

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2018
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NAME OF PROVIDER OR SUPPLIER FAITH HOMES & HABILITATION, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2711 FAYETTEVILLE STREET DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on March 28, 2018. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27 G .5600A Supervised Living for Adults with Mental Illness</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop a plan for one of three clients (#3) and failed to schedule a review of a plan at least annually for two of three clients (#1 and #2). The findings are:</p> <p>1. The following is evidence the facility failed to develop a plan for a client.</p> <p>Review on 2/27/18 of client #3's record revealed: -Admission date of 9/5/17. -Diagnoses of Huntington's Disease, Hypertension, Depression, History of Substance Abuse and Herpes Simplex. -There was no documentation of a treatment plan developed for client #1.</p> <p>Interview on 2/27/18 with the Administrator revealed: -She was responsible for developing client #3's treatment plan. -She started working on client #3's treatment plan about a week ago. -The treatment plan for client #3 was not complete. -She confirmed the facility failed to develop a plan for client #3.</p> <p>2. The following is evidence the facility failed to schedule a review of a plan at least annually.</p> <p>a. Review on 2/27/18 of client #1's record revealed: -Admission date of 7/9/15. -Diagnoses of Schizophrenia-Paranoid Type, Hypertension, Hypothyroidism, Dyslipidemia, Sleep Apnea and Sulphur Allergy. -Client #1 had a Person Centered Plan dated</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>8/27/16.</p> <ul style="list-style-type: none"> -There was no documentation that client #1 had a current plan in her record. <p>b. Review on 2/27/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 2/25/15. -Diagnoses of Schizophrenia, Aortic Valve Disorder, Muscle Weakness, Frontal Subcortical Dementia, Depression, Myelodysplastic Syndrome, Alcohol Dependence, Nicotine Dependence and Status Cardiac Pacemaker. -Client #2 had a Person Centered Plan dated 3/1/17. -There was no documentation that client #2 had a current plan in his record. <p>Interview on 2/27/18 with the Administrator revealed:</p> <ul style="list-style-type: none"> -She was responsible for developing clients' #1 and #2's treatment plans. -She started working on clients' #1 and #2's treatment plans about a week ago. -The treatment plan for clients' #1 and #2's were not complete. -She confirmed the facility failed to schedule a review of a plan at least annually for clients' #1 and #2. 	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</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> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to keep the MAR current affecting one of three clients (#1). The findings are:</p> <p> </p> <p>Review on 2/27/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/9/15. -Diagnoses of Schizophrenia-Paranoid Type, Hypertension, Hypothyroidism, Dyslipidemia, Sleep Apnea and Sulphur Allergy. -Physician's order dated 1/11/18 for Metformin HCL 500 mg, one tablet two times daily; Atorvastatin 40 mg, one tablet daily; 	V 118		

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V 118	<p>Continued From page 4</p> <p>Levothyroxine 137 mcg, one tablet daily; Lisinopril 30 mg, one tablet daily; Pantoprazole Sodium 20 mg, one tablet daily; Vitamin D3 2,000 units, one tablet daily; Lorazepam 0.5 mg, one tablet three times daily; Eucerin Creme 454 gm, apply every 12 hours; Glycopyrrolate 1 mg, one tablet two times daily; Lithium Carbonate 150 mg, one capsule two times daily; Memantine HCL 10 mg, one tablet two times daily; Metoprolol Tartrate 25 mg, half tablet two times daily; Trihexyphenidyl 2 mg, one tablet two times daily; Melatonin 3 mg, two tablets at bedtime; Aspirin 81 mg, one tablet daily; Nifedipine ER 30 mg, one tablet daily and Trazodone HCL 50 mg, one half tablet at bedtime.</p> <p>-The February 2018 MAR had blank boxes for the Metformin on 2/6 through 2/11 AM doses and 2/3 through 2/11 PM doses.</p> <p>-The January 2018 MAR had blank boxes for the following: Metformin HCL 500 mg on 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Atorvastatin 40 mg on 1/1 through 1/5; Levothyroxine 137 mcg on 1/1 through 1/5; Lisinopril 30 mg on 1/1 through 1/5; Pantoprazole Sodium 20 mg on 1/1 through 1/5; Vitamin D3 2,000 units on 1/1 through 1/5; Lorazepam 0.5 mg on 1/1 through 1/5 AM doses, 1/1 through 1/4 2 PM doses and 1/1 through 1/4 8 PM doses; Eucerin Creme 454 gm on 1/1 through 1/5 AM and 1/1 through 1/5 PM doses; Glycopyrrolate 1 mg on 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Lithium Carbonate 150 mg on 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Memantine HCL 10 mg 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Metoprolol Tartrate 25 mg on 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Trihexyphenidyl 2 mg on 1/1 through 1/5 AM doses and 1/1 through 1/4 PM doses; Melatonin 3 mg on 1/1 through 1/5; Aspirin 81 mg on 1/1</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>through 1/5; Nifedipine ER 30 mg on 1/1 through 1/5 and Trazodone HCL 50 mg on 1/1 through 1/5.</p> <p>Interview with the Home Manager on 2/27/18 revealed:</p> <ul style="list-style-type: none"> -Client #1 was in the hospital for almost a week in January 2018. -Staff failed to indicate hospital visit on the January 2018 MAR for client #1. -Client #1's physician asked staff to hold her Metformin for a few days in February 2018. -Staff failed to indicate the medication was being held on the February 2018 MAR for client #1. -She confirmed facility staff failed to keep the MAR current for client #1. <p>Interview on 2/28/18 with the Administrator confirmed:</p> <ul style="list-style-type: none"> -Facility staff failed to keep the MAR current for client #1. 	V 118		
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