STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL055-014	A. BUILDING: _____ B. WING _____	R 03/27/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LITHIA INN GROUP HOME	408 LITHIA INN ROAD LINCOLNTON, NC 28092

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V 000	INITIAL COMMENTS An annual, follow up and complaint survey was completed on 3/27/18. (Complaint ID # NC135629) The complaint was unsubstantiated. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Intellectual and Developmental Disabilities.	V 000		
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	V 108		

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V 108	Continued From page 1 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least one staff was available at all times who was trained in cardiopulmonary resuscitation (CPR) and First Aid such as those provided by Red Cross or American Heart Association for 1 of 3 current sampled staff (Group Home Supervisor). The findings are: Record review on 3/26/18 for Group Home Supervisor revealed: -Date of hire was 1/7/16. -Was qualified as an Associate Professional. -First Aid and CPR certification was 1/29/16 from American Red Cross and expired 1/29/18. Interview on 3/27/18 with the Group Home Supervisor revealed: -He had been out on medical leave from 10/21/17 until 1/22/18. -Most of his certifications expired during the time he was out and he was trying to catch up. -First Aid and CPR training was scheduled for 4/9/18. -There were times he was at the facility alone with clients.	V 108		
V 114	27G .0207 Emergency Plans and Supplies	V 114		

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V 114	Continued From page 2 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 3/27/18 of fire and disaster drills revealed: -No documentation of disaster drill having been conducted on: --3rd shift from October 2017 through December 2017. Interview on 3/27/18 with the Group Home Supervisor revealed: -The facility operated 3 shifts 7 days a week. -He was responsible for following the corporate master schedule for fire and disaster drills. -Because he was out on medical leave 10/21/18-1/22/18 no one else followed up. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 114		

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V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to ensure all prescription medications available for administration were not	V 117		

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V 117	Continued From page 4	V 117		

expired and contained a current dispensing date for 3 of 4 sampled clients (Client #1, #2 and #3). The findings are:

Record review on 3/26/18 for Client #1 revealed
-Admission date-1/8/01
-Diagnoses-Profound Intellectual Disability (ID), Cerebral Palsy (CP), Speech and Visual Impairment, Seizure Disorder and Gastro Esophageal Reflux Disorder (GERD).
-Physician ordered medication included:
-Clotrim-Beta Cream apply twice daily PRN (as needed) for yeast infection.
-APAP (acetaminophen) 500mg every 6 hours PRN for pain.

Record review on 3/26/18 for Client #2 revealed
-Admission date-1/23/95
-Diagnoses-Profound ID, Impulse Control Disorder, CP, Quadriplegia, Hyperlipidemia, Epilepsy and GERD.
-Physician ordered medication included:
-MAPAP Arthritis ER 650mg every 4 hours PRN for pain.

Record review on 3/26/18 for Client #3 revealed
-Admission date-7/24/15
-Diagnoses-Severe ID, CP, Spastic Quadriplegia, Chronic Constipation and Hyperlipidemia.
-Physician ordered medication included:
-A & D Ointment use as directed for diaper rash.

Observation on 3/27/18 at approximately 12:30pm of medication container for Client #1 revealed:
-A tube of Clotrim-Beta Cream with the dispense date of 3/27/17 and expiration date of 3/27/18.
-A bubble pack card of APAP 500mg with dispense date of 2/25/17 and expiration date of

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V 117	Continued From page 5 2/25/18. Observation on 3/27/18 at approximately 12:30pm of medication container for Client #2 revealed: -Two bubble pack cards of MAPAP Arthritis 650mg every 4 hours PRN, one card with dispense date of 3/3/17 and expiration date of 3/3/18 and the other with dispense date of 3/23/18 and expiration of 3/23/18. Observation on 3/27/18 at approximately 12:50pm of medication container for Client #3 revealed: -A tube of A & D Ointment with dispense date of 3/3/17 and expiration date of 3/3/18. Interview on 3/27/18 with the Group Home Supervisor revealed: -He had been out on medical leave from 10/21/17-1/22/18. -Sister facility Qualified Professional (QP) and his supervisor, Regional Director, helped manage the facility while he was out. -He returned from medical leave to mostly new staff who needed direct supervision and support as well as many day to day filing, reporting and managing that had piled up in his absence. -He had completed a med closet review when he returned but had not looked at PRNs.	V 117		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care	V 131		

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V 131	Continued From page 6 Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 1 of 3 sampled staff (Staff #1). The findings are: Record review on 3/26/18 for Staff #1 revealed: -Date of Hire-5/16/16 -Date of HCPR check- 1/18/17 Interview on 3/27/18 with Group Home (GH) Supervisor revealed: -GH Supervisors were responsible for completing the HCPR while corporate Human Resources completed other background checks. -He was not the GH Supervisor at that time. The previous GH Supervisor was no longer employed with the licensee.	V 131		