

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2018
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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 21, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that A) 1 of 3 direct care staff reviewed (the Program Director/Administrator (PD/A)) had current training in basic First Aid including seizure management, and was currently trained to provide cardiopulmonary resuscitation (CPR) and B) that 3 of 3 direct care staff had training to meet the needs of the clients (PD/A, Staff #1, Staff #2). The findings are:</p> <p>Review on 3/15/18 of Client #1's record revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around. -- Needed dressing changes and treatment on the sight of an amputated toe, and ulcers on his lower leg from 1/24/17 through 11/16/17.</p> <p>Review on 3/16/18 of Client #2's record revealed the following information; -- Admitted to the facility on 1/9/14. -- Age 63 years old. -- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>Insomnia.</p> <p>-- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," and has displayed inappropriate behaviors of wandering and damage to property.</p> <p>-- Has a court appointed Legal Guardian.</p> <p>-- On 3/9/18 was prescribed Aspirin (for prevention of the formation of blood clots in people with coronary artery disease).</p> <p>-- On 3/15/18 was prescribed Plavix (a blood thinner used to prevent stroke, heart attack, and other heart problems).</p> <p>-- On 3/14/18 Client #2 was hospitalized overnight both to have a cardiac catheterization test performed and a stent placed.</p> <p>(A stent is a small device surgically implanted inside a blood vessel that compacts the plaque against the walls of the arteries to create a wider path for blood flow to the lower half of your body. A stent holds tissue in place and keeps it open or relieves blockage.)</p> <p>(Cardiac catheterization is a procedure that uses X-ray imaging to see your heart's blood vessels. The test is generally done to see if there's a restriction in blood flow going to the heart. If necessary, a Physician can open clogged heart arteries (angioplasty) during this procedure.)</p> <p>-- Needed dressing changes and treatment on the sight of lower leg ulcers from 12/6/17 through 3/9/18.</p> <p>1. Review on 3/19/18 of the PD/A's personnel file revealed that the last time she had taken a CPR course had been in September 2015. This certification expired in September 2017, (approximately 6 months ago).</p> <p>Interview on 3/20/18 with the PD/A revealed the following information;</p> <p>-- She confirmed her CPR and First Aid had</p>	V 108		

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V 108	<p>Continued From page 3</p> <p>expired.</p> <p>-- She did not realize that it had been out of date for that long.</p> <p>-- It is her responsibility to assure all staff have current training completed.</p> <p>-- She does work alone with the clients.</p> <p>2. Review on 3/15/18 and 3/19/18 of the personnel files for the PD/A, Staff #1 and Staff #2 revealed no documentation of training on wound management/care or dressing changes.</p> <p>Interview on 3/14/18 with Staff #1 revealed that the facility staff did do some of the dressing changes for both Client #1 and Client #2.</p> <p>Interview on 3/15/18 with the PD/A revealed the following information;</p> <p>-- She confirmed that the facility staff had done some of the dressing changes for both Client #1 and Client #2.</p> <p>-- She confirmed that training in the area of wound care/management and dressing changes had not been conducted for any of the staff.</p> <p>* See Tag V-110, Competency of Paraprofessionals for specific details/examples.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 108		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, 1 of 3 Paraprofessionals reviewed failed to demonstrate the knowledge, skills and abilities required by the population served (Program Director/Administrator (PD/A)).</p> <p>Review on 3/19/18 of the PD/A's personnel file revealed the following information;</p>	V 110		

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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> -- She is 40 % owner of the facility/business. -- Has been employed with the company working at the group homes since 2007. -- Had training on medication administration by a Registered Nurse (RN) on 12/17/16. <p>Interview on 3/16/18 with the PD/A revealed the following information;</p> <ul style="list-style-type: none"> -- She is responsible for providing oversight in all areas of operations within the group home. -- She is responsible for all the aspects of hiring new staff. -- She is responsible for the oversight of the required training needed by staff. -- She is responsible for the client admission assessments. -- She is responsible for submitting Incident Reports. <p>Interview on 3/16/18 with the PD/A regarding the facility Qualified Professional (QP) revealed the following information;</p> <ul style="list-style-type: none"> -- The QP meets with the staff every two weeks to discuss what is currently occurring at the facility. -- At that time, the QP provides supervision to Paraprofessional staff. -- The QP reviews client records for any issues. -- The QP reviews client records for Physician orders including medications. -- The QP reviews client records looking at progress notes. <p>Interview on 3/22/18 with the QP revealed the following information;</p> <ul style="list-style-type: none"> -- She was responsible only for client treatment plans and providing clinical supervision to the staff. -- She was available to provide other QP services to the facility, but the PD/A or the other Licensee would have to notify her of any requests for 	V 110		

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V 110	<p>Continued From page 6</p> <p>additional services.</p> <ul style="list-style-type: none"> -- She did not review client records for documentation of treatment at the facility or medical treatment. -- The PD/A has not requested additional services for the facility. <p>Interview on 3/16/18 with the PD/A revealed the following information;</p> <ul style="list-style-type: none"> -- There were two employees who had left their positions with the facility/company within the past several months (December 2017 and January 2018). -- These two employees both quit their jobs, however they did not leave on good terms. -- One of the employees (the first one to leave) was her Sister, and she transported and attended all Physician's appointments for each client, and was responsible for the information from those appointments. -- That employee prior to her departure from the company was not sharing the information about clients from their Physician appointments. -- These employees may have taken some of the missing documentation from client records with them. <p>Review on 3/15/18 of Client #1's record revealed the following information;</p> <ul style="list-style-type: none"> --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around. 	V 110		

