rooms (med room)."</p> <p>- "No", she did not let staff know she was taking the medication.</p> <p>Interview on 2-5-25 with staff #1 revealed: - "Yes," she administers medications as part of her job duties - No, issues with medications. "All of them (clients) take their medications there have been no error that I am aware of. "No," no one self-administers medications that she is aware of.</p> <p>Interview on 2-5-25 and 2-7-25 with staff #2 revealed: - "I didn't know she (client #3) had medications in her room. - "No, not that I know of (client #3 does not have a self administration order."</p> <p>Interview on 2-7-25 with the home manager revealed: - Client #3's paper work (physicians orders) was not completed when client was admitted into the facility on 1-5-25. - "So when she (client #3) came (1-5-25) and we didn't have any orders (physicians orders). We (facility staff) tried to get her a doctor's appointment but the quickest appointment we</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>could get was on the thirteenth (1-13-25)." -"No, we didn't document (medication administration from 1-5-25 to 1-13-25) because we didn't even have a January MAR for her to document on. After I got her to the doctor and we got the orders was when I sent all that to the pharmacy and we got the MAR's." -"Yes, he (Residential Director) knew she (client #3) didn't have orders, I told him, (we didn't have orders, we didn't have MAR's). Every day we were having conversations about it. He said he was working on it. I called and got the doctors orders and sent everything to the pharmacy and that's when we got what we needed." -"No," client #3 does not have a self administration order." -"No, I didn't know she still had medications in her room."</p> <p>Interview on 2-7-25 with the Residential Director revealed: -"We (staff) ask them (client's family or guardians) to have doctors orders (for medications) before they (clients) come (admitted). We require a physical within 30 days and a FL2 (medical form). If someone (a client) shows up on date of admission without paperwork, we accept them, we go ahead and do the admission and try to schedule appointments as soon as possible." -"[Client #3's] cousin showed up (on date of admission) with just a sheet of paper with a list of her medications on it. I told him, 'no we needed signed orders.' I asked him to go get it (the medication list) signed. I told him we would assist (with obtaining the physicians orders) but unfortunately we didn't have a ROI (release of information) to speak with her doctors so it took some time to get her into see her doctor." -"I believe [Home Manager] contacted the nurse. I</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>believe the nurse gave the ok to go ahead and give the meds (medications) without a doctors order..."</p> <p>-"No," client #3 did not have a self administer order to self administer any medications."</p> <p>-He was not aware that she still had mediations in her room. "I told staff (unnamed staff) to remove those medications the other day (no date given)."</p> <p>Interview on 2-10-25 with the Nurse Supervisor revealed:</p> <p>-She was not aware medications were being given to client #3 without a physicians order.</p> <p>-"We do not give medications without a physicians order."</p> <p>-She does not monitor the facility's MAR's or medications.</p> <p>-"I believe that line of responsibility (for making sure the facility had medication orders) would be with the home manager then the team lead or the QP and then ultimately the Residential Director.</p>	V 118		
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 7</p> <p>specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p>	V 366		

Division of Health Service Regulation

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V 366	<p>Continued From page 8</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

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V 366	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to implement written policies governing their response to all level 1 incidents. The findings are:</p> <p>Review on 2-5-25 and 2-7-25 of client #1's record revealed: -Date of admission: 10-15-18. -Diagnosis: Mild Intellectual Developmental Disability. -Physician order dated 10-7-24 for Kristalose (constipation) 10 mg (milligrams) take 10gm's (grams) by mouth every 48 hours for one month.. -Physicians order dated 9-6-24 for Loratadine 10mg (antihistamine) take one tablet by mouth daily, Multivitamin/mineral (general health) take one tablet by mouth daily, Omeprazole 20mg (acid reflux) take one tablet by mouth daily, Vitamin C 500mg (general health) take one tablet by mouth at lunch, Probiotic EC (Enterococcu Casseliflavus) take one tablet b mouth daily, Baclofen 10mg (muscle relaxer) take one tablet by mouth daily, Celecoxib 200 (arthritis) take one capsule by mouth twice a day, Chlorhexidine (oral rinse) swish and spit 15 ml (milliliters) twice a day, Nystatin 100,00 unit/gm (gram) (anti-fungal) apply to affected area twice a day, Docusate SOD (sodium) 100mg (constipation) take one capsule by mouth twice a day, Triamcinolone 0.1% dental paste (mouth sores) apply to affected area in mouth/throat twice a day, Melatonin 5mg (sleep aid) take one by mouth at bedtime, Ensure</p>	V 366		

