

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL011-222	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/27/2018
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NAME OF PROVIDER OR SUPPLIER  ST DUNSTAN MANOR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 46 STREET DUNSTAN CIRCLE ASHEVILLE, NC 28803
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V 000	INITIAL COMMENTS  An annual survey was completed on February 27, 2018. Deficiencies were cited.	V 000	V108:  A CPR/First Aid class was immediately scheduled for the staff missing said training. Moving forward, MARF's Executive Director will schedule a CPR/First Aid training class within a week of hire to ensure that all staff are completely trained before ever being left alone with persons served. This will be monitored by the Human Resources Director who will ensure that the Executive Director has scheduled this training during every new staff's orientation day.	3/5/18
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

DHSR-Mental Health  
APR 02 2018  
Lic. & Cert. Section

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

Amber Locklear, Executive Director

3/21/18

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V 108	<p>Continued From page 1 clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure at least one staff member was available at all times when clients were present who had been trained in first aid and cardiopulmonary resuscitation (CPR) effecting 1 of 3 audited staff (#1). The findings are:</p> <p>Review on 2/27/18 of the personnel file for Staff #1 revealed: -Hired as a Direct Service Professional on 11/16/17. -No documentation of training in first aid and CPR.</p> <p>Interview on 2/27/18 with Staff #1 revealed: -She was the live in staff member from Sunday at 8:00AM until Tuesday at 2:00PM. -At night she was the only staff member on duty. -She had completed first aid and CPR training at her former job but could not confirm that the training was current and had no documentation.</p> <p>Interview on 2/27/18 with the Executive Director revealed: -She and the Human Resources director both worked to ensure trainings were complete. -She scheduled all trainings for first aid and CPR. -She was unaware that Staff #1 did not have training in first aid and CPR.</p>	V 108		

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V 118	<p>Continued From page 2</p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 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 observation, record review and interview the facility failed to obtain written authorization from a physician for the self-administration of a medication for 1 of 3</p>	V 118	<p>V118:</p> <p>MARF's Executive Director has called the primary care physician for audited client #1 to request documentation stating that client is capable of self-administering epi pen. In the meantime, MARF's Registered Nurse will train all staff who are not already medication administration certified in epi pen administration procedures. If documentation from physician is provided, Registered Nurse will retrain client in epi pen administration. Moving forward, MARF's Registered Nurse will request self-administration orders when physician feels it is appropriate or necessary for clients to self-administer medications or treatments. This will be monitored by the Executive Director each time that a new medication is prescribed to any person served.</p>	4/27/18

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V 118	<p>Continued From page 3</p> <p>audited clients (#1). The findings are:</p> <p>Observation on 2/26/18 at 11:08AM of the medications for Client #1 revealed: -Epinephrine .3mg injectable pen, dispensed on 2/23/18.</p> <p>Record review on 2/26/18 for Client #1 revealed: -Admitted on 9/23/15 with diagnoses of Major Depression, Mild Mental Retardation, chronic ulcerative blepharitis/conjunctivitis, chronic keratitis, and thickened toenails. -Treatment plan dated 9/23/17 indicated a goal of "[Client #1] will independently carry his epi pen at all times while out in the community ..." and "...can be unsupervised for up to 2 hours per day ...". -Nursing notes dated 4/12/16 indicated "... Completed Epi pen training with [Client #1] and his staff. He will carry it with him when he leaves the home ..." -Physician's order dated 10/5/17 for the Epi pen does not indicate that Client #1 can self-administer the medication.</p> <p>Interview on 2/27/18 with the Executive Director revealed: -Client #1 had been trained by the Nurse to self-administer the epi pen. -Client #1 carries the epi pen with him and the expectation was that he self-administer the medication if there was a need. -She was unaware that a physician's order was required for the self-administration. V 118</p>			
V 290 10A NCAC	<p>27G .5602 Supervised Living - Staff 27G .5602 STAFF (a) Staff-client ratios above the minimum</p>			

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V 290	<p>Continued From page 4</p> <p>numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p>	V 290	<p>V290:</p> <p>MARF's Qualified Professional will use MARF's Home-Along Safety Assessment Tool to determine continued capability of clients #1 and #3 to be home without staff. MARF's Executive Director has added the Home-Along Safety Assessment Tool to the clients' annual consent packet which is reviewed at each person's annual treatment plan meeting and signed by their guardian. This annual review will be completed by MARF's Qualified Professional and monitored by the Executive Director.</p>	4/27/18

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V 290	<p>Continued From page 5</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 2 of 3 audited clients (#1, #3) were assessed for unsupervised time in the home and community. The findings are:</p> <p>Record review on 2/26/18 for Client #1 revealed: -Admitted on 9/23/15 with diagnoses of Major Depression, Mild Mental Retardation, chronic ulcerative blepharitis/conjunctivitis, chronic keratitis, and thickened toenails. -Treatment plan dated 9/23/17 indicated that Client #1 "can be unsupervised for up to 2 hours per day ..." -No documentation to indicate that an assessment had been completed to determine Client #1's eligibility for unsupervised time.</p> <p>Record review on 2/26/18 for Client #3 revealed: -Admitted on 7/1/98 with diagnoses of Major Depressive Disorder, Anxiety Disorder, Psychotic Disorder, Mild Mental Retardation, Hearing Impairment, scoliosis, osteopenia, sleep apnea, onychomycosis, and seborrhea. -Treatment plan dated 4/1/17 indicated "[Client #3] is assessed each year on her ability to remain unsupervised in the group home setting and in the community based on her safety skills ...[Client #3] can stay in the group home unsupervised up to 6 hours, however, [Client #3] stated she is comfortable with only staying in the home unsupervised for up to 2 hours."</p>	-No documentation to indicate that an		

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V 290	<p>Continued From page 6</p> <p>assessment had been completed to determine Client #3's eligibility for unsupervised time.</p> <p>Interview on 2/27/18 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-A specific tool was used to assess clients for unsupervised time. The tool was titled "How do I know if a person served can stay home or in the community alone?"</li> <li>-The tool was used as a guide for a conversation with the treatment team. Then based on the conversation and decision of the treatment team the determination was made regarding unsupervised time and then a paragraph was added to the treatment plan.</li> <li>-There was no documentation of the assessment part of the process.</li> </ul>	V 290		