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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	INITIAL COMMENTS An annual and follow up survey was completed on March 26, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111		

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure completion of an assessment prior to service delivery which included the presenting problem, needs, strengths, pertinent social, family and medical history affecting 2 of 3 audited clients (Client #5 and Client #7). The findings are: Review on 3/20/18 of Client #5's record revealed: -Admission: 7/1/15 (new facility ownership) -Diagnoses: Mild to Moderate Mental Retardation (MMR); Cerebral Palsy (CP) -Admission Assessment: No admission assessment was available which included presenting problem, needs, strengths or a pertinent social, family and medical history Review on 3/20/18 of Client #7's record revealed: -Admission: 7/1/15 (new facility ownership) -Diagnoses: Severe/Profound IDD (Intellectual/Developmental Disability); Down 's Syndrome; Autism; Psoriasis; BPH (Benign Prostatic Hypertrophy); Early-Stage Alzheimer's; Impulse Control Disorder/Agitation; Insomnia/Sleep Disturbance -Admission Assessment: No admission assessment was available which included presenting problem, needs, strengths or a pertinent social, family and medical history Interview on 3/20/18 with Staff #4 revealed: -The staff talked as a group about client needs or any new needs the clients may have developed.	V 111		

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V 111	Continued From page 2 Interview on 3/26/18 with the former facility Licensee revealed: -She had completed initial assessments for Client #5 and Client #7 which were now stored in a storage facility; -Copies of the initial assessments had been given to the new Licensee. Interview on 3/26/18 with the facility Qualified Professional (QP) revealed: -She believed Client #5 and Client #7's initial assessments had been taken out of the client's records; -The QP was unable to locate the assessments.	V 111		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (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	V 113		

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V 113	Continued From page 3 physician; (6) a signed statement from the client or legally responsible person granting permission to seek 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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure each client's record contained emergency information including name, address, and phone number of contact person, as well as, the preferred physician in case of sudden illness or accident and failed to obtain a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician affecting 2 of 3 audited clients (Clients #5 and Client #9). The findings are: Review of Client #5's record on 3/20/18 revealed: -Admission: 7/1/15 -Diagnoses: Psychotic Disorder, NOS (Not	V 113		

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V 113	Continued From page 4 Otherwise Specified); Possible DID; Depression; Mild to Moderate IDD (Intellectual/Developmental Disabilities); Expressive/Receptive Language Disorder; Cerebral Palsy (CP); Spastic Quadriplegia; Visual Impairments (amblyopia, nystagmus, myopia, astigmatism); Torticollis, Sleep Apnea, Large Hiatal Hernia; Gallstones; Reflux -Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers -Emergency Consent: no consent was kept in the facility which permitted emergency care from a hospital or physician Interview on 3/20/18 with Client #5 revealed she was her own guardian. Review of Client #9's record on 3/26/18 revealed: -Admission: 7/8/17 -Diagnoses: Mild to Moderate IDD; Bipolar Disorder (BPD); CP; PTSD (Post Traumatic Stress Disorder); Seasonal Allergies; Adjustment Disorder with mixed anxiety and depression -Emergency Information: no record was kept in the facility which contained emergency contacts' or physicians' names, addresses and phone numbers -Emergency Consent: no consent kept in the facility which permitted emergency care from a hospital or physician Observation in the facility on 3/20/18 from 12:00PM through 4:15PM revealed: -A staff went outside to the facility van and returned with some "emergency" information; -The face sheets kept in the facility van contained partial emergency contact information; -No emergency contact information was kept in	V 113		

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V 113	Continued From page 5 the facility; -No emergency consents for treatment were kept in the van or in the facility. Interview with Staff #4 on 3/20/18 revealed there may have been some basic client information kept in the dash of the van such as meds, diagnoses and allergies. Interview with Staff #5 on 3/20/18 revealed there was no emergency information kept in the facility van unless they were going on a long trip. Interview with the Qualified Professional (QP) on 3/26/18 revealed: -The QP believed emergency contact information and emergency consents for treatment were kept in each client's record at the day program; -There was some emergency information kept in the facility van; -Emergency contact information and emergency consents had not been placed in the facility.	V 113		
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	V 118		

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V 118	Continued From page 6 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. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications to a client based on the written order of a person authorized to prescribe medications and failed to keep the MAR current affecting 2 of 3 audited clients (Client #5 and Client #9). The findings are: Review on 3/20/18 of Client #5's record revealed: -Admission: 7/1/15 (new facility ownership) -Diagnoses: Mild to Moderate Mental Retardation (MMR); Cerebral Palsy (CP) -Medication Order dated 12/7/17: -Flonase 50mcg (allergy treatment) 1 spray each nostril twice daily (BID) Observation of Client #5's medication label for Flonase 50mcg on 3/20/18 between the hours of	V 118		