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V 110	<p>Continued From page 7</p> <p>Interview on 3/15/18 with the PD/A regarding Client #1 revealed the following information;</p> <ul style="list-style-type: none"> -- His Parkinson's Disease has gotten much worse than when he arrived at the facility a little over a year ago. -- His hands shake so much that he needs assistance with completing many tasks (buttoning clothing, making his bed, eating, etc.). -- His physical health is declining very rapidly. -- She has been trying to get his Physician "to order him to a higher level of care" so that she could discharge him from the facility. -- She did not understand that if the facility is no longer able to meet the needs of a client, it is her responsibility to identify that fact, and work toward securing a more appropriate placement for the client(s). -- "When he got here we changed dressings on his toe and leg. Then he went to wound care." -- She confirmed that the facility staff had done some of the dressing changes for Client #1. -- She confirmed that training in the area of wound care/management and dressing changes had not been conducted for any of the staff. -- She confirmed that dressing changes and wound treatment need to be done under sterile conditions to prevent infection. -- She thought that Client #1 may have had compression stockings when he first got to the facility. -- She thought that blood pressures and weights had been documented for Client #1, however she could not find this documentation. -- The two staff who left employment with facility/company may have taken this information from Client #1's record. <p>Review on 3/16/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 1/9/14. 	V 110		

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V 110	<p>Continued From page 8</p> <ul style="list-style-type: none"> -- Age 63 years old. -- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and Insomnia. -- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," and had displayed inappropriate behaviors of wandering and damage to property. -- No documentation of any strategies/interventions to address Client #2's mental health needs including wandering, hoarding and property destruction. <p>Interview on 3/15/18 with Staff #1 revealed the following information regarding Client #2;</p> <ul style="list-style-type: none"> -- Client #2 had gone into his room during the early afternoon after lunch and had removed all of his clothing from his dresser and closet strewing the items throughout his room. -- This behavior occurred fairly often. -- Staff redirected the client during these times. <p>Observation on 3/15/18 of Client #2 throughout the day (from approximately 11:00 am, when he arrived back at the facility following a one day hospitalization, until approximately 4:25 pm) revealed him to mostly be sitting in the living room in his chair, however multiple times (approximately 4 to 5 times), he would get up and walk to the front door in an effort to get outside. During these times either the PD/A or Staff #1 would redirect him to come back away from the door and to sit back down. He complied with their requests.</p> <p>Interview on 3/16/18 with the PD/A regarding Client #2 revealed the following information;</p> <ul style="list-style-type: none"> -- She confirmed that the facility staff had done some of the dressing changes for Client #2. -- She confirmed that training in the area of 	V 110		

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V 110	<p>Continued From page 9</p> <p>wound care/management and dressing changes had not been conducted for any of the staff.</p> <p>-- She confirmed that dressing changes and wound treatment need to be done under sterile conditions to prevent infection.</p> <p>-- She did not think that Client #2 had any compression stockings.</p> <p>-- He had a history of hoarding small items, mostly rocks, and then putting them down the toilet and flushing the toilet, thus clogging the toilet up.</p> <p>-- Someone has had to come to the facility many times to unclog, or fix the toilet.</p> <p>-- The toilets have had to be replaced before due to the damage caused by Client #2.</p> <p>-- He had done this multiple times both at the facility and at his Psychosocial Rehabilitation program (PSR).</p> <p>-- His PSR had banned him from their program due to these behaviors.</p> <p>-- He now has no activities to occupy his time during the day.</p> <p>-- He does attempt to go out the front door frequently, but has never left the property when he goes outside.</p> <p>-- She agreed that Client #2 was somewhat medically compromised presently due to cardiac stent placement surgery on 3/14/18.</p> <p>-- The staff use "redirection" when Client #2 displays the above behaviors.</p> <p>-- She confirmed that Client #2 probably needed a higher level of care.</p> <p>-- As with Client #1 (above), the PD/A did not recognize that it was her responsibility to identify if the facility could no longer meet client needs, and identify where the clients can be provided a higher level of care.</p> <p>During this survey, the PD/A failed to demonstrate competence in the following areas:</p>	V 110		

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V 110	<p>Continued From page 10</p> <p>-- Assuring an admission assessment was completed including required information to assess if the facility could meet the client's needs. * See Tag V-111, Assessment/Treatment/Habilitation Plans for specific details/examples.</p> <p>-- Assuring client records contained current treatment plans written by the QP. * See Tag V-112, Assessment/Treatment/Habilitation Plans for specific details/examples.</p> <p>-- Assuring Physician ordered therapeutic diets were provided to clients. * See Tag V-115, Client Services for specific details/examples.</p> <p>-- Assuring correct medication administration and documentation. * See Tag V-118, Medication Administration for specific details/examples.</p> <p>-- Assuring an assessment was made of a client's ability to remain safe in the community without supervision. * See Tag V-290, Supervised Living - Staff for specific details/examples.</p> <p>-- Assuring coordination was maintained between herself and other Qualified Professionals responsible for medical and psychiatric services. * See Tag V-291, Supervised Living - Operations for specific details/examples.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 110		

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V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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:</p> <ol style="list-style-type: none"> (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. <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 111		