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V 366	<p>Continued From page 10</p> <p>Chocolate (supplement) drink one can three times a day as needed, Denta 5000 Plus Cream (tooth decay prevention) brush onto teeth once daily after cleaning with toothpaste, Sertraline 100mg (depression) take 2 tablets by mouth every morning.</p> <p>Review on 2-5-25 and 2-7-25 of client #1's MARs from 11-1-24 to 2-7-25 revealed the following medications were not documented as administered: -Denta 5000 Plus Cream: 7am doses on 2-1-25 and 2-2-25. -Docusate SOD 100mg: 8am dose on 1-24-25. -Chlorhexidine: 7am dose on 1-24-25. -Celecoxib 200mg: 7am dose on 1-24-25.</p> <p>Review on 2-5-25 and 2-7-25 of client #2's record revealed: -Date of admission: 4-11-11. -Diagnoses: Major Depressive Disorder, Mild Intellectual Developmental Disability. -Physicians orders dated 4-15-24 for Risperidone 0.25mg (antipsychotic) take one tablet by mouth twice a day, Alendronate 70mg (osteoporosis) take one tablet by mouth weekly, Calcium 600mg with Vitamin D2 2000IU (international units)take one tablet by mouth daily, Escitalopram (depression) 20mg take one tablet by mouth daily, Folic Acid 1mg (anemia) take one tablet by mouth daily, Levothyroxine 75 mcg (micrograms) (hypothyroidism) take one by mouth every morning at least 30 minutes before breakfast, Lisinopril/HCTZ (Hydrochlorothiazide) (high blood pressure) take one by mouth every morning, Multivitamin (general health) take one tablet by mouth daily, Myrbetriq 25mg (overactive bladder) take one tablet by mouth every day, Vitamin B 12mcg take one tablet by mouth daily, Carbamazepine 100mg (seizures) chew two</p>	V 366		

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V 366	<p>Continued From page 11</p> <p>tablets by mouth twice daily, Divalproex (seizures) (ER (extended release) 500mg take one tablet by mouth daily, Memantine (dementia) 10mg take one by mouth twice a day, Zonisamide (seizures) 100mg take 3 tablets by mouth twice a day, Refresh tears (dry eye) instill one drop in both eyes three times a day, Systane Gel 0.4%-0.3% (dry eye) instill one drop in both eyes at bedtime.</p> <p>Review on 2-7-25 of client #2's MARs from 11-1-24 to 2-7-25 revealed the following medications were documented as refused: -Refresh tears 12pm dose on 1-30-25 and 1-31-25. -Resperidone 0.25mg on 2-6-25. -Refresh tears documented as refused on 2-7-25.</p> <p>Review on 2-7-25 of the facility's incident reports for 11- 1-24 to 2-7-25 revealed: - No Risk/Cause/Analysis for incidents of client #1 refusing her medications on 1-24-25, 1-25-25, 2-1-25 and 2-2-25 or for missing initials on client #2's MARs on 1-30-25, 1-31-25, 2-6-25 or 2-7-25 for client #2,</p> <p>Interview on 2-7-25 with client #1 revealed: -"Yes," she takes medications. -Staff assisted her with her medications. -"Yes, she takes her medications daily. She has not refused any medications and she has not missed any medications.</p> <p>Interview on 2-5-24 with client #2 revealed: -"Yes," she takes medications. She does not self administer any medications. -"They (staff) give 'em to me." -She sometimes refused her medications. "I don't know, sometimes I just don't want 'em."</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/10/2025
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NAME OF PROVIDER OR SUPPLIER MONARCH DBA UMAR-POWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 2250 BALTIC STREET GASTONIA, NC 28054
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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 366	<p>Continued From page 12</p> <p>Interview on 2-5-25 with staff #1 revealed: -"Yes," she administers medications as part of her job duties -No, issues with medications. "All of them (clients) take their medications there have been no error that I am aware of. "No," no one self-administers medications that she is aware of. -"If a client refuses their meds then we document the refusal on the back of the MAR, call the pharmacy and let them know, inform the home manager and complete a incident report.</p> <p>Interview on 2-5-25 with staff #2 revealed: -"Yes, I give medications. I've had all my trainings." -"I think some of the staff could use more training on the medication process. We document (if a medication is missed or refused by a client), we make a note of the back of the MAR as to why the medication was not given, then we fill out the incident report in therap (electronic medical record), notify the doctor or the pharmacist."</p> <p>Interview on 2-7-25 with the Residential Director revealed: -He was aware that some incident reports had been completed. -"I'm no sure why we don't have incident reports for the others (refusals)>" -That (responsibility for incident reporting) would be the house managers, then the team lead (Qualified Professional)..."</p>	V 366		