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V 118	Continued From page 7 11:15AM and 4:15PM revealed: -1 spray each nostril BID Review on 3/20/18 of Client #5's January, February and March MARs for administration of the Flonase 50mcg 1 spray BID revealed: -January: AM dose refused 23 days and PM dose refused 27 days -February: AM and PM doses refused 28 days -March: AM and PM doses refused 19 ½ days thus far in March Review on 3/20/18 of Client #9's record revealed: -Admission: 7/8/17 (new facility ownership) -Diagnoses: Mild to Moderate IDD (Intellectual/Developmental Disabilities); Bipolar Disorder (BPD); CP; PTSD (Post Traumatic Stress Disorder); Seasonal Allergies; Adjustment Disorder with mixed anxiety and depression Review on 3/20/18 of Client #9's January and February MARs revealed: - ..."Tylenol (acetaminophen) 325mg take 2 tablets ...every 4 hours as needed (for minor pain) ...;" -A handwritten note was under the daily MAR boxes with "2 Ibprophens (anti-inflammatory) given in place of Tylenol ...1-1-18;" -Client #9 had been administered the Ibuprofen on January 1 at 10AM which was initialed in the Tylenol section of the MAR; -A second handwritten note was under the daily MAR boxes with "2 Ibprophens givn in place of tylenol ... [Client #9] saying her gums hurt ...1-30-18;" - Client #9 had been administered the Ibuprofen on January 30th and 31st at 8AM and 6PM; -The February MAR had the Tylenol marked through and "ibuprofen" handwritten prior to the administration of "325mg take 2 tablets by mouth	V 118		

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V 118	Continued From page 8	V 118		

every 4 hours for temperature of 100 or more. Notify the physician if temperature is above 101;"
-Client #9 had been administered the Ibuprofen on February 1 at 7AM and February 4 at 12PM;
-The February MAR had "2/4/18 Gave [Client #9] #2 200mg Ibuprofen at 12:00 for tooth pain" written on the back.

Interview on 3/20/18 with Client #9 revealed:
-She took meds in the morning and at night;
-Client #9 always received her medications.

Interview on 3/20/18 with Staff #4 revealed:
-When a client refused a medication, she usually waited a short time and offered the client the medication;
-When a client continued to refuse a medication, the staff was supposed to put an "R" for refused on the MAR;
-The staff had to write the reason for a medication refusal on the back of the MAR;
-The nurse was also informed when a client refused to take a medication.

Interview on 3/20/18 with Staff #5 revealed:
-Staff had been taught to put an "R" on the MAR when a client had refused their medication;
-The staff was supposed to call the nurse to report the medication refusal.

Interview on 3/26/18 with the Qualified Professional (QP) revealed:
-The facility had been cited last year for a failure to keep the MAR current;
-She knew Client #5 had refused the Flonase;
-The QP was unaware of a requirement to call a physician or pharmacist each time a client refused a medication;
-Client #9 had been administered Ibuprofen for pain;

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V 118	Continued From page 9 -She believed there was an order for her to receive Ibuprofen; -She was unable to locate an order for the Ibuprofen. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 118		
V 540	27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles for each indigent client. Such other articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility impairment shall be available. This Rule is not met as evidenced by:	V 540		

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V 540	Continued From page 10 Based on record review and interview, the facility failed to assure each client who received special assistance the right to dignity and humane care in the provision of individual personal hygiene articles affecting 3 of 3 audited clients (Client #5, Client #7 and Client #9). The findings are: Record review on 3/20/18 and 3/26/18 of Client #5, Client #7 and Client #9's records revealed all three clients received special assistance funds. Interview on 3/20/18 with Client #5 revealed: -Client #5 stated she received $66 per month for spending money; -She purchased her own personal care items such as body wash, wipes, shampoo and deodorant. Interview on 3/20/18 with Client #9 revealed: -She received money each month to buy things; -Client #9 stated she bought her own shampoo, deodorant, and body wash. Interview on 3/20/18 with Staff #4 revealed: -The clients went shopping to buy their own shampoo, body wash or if they needed a razor they would buy those; -Client #9 bought her own feminine hygiene products. Interview on 3/20/18 with Staff #5 revealed: -Client #5 would go out and spend her own money; -She bought her own baby wipes, hygiene products, shampoos; -The clients could use their special assistance funds to buy their own hygiene products; -Client #7 had ordered his new razor online that he paid for; -Client #7 was incontinent, at times.	V 540		

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V 540	Continued From page 11 Interview on 3/26/18 with the Qualified Professional (QP) revealed: -All of the clients received special assistance funds; -The QP was unaware clients who received special assistance were not expected to purchase their own hygiene products; -She acknowledged understanding of the licensure rule which was to assure each client's right in the facility's provision of personal hygiene articles when the client received special assistance.	V 540		