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V 111	<p>Continued From page 12</p> <p>failed to assure that an admission assessment was completed for each client, prior to the delivery of services which included the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical and vocational, as appropriate to the client's needs affecting 4 of 4 audited clients (#1 #2 #3 #4). The findings are:</p> <p>Review on 3/15/18 of Client #1's record revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around.</p> <p>Review on 3/16/18 of Client #2's record revealed the following information; -- Admitted to the facility on 1/9/14. -- Age 63 years old. -- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and Insomnia. -- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," has displayed inappropriate behaviors of wandering and damage to property. -- Has a court appointed Legal Guardian. -- On 3/14/18 Client #2 was hospitalized overnight both to have a cardiac catheterization performed and a stent placed.</p>	V 111		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2018
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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215
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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 111	<p>Continued From page 13</p> <p>Review on 3/14/18 of Client #3's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 10/9/17 following a 1 year and 4 month stay at a state psychiatric hospital. -- Age 28 years old. -- Diagnoses include Schizophrenia, Personality Disorder with Antisocial Features, Cannabis Use Disorder, Obesity, Dyslipidemia and Acne. -- Has a court appointed Legal Guardian. -- The client is a Registered Sex Offender. -- Has a history of committing Arson three times (his Mother's house, his Sister's house and a motel room he was staying in). <p>Review on 3/14/18 of Client #4's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 12/29/17. -- Age 26 years old. -- Diagnoses include Chronic Schizoaffective Disorder and Bipolar Disorder. <p>Review on 3/16/18 of the above 4 client records revealed the following;</p> <ul style="list-style-type: none"> -- A form titled "Adult Care Home Personal Care Physician Authorization And Care Plan" which is used by the Adult Care Licensure Section (ACLS) to provide information to the Division of Medical Assistance (DMA) about what level of assistance is required to provide Personal Care Assistance to a client. -- A form titled "Resident Register" written by the ACLS for use in Assisted Living Facilities or Family Care Homes (both of which are licensed by the ACLS) to provide basic information about the assistance the client will need from staff, and the client's preferences. -- Both of the above forms had been completed by the Program Director/Administrator (PD/A) upon the clients admission to the facility, and 	V 111		

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V 111	<p>Continued From page 14</p> <p>periodically there after.</p> <p>Neither of the above forms address the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical or vocational, as appropriate to the client's needs.</p> <p>Interview on 3/16/18 with the PD/A revealed the following information; -- She did not realize that the forms she had been using from the ACLS section of the Division of Health Service Regulation did not include all of the required components for a complete assessment to a Mental Health licensed group home. -- She confirmed that the facility management company also owns and operates several Family Care Homes.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 111		
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> <p>(1) client outcome(s) that are anticipated to be</p>	V 112		

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V 112	<p>Continued From page 15</p> <p>achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to have documentation of a current treatment plan affecting 4 of 4 audited clients (#1 #2 #3 #4), and also failed to follow diet and weight management orders for 2 of 4 audited clients (#1 #3). The findings are:</p> <p>A. Review on 3/15/18 of Client #1's record revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around.</p>	V 112		

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V 112	<p>Continued From page 16</p> <p>-- No documentation of a treatment plan.</p> <p>Review on 3/16/18 of Client #2's record revealed the following information;</p> <p>-- Admitted to the facility on 1/9/14.</p> <p>-- Age 63 years old.</p> <p>-- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and Insomnia.</p> <p>-- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," and displayed inappropriate behaviors of wandering and damage to property.</p> <p>-- On 3/14/18 Client #2 was hospitalized overnight both to have a cardiac catheterization performed and a stent placed.</p> <p>-- No documentation of a treatment plan.</p> <p>Review on 3/14/18 of Client #3's record revealed the following information;</p> <p>-- Admitted to the facility on 10/9/17 following a 1 year and 4 month stay at a state psychiatric hospital.</p> <p>-- Age 28 years old.</p> <p>-- Diagnoses include Schizophrenia, Personality Disorder with Antisocial Features, Cannabis Use Disorder, Obesity, Dyslipidemia and Acne.</p> <p>-- The client is a Registered Sex Offender.</p> <p>-- Has a history of committing Arson three times (his Mother's house, his Sister's house and a motel room he was staying in).</p> <p>-- No documentation of a treatment plan.</p> <p>Review on 3/14/18 of Client #4's record revealed the following information;</p> <p>-- Admitted to the facility on 12/29/17.</p> <p>-- Age 26 years old.</p> <p>-- Diagnoses include Chronic Schizoaffective Disorder and Bipolar Disorder.</p> <p>-- No documentation of a treatment plan.</p>	V 112		

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V 112	<p>Continued From page 17</p> <p>Interview on 3/16/18 with the Program Director/Administrator (PD/A) revealed the following information;</p> <ul style="list-style-type: none"> -- There were no current treatment plans in the facility for any of the 6 current clients. -- The facility Qualified Professional (QP) is responsible for the client's treatment plans. -- She confirmed that they had all been updated by the QP as the facility was expecting their annual survey to occur sometime in December 2017. -- There were two employees who had left their positions with the facility within the past several months (December 2017 and January 2018). -- These two employees both quit their jobs, however they did not leave on good terms. -- These employees may have taken some of the missing documentation from client records with them. <p>Interview on 3/22/18 with the QP revealed the following information;</p> <ul style="list-style-type: none"> -- She was responsible for client treatment plans. -- An employee left her position at the facility at the end of 2017. -- She had to replicate or reproduce the missing pieces of client records during November 2017 to be ready for the upcoming annual survey that she thought would occur in December 2017. -- Another employee left her position at the facility in January 2018. -- She was unaware that client documentation was again missing from the facility, and that the above employee must have taken the missing documentation. -- The PD/A had not had alerted her that client documentation was missing again. <p>B. 1. Review on 3/15/18 of Client #1's record</p>	V 112		

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V 112	<p>Continued From page 18</p> <p>revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around.</p> <p>Review on 3/16/18 of Client #1's record revealed the following documentation from his Physician's regarding both his diet and his weight loss; -- 5/22/17 - Seen at the Veterans Administration (VA) Hospital: Has lost 13 pounds, 191.4 pounds today. Client was last seen by this Physician on 3/7/17 (approximately 10 weeks prior). Instructions: Needs more protein in diet. -- 9/5/17 - Seen at the VA: Weight loss of 10 pounds since May (5/22/17, last weight was 191.4 pounds, so weight at this appointment should be 181.4). Instructions: 3000 calorie diet. Nutritional consult. -- 11/8/17 - Seen at the VA: Weight loss of 4 pounds (9/5/17, last weight was 181.4 pounds, so weight at this appointment should be 177.4). Instructions: Increase food calorie to 3000 calories a day. Refer to Nutrition placed. Please check weight (does not indicate how often) and "call if < 5 (greater than 5) pound weight loss." -- 11/17/17 - 11/21/17 - The client was hospitalized due to "weight loss and low blood pressure." Discharge note "Your main problem treated during this hospital stay (discharge diagnosis) was: Low blood pressure. You have lost a significant amount of weight..." Current weight is 171.5 pounds. Following this hospitalization the Physician discontinued 4</p>	V 112		

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V 112	<p>Continued From page 19</p> <p>medications he had been taking for his blood pressure/heart (Lasix, Carvediolol, Lisinopril, and Potassium).</p> <p>-- 11/29/17 - Seen at the VA: Weight gain of 8 pounds (gained 8 pounds in 8 days following the discontinuation of Lasix 9 days prior).</p> <p>Additional review on 3/16/18 of Client #1's record revealed documentation that the client was weighed 3 times while in the facility as follows;</p> <p>-- 2/10/18 - 180 pounds. -- 2/24/18 - 180 pounds. -- 3/7/18 - 180 pounds.</p> <p>Interview on 3/14/18 with Staff #1 revealed none of the clients in the facility were on a therapeutic diet.</p> <p>Interview on 3/16/18 with the PD/A revealed her not to be aware of any clients in the facility being on a Physician's ordered therapeutic diet.</p> <p>Interview on 3/16/18 with the PD/A revealed the following information;</p> <p>-- She was sure that vital signs and weights had been checked for Client #1 more than 3 times. -- She remembers seeing them in a notebook, and thought that staff checked them several times a week. -- She was unable to produce documentation of any other vital signs including weights for Client #1 other than the above ones. -- She had not, nor the other staff working with Client #1 alerted any Physician to his weight loss. -- She was not aware of the Physician's order of 11/17/17 to notify this Physician if the client had lost more than 5 pounds. -- There were 2 employees who had left their positions with the facility within the past several months (December 2017 and January 2018).</p>	V 112		

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V 112	<p>Continued From page 20</p> <p>-- These 2 employees they both quit their jobs, however they did not leave on good terms. -- These employees may have taken some of the missing documentation with them.</p> <p>2. Review on 3/14/18 of Client #3's record revealed the following information; -- Admitted to the facility on 10/9/17 following a 1 year and 4 month stay at a state psychiatric hospital. -- Age 28 years old. -- Diagnoses include Schizophrenia, Personality Disorder with Antisocial Features, Cannabis Use Disorder, Obesity, Dyslipidemia and Acne. -- A discharge summary from the hospitalization dated 2/15/18 had a Physician's order for a "Low Sodium Heart Healthy" diet. -- Documentation that on 10/17/17 while at a Physician's visit his weight was 226 pounds. -- On 2/20/18 during an appointment with his Psychiatrist following his recent hospitalization, his weight was 247 pounds. -- The above documentation represents a 21 pound weight gain in a period of 4 months.</p> <p>Interview on 3/16/18 with the PD/A revealed the following information; -- She was not aware of Client #3's Physician ordered therapeutic diet.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p>	V 118		

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V 118	<p>Continued From page 21</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, interview and record review, the facility staff failed to assure prescription medications were administered to clients as written by a Physician and assure that MARs were kept current affecting 1 of 4 audited clients (#2). The findings are:</p>	V 118		

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V 118	<p>Continued From page 22</p> <p>Review on 3/16/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 1/9/14. -- Age 63 years old. -- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and Insomnia. -- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," and has displayed inappropriate behaviors of wandering and damage to property. -- On 3/14/18 Client #2 was hospitalized overnight both to have a cardiac catheterization test performed and a stent placed. <p>(A stent is a small device surgically implanted inside a blood vessel that compacts the plaque against the walls of the arteries to create a wider path for blood flow to the lower half of your body. A stent holds tissue in place and keeps it open or relieves blockage.)</p> <p>(Cardiac catheterization is a procedure that uses X-ray imaging to see your heart's blood vessels. The test is generally done to see if there's a restriction in blood flow going to the heart. If necessary, a Physician can open clogged heart arteries (angioplasty) during this procedure.)</p> <ul style="list-style-type: none"> -- An order from Client #2's Psychiatrist dated 1/26/18 changing his scheduled dose of Cogentin 2 mg. every night to "PRN (as needed) every night ONLY for muscle tremor." <p>Review on 3/16/18 of Client #2's January, February and March 2018 MARs revealed the following information;</p> <ul style="list-style-type: none"> -- The Physician's order of 1/26/18 changing a scheduled dose of Cogentin to be administered only if needed had not been transcribed on any of these 3 MARs. -- Documentation on all 3 of the above MARs 	V 118		

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V 118	<p>Continued From page 23</p> <p>indicated the client was administered a scheduled dose of Cogentin every night from the date of the order (1/26/18) through last night (3/15/18).</p> <p>Interview on 3/1/18 with the Program Director/Administrator revealed the following information;</p> <ul style="list-style-type: none"> -- She was unaware of the above Physician's order. -- She confirmed that Client #2 had not been administered his Cogentin as his Physician ordered during the above time period. <p>Observation on 3/16/18 at 11:30 am of Client #2's medications on hand revealed the scheduled dose of Cogentin to be in the client's bubble pack of medications along with written instructions to take the Cogentin every night.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 118		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <ul style="list-style-type: none"> (1) one or more minor clients; or (2) two or more adult clients. 	V 289		

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V 289	<p>Continued From page 24</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC</p>	V 289		

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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215
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V 289	<p>Continued From page 25</p> <p>27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide care, habilitation or rehabilitation and supervision within the scope of residential services to individuals affecting 4 of 6 current audited clients (#1 #2 #3 #4). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS, Tag V-108. Based on interview and record review, the facility failed to assure that A) 1 of 3 direct care staff reviewed (the Program Director/Administrator (PD/A)) had current training in basic First Aid including seizure management, and was currently trained to provide cardiopulmonary resuscitation (CPR) and B) that 3 of 3 direct care staff had training to meet the needs of the clients (PD/A, Staff #1, Staff #2).</p> <p>Cross Reference: 10A NCAC 27G .0204 - COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS, Tag V-110. Based on observation, interview and record review, 1 of 3 Paraprofessionals reviewed failed to demonstrate the knowledge, skills and abilities required by the population served (Program Director/Administrator (PD/A)).</p> <p>Cross Reference: 10A NCAC 27G .0205 -</p>	V 289		

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V 289	<p>Continued From page 26</p> <p>ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN, Tag V-111. Based on interview and record review, the facility failed to assure that an admission assessment was completed for each client, prior to the delivery of services which included the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical and vocational, as appropriate to the client's needs affecting 4 of 4 audited clients (#1 #2 #3 #4).</p> <p>Cross Reference: 10A NCAC 27G .0205 - ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN, Tag V-112. Based on interview and record review, the facility failed to have documentation of a current treatment plan affecting 4 of 4 audited clients (#1 #2 #3 #4), and also failed to follow diet and weight management orders for 2 of 4 audited clients (#1 #3).</p> <p>Cross Reference: 10A NCAC 27G .0209 MEDICATION REQUIREMENTS, Tag V-118. Based on observation, interview and record review, the facility staff failed to A) assure prescription medications were administered to clients as written by a Physician and assure that MARs were kept current affecting 1 of 4 audited clients (#2).</p> <p>Cross Reference: 10A NCAC 27G .5602 SUPERVISED LIVING - STAFF, Tag V-290. Based on interview and record review, the facility failed to assure an assessment was completed of clients' capability of remaining in the community without staff supervision affecting 1 of 1 audited</p>	V 289		

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V 289	<p>Continued From page 27</p> <p>client utilizing unsupervised time in the community (#4).</p> <p>Cross Reference: 10A NCAC 27G .5603 SUPERVISED LIVING - OPERATIONS, Tag V-291.</p> <p>Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation or case management affecting 4 of 4 audited clients (#1 #2 #3 #4).</p> <p>Review on 3/15/18 of Client #1's record revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around.</p> <p>Interview on 3/15/18 with the Program Director/Administrator (PD/A) revealed the following information regarding Client #1; -- Prior to being admitted to the facility (on 1/18/17), Client #1 had been the subject of a Silver Alert (on 10/26/16). -- He had been at a hospital, and told them he was going to leave. -- He walked off from the hospital to go to his Sister's house. -- There was snow on the ground at this time. -- While attempting to get to his Sister's, he walked for an unknown amount of time, and also fell in the snow.</p>	V 289		

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V 289	<p>Continued From page 28</p> <p>-- This exposure to the elements resulted in one of his toes having to be amputated.</p> <p>-- When Client #1 first arrived at the facility he "tried to leave a few times."</p> <p>Review on 3/15/18 of the web site for the North Carolina Silver Alert system revealed the following information;</p> <p>-- During the above Silver Alert, Client #1 left the hospital wearing only a shirt, jeans and tennis shoes.</p> <p>Continued interview on 3/15/18 with the PD/A revealed the following information;</p> <p>-- Client #1's sister came to the facility on 3/11/18 and picked him up for a day visit.</p> <p>-- Today (3/15/18) is the first time since the client left that she has heard from his sister to let the facility know where he is.</p> <p>-- Client #1 is currently admitted to the Veteran's Administration (VA) Hospital.</p> <p>-- She has been trying to call Client #1's sister, but her cell phone had been disconnected.</p> <p>-- She has Client #1's sister's home address in Durham in the client record, but had not gone to her house in an attempt to find the client.</p> <p>-- She has Client #1's son's phone number in the client record, but had not tried to call him in an attempt to find the client.</p> <p>-- She had not called the Police to report him missing, request assistance locating him or to issue a Silver Alert.</p> <p>On 3/15/18, the PD/A stated that Client #1's sister called her today (for the first time since she took him from the facility on 3/11/18) and reported to her the following information;</p> <p>-- When she picked Client #1 up on 3/11/18 from the facility for a visit, he complained to her that he had fallen recently at his Psychosocial</p>	V 289		

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V 289	<p>Continued From page 29</p> <p>Rehabilitation (PSR) program, and his knee was hurting from this fall.</p> <ul style="list-style-type: none"> -- He requested, and she took him to the VA Hospital to have his knee evaluated. -- When he got to the VA Hospital he was evaluated, and Physician(s) saw that his knee was swollen, so they admitted him. -- He had a hard knot in his leg, and the Physician(s) thought it was a blood clot. -- The Physician(s) cut this area open and drained it. -- The VA Hospital told her today that Client #1 is ready for discharge. <p>Interview on 3/16/18 with the PD/A revealed the following information regarding Client #1;</p> <ul style="list-style-type: none"> -- His Parkinson's Disease has gotten much worse than it was when he arrived at the facility a little over a year ago. -- His hands shake so much that he needs assistance with completing many tasks (buttoning clothing, making his bed, eating, etc.). -- His physical health is declining very rapidly. -- She has been trying to get his Physician "to order him to a higher level of care." -- She did not understand that if the facility is no longer able to meet the needs of a client, it is her responsibility to identify that fact, and work toward securing a more appropriate placement for the client(s). <p>Review on 3/22/18 of the Plan Of Protection dated 3/20/18 written by the PD/A revealed the following information;</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care? In order to ensure the safety of all of our consumers in our care, Dee & G Enrichment #2 assures that any client that needs a higher level of care will be discharged to a suitable facility,</p>	V 289		

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V 289	<p>Continued From page 30</p> <p>[Client #1's initials] will not be readmitted, [Client #2's initials] has a 30 day notice of discharge. Also the QP will preform acurate assessments on consumers to assure that they are suitable for our facility as well as update Treatment Plans annually, which will include Supervised or Unsupervised time away from the facility. All appointments will be attended as well as all orders will be followed as ordered by Physician. Incompetent staff will be discharged due to poor job performance. QP will have a more broader job performance also.</p> <p>Describe your plans to make sure the above happens:</p> <p>Dee & G #2 plans are to assure that these corrections are made by monitoring monthly, Appointments, Treatment Plans will be reviewed Quarterly. QP will be in the facility monitoring medication compliance, orders, patient care, Treatment Plans, etc, as well as training the PP (Para Professionals) on documenting progress notes weekly. I assume responsibility to have a Form developed where all appointments are documented of any changes, labs, orders Another Form that have the QP to sign in when she checks meds, treatment plans, orders, etc, on a monthly basis. If for any reason the QP cannot Forfill her job performance She will be terminated and another QP will be hired in order to provide the best services for our consumers. Dee & G #2 will also copy every important paper in order to have a duplicate in case of loss. All Blood pressures, progress notes will be renewed yearly to assure [unable to read this word]. In order to provide the best care and service that we can. We take pride in our work, our care and compassion will continue to strive to be the best ever. Any corrections that need to be made we will assure that they will be corrected, in the appropriate time allowed. Thank you [PD/A's</p>	V 289		

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V 289	<p>Continued From page 31</p> <p>name and phone number]"</p> <p>The Program Director/Administrator did not recognize and understand the facility was unable to continue to meet the needs of Client #1 and Client #2, as it was her responsibility to assess the client's ability to be in the facility. She also did not work towards securing an appropriate placement that can provide a higher level of care required for both Client #1 and Client #2.</p> <p>Client #1 required dressing changes and treatment on the site of an amputated toe, and to ulcers on his lower leg from 1/24/17 through 11/16/17. During this period, he required specialized treatment and services provided by a Wound Care Clinic, a Vascular Clinic and in-home services by Home Health Skilled Nursing staff to provide treatment for and assessment of his multiple wounds. During this time he underwent painful debridement of these wounds to remove dead and infected tissue. Client #1 developed multiple infections at his wound sites requiring 5 courses of antibiotic treatment (both oral and topical) within a period of 8 months. Because staff were not trained in wound care, dressing changes and the sterile process/procedures required in providing these treatments, it may have contributed to client #1's risk for, and the manifestation of multiple infections to his wound sites requiring antibiotic therapy. The Program Director/Administrator did not obtain compression stockings, although ordered multiple times to assist client #1's circulation and reduce swelling. Because there was no coordination with other health care providers, Client #1 exhibited unexplained weight loss and uncontrolled blood pressures. This resulted in a hospitalization from 11/17/17 through 11/21/17.</p>	V 289		

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V 289	<p>Continued From page 32</p> <p>Client #2 required dressing changes and treatment on the site of lower leg ulcers from 12/6/17 through 3/9/18, and surgical placement of a stent on 3/14/18 to assist with the circulation of blood throughout his body. During this period, he required specialized treatment and services provided by a Wound Care Clinic and a Vascular Clinic. During this time he underwent painful debridement of these wounds to remove dead and infected tissue. Client #2 developed multiple infections at his wound sites including E Coli requiring 7 courses of antibiotic treatment (both oral and topical) within a period of 2 1/2 months. Because staff were not trained in wound care, dressing changes and the sterile process/procedures required in providing these treatments, it may have contributed to Client #2's risk for, and the manifestation of multiple infections to his wound sites requiring antibiotic therapy. The Program Director/Administrator did not obtain compression stockings ordered to assist Client #2 with circulation and to reduce leg swelling.</p> <p>Client #2 also displayed disruptive behaviors related to his Dementia and memory loss that could potentially have the effect of him placing himself in a position unsupervised by staff where he may be harmed or exploited.</p> <p>These failures resulted in serious neglect and constitute a Type A1 rule violation and must be corrected within 23 days. An administrative penalty in the amount of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 289		

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V 290	Continued From page 33	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum 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</p>	V 290		

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V 290	<p>Continued From page 34</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</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 interview and record review, the facility failed to assure an assessment was completed of clients' capability of remaining in the community without staff supervision affecting 1 of 1 audited client utilizing unsupervised time in the community (#4). The findings are:</p> <p>Review on 3/14/18 of Client #4's record revealed the following information; -- Admitted to the facility on 12/29/17. -- Age 26 years old. -- Diagnoses include Chronic Schizoaffective Disorder and Bipolar Disorder. -- No documentation that an assessment had been completed to ensure the client could remain safe in the community without the supervision of staff.</p> <p>Interview on 3/14/18 with Staff #1 revealed that Client #4 is employed at two different restaurants working a few hours a day, several days a week.</p> <p>Interview on 3/16/18 with the Program Director/Administrator revealed the following information; -- She was not aware that there was no assessment in Client #4's record indicating he could safely remain in the community at his</p>	V 290		

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V 290	Continued From page 35 places of employment without staff supervision. -- She indicated that doing this assessment was the responsibility of the facility Qualified Professional. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

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V 291	<p>Continued From page 36</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals (QPs) responsible for treatment/habilitation or case management affecting 4 of 4 audited clients (#1 #2 #3 #4). The findings are:</p> <p>1. Review on 3/15/18 of Client #1's record revealed the following information; --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around.</p> <p>Interview on 3/15/18 with the Program Director/Administrator (PD/A) revealed the following information regarding Client #1; -- Prior to being admitted to the facility (on 1/18/17), Client #1 had been the subject of a Silver Alert (on 10/26/16). -- He had been at a hospital, and told them he was going to leave. -- He walked off from the hospital to go to his Sister's house. -- There was snow on the ground at this time. -- While attempting to get to his Sister's, he</p>	V 291		

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V 291	<p>Continued From page 37</p> <p>walked for an unknown amount of time, and also fell in the snow. -- This exposure to the elements resulted in one of his toes having to be amputated.</p> <p>Interview on 3/16/18 with the PD/A revealed the following information regarding Client #1; -- His Parkinson's Disease has gotten much worse than it was when he arrived at the facility a little over a year ago. -- His hands shake so much that he needs assistance with completing many tasks (buttoning clothing, making his bed, eating, etc.). -- His physical health is declining very rapidly. -- She has been trying to get his Physician "to order him to a higher level of care." -- She did not understand that if the facility is no longer able to meet the needs of a client, it is her responsibility to identify that fact, and work toward securing a more appropriate placement for the client(s).</p> <p>Review on 3/15/18 and 3/16/18 of Client #1's record revealed he was experiencing multiple medical and psychiatric issues since his arrival at the facility on 1/18/17 regarding his circulation, blood pressure changes, weight loss and wound care. The following are Physician's orders, and examples of the facilities failure to coordinate medical services for Client #1:</p> <p>a. Client #1's mental health; Review on 3/15/18 of Client #1's record revealed the following information; -- Documentation from a Physician at a Veterans Administration (VA) Hospital dated 12/27/17 as follows: "Please increase Zyprexa to 12.5 mg. at night (Antipsychotic Medication). Please record Patient's complaints about voices daily and chart..."</p>	V 291		

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V 291	<p>Continued From page 38</p> <p>-- No documentation regarding any voices in this record.</p> <p>-- No documentation of any strategies/interventions to address Client #1's mental health needs including auditory hallucinations.</p> <p>Interview on 3/20/18 with the PD/A revealed she was unaware of the Physician's order to document Client #1's 'voices.'</p> <p>b. Treatment of Client #1's toe amputation site and leg wounds;</p> <p>-- 1/24/17 - Physician's order: Clean right toe amputation site well, wash with soap and water, pat it dry and apply dressing over it and tape it daily. Monitor for signs and symptoms of infection and treat/contact appropriately for evaluation and treatment.</p> <p>-- 2/21/17 - Physician's order: "Rehab Center (the group home staff) to continue daily dressing changes.. Monitor site for infection.."</p> <p>-- 4/4/17 - Physician's order: Right third toe amputation site healed. Patient discharged from Vascular Clinic.</p> <p>-- 6/6/17 - Primary Care Physician's (PCP's) order: "Patient to go directly to Emergency Department for infection in left leg. Prescribed Ativan as needed for anxiety."</p> <p>-- 6/6/17 - Emergency Room Physician's order: Use Neosporin Ointment twice per day to left lower leg.</p> <p>-- 6/21/17 - PCP's order: Start Keflex (an antibiotic medication). Home Health RN for wound consult and care.</p> <p>-- 7/6/17 - Physician's order: Start Augmentin and Doxycycline (two antibiotic medications). Dermatology outpatient consult placed.</p> <p>-- 7/7/17 - Wound Care Clinic (WCC): Start Santyl to wound, prescription given.</p>	V 291		

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V 291	<p>Continued From page 39</p> <p>-- 7/10/17 - Physician's order: Follow up with Dermatology as needed.</p> <p>-- 7/12/17 - Performed Arterial Doppler and Duplex. (These are tests that measure the amount of blood flow in the body, and produce internal images of areas of the body).</p> <p>-- 7/13/17 - WCC: Blood Pressure 82/45 pulse 71. Notify [name of Physician] of blood pressure. Orders have been changed from Santyl to Prisma AG dressing. Orders will be sent to Home Health.</p> <p>-- 7/13/17 - Cardiology/Vascular evaluation of left leg ulcer: Follow up as needed.</p> <p>-- 7/13/17 - Skilled Nursing: Visit made to provide wound care. Assessment within normal limits with exception of wound of left lower leg.</p> <p>-- 7/19/17 - WCC: We are applying Prisma AG to wound every other day.</p> <p>-- 7/26/17 - Skilled Nursing: Visit made to provide wound care.</p> <p>-- 7/28/17 - Skilled Nursing: Visit made to provide wound care.</p> <p>-- 8/3/17 - WCC: Seen for follow up on ulcers on his left lower leg. Eschar covered. Wound debrided. (Eschar is a scab or dry crust that results from trauma, such as burns, infection or an excoriating skin disease.) (Debridement is the medical removal of dead, damaged, or infected tissue to improve the healing potential of the remaining healthy tissue).</p> <p>-- 8/17/17 - WCC: Continue application of Prisma AG to wound bed.</p> <p>-- 8/24/17 - WCC: Will continue to apply Prisma AG on wound bed.</p> <p>-- 8/26/17 - Skilled Nursing: Visit for recertification for wound care as ordered. No signs of infection noted.</p> <p>-- 8/31/17 - WCC: Seen for wound check. Noted</p>	V 291		

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V 291	<p>Continued From page 40</p> <p>bigger in size. Will continue Prisma AG application to wound bed, covered with telfa island (a type of wound dressing).</p> <p>-- 9/7/17 - WCC: Seen for wound check. Doing better. Continue to apply Prisma AG and cover with telfa island.</p> <p>-- 9/14/17 - WCC: Seen for wound check. Will ask Home Health to order compression stockings. Continue to use Prisma AG.</p> <p>-- 9/28/17 - WCC: Seen for wound check. Looks good and stable. "Please, patient needs compression stockings."</p> <p>-- 10/5/17 - WCC: Seen for wound check.</p> <p>-- 10/19/17 - WCC: Seen for wound check. Improvement noted to wound. Will continue applying Prisma AG to wound bed.</p> <p>-- 11/2/17 - WCC: Seen for wound check. Progressing well. Continue to apply Prisma AG to wound.</p> <p>-- 11/9/17 - WCC: Continue Prisma AG to left lower leg wound. Wrap with gauze and Kerlix. DO NOT use adhesive due to tape burn.</p> <p>-- 11/16/17 - WCC: Patient's wound is healed. Continue covering with a foam bandage and change every 3 to 4 days for the next two weeks. May change bandage if needed more often if soiled.</p> <p>-- 1/11/18 - PCP's order: Venous Doppler of left lower leg performed today. Start Xarelto 15 mg. twice a day for 21 days, then 20 mg. daily (Xarelto is a medication that thins the blood). Return to clinic in 6 weeks for evaluation of DVT. (Deep Vein Thrombosis occurs when a blood clot (thrombus) forms in one or more of the deep veins in your body, usually in your legs. DVT can be very serious because blood clots in your veins can break loose, travel through your bloodstream and lodge in your lungs, blocking blood flow (pulmonary embolism). If you develop signs or symptoms of a pulmonary embolism - a</p>	V 291		

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V 291	<p>Continued From page 41</p> <p>life-threatening complication of deep vein thrombosis - seek immediate medical attention.) -- 2/19/18 - PCP's order: Patient following up on left lower leg DVT. Firm area still noted on left lower leg. Continue elevating leg. Start Keflex (an antibiotic medication). -- 2/12/18 - Seen at the VA: Restart Carvediolol 3.25 mg twice a day (a medication for control of high blood pressure). Please call office and let us know if he is on Xarelto. He has had chronic left lower leg edema (swelling) due to an old injury. He is high risk for falls. "Check blood pressure daily and call if over 150/85."</p> <p>Interview on 3/15/18 with the PD/A revealed the following information; -- She confirmed that the facility staff had done some of the dressing changes for Client #1. -- She confirmed that dressing changes and wound treatment need to be done under sterile conditions to prevent infection. -- She confirmed that training in the area of wound care/management and dressing changes had not been conducted for any of the staff. -- She was unaware if anyone had requested the above training from Client #1's Physician's office. -- She was not sure if Client #1 knew to elevate his legs to reduce the swelling in them.</p> <p>c. Client #1's diet and weight loss: -- 5/22/17 - Seen at the VA Hospital: Has lost 13 pounds, 191.4 pounds today. Client was last seen by this Physician on 3/7/17 (approximately 10 weeks prior). Instructions: Needs more protein in diet. -- 9/5/17 - Seen at the VA: Weight loss of 10 pounds since May (5/22/17, last weight was 191.4 pounds, so weight at this appointment should be 181.4). Instructions: 3000 calorie diet. Nutritional consult.</p>	V 291		

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V 291	<p>Continued From page 42</p> <p>-- 11/8/17 - Seen at the VA: Weight loss of 4 pounds (9/5/17, last weight was 181.4 pounds, so weight at this appointment should be 177.4). Instructions: Increase food calorie to 3000 calories a day. Refer to Nutrition placed. Please check weight (does not indicate how often) and "call if < 5 (greater than 5) pound weight loss."</p> <p>-- 11/17/17 - 11/21/17 Client was hospitalized due to "weight loss and low blood pressure." Discharge note "Your main problem treated during this hospital stay (discharge diagnosis) was: Low blood pressure. You have lost a significant amount of weight..." Current weight is 171.5 pounds. Following this hospitalization the Physician discontinued 4 medications he had been taking for his blood pressure/heart (Lasix, Carvediolol, Lisinopril, and Potassium).</p> <p>-- 11/29/17 Seen at the VA: Weight gain of 8 pounds (gained 8 pounds in 8 days following the discontinuation of Lasix 9 days prior).</p> <p>Additional review on 3/16/18 of Client #1's record revealed documentation that the client was weighed 3 times while in the facility as follows;</p> <p>-- 2/10/18 - 180 pounds. -- 2/24/18 - 180 pounds. -- 3/7/18 - 180 pounds.</p> <p>Interview on 3/15/18 with the PD/A revealed the following information;</p> <p>-- She was certain that Client #1's weight had been checked more than 3 times while he was at the facility. -- She remembers them being recorded in a notebook. -- She was unable to locate the notebook. -- She was unaware of the Physician's order for the facility to notify him of a weight loss of greater than 5 pounds. -- No one at the facility had notified Client #1's</p>	V 291		

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V 291	<p>Continued From page 43</p> <p>Physician as ordered of weight loss of greater than 5 pounds.</p> <p>* See Tag V-115, Client Services for specific details/examples of Client #1's therapeutic diet.</p> <p>d. Client #1's blood pressures; -- 7/13/17 - Seen at Wound Care Clinic: "Blood Pressure 82/45 pulse 71. Notify [name of Physician] of blood pressure." -- 11/17/17 - 11/21/17 Client was hospitalized due to "weight loss and low blood pressure." Discharge note "Your main problem treated during this hospital stay (discharge diagnosis) was: Low blood pressure. You have lost a significant amount of weight..." "Other instructions: You have been given a blood pressure cuff. Please take your blood pressure twice a week and bring the readings with you to your appointments." Your blood pressure is now under control, likely due to your weight loss so discontinue taking Carvediolol, Lisinopril, Lasix and Potassium (all medications prescribed to treat blood pressure/heart conditions). -- 2/12/18 - Seen at the VA: Restart Carvediolol 3.25 mg twice a day. Please call office and let us know if he is on Xarelto. He has had chronic left lower leg edema (swelling) due to an old injury. He is high risk for falls. "Check blood pressure daily and call if over 150/85."</p> <p>Additional review on 3/16/18 of Client #1's record revealed documentation that his blood pressure was checked 3 times while in the facility as follows; -- 2/10/18 - 148 (or 198)/114. -- 2/24/18 - 165/89. -- 3/7/18 - 157/86.</p> <p>Interview on 3/15/18 with the PD/A revealed the</p>	V 291		

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V 291	<p>Continued From page 44</p> <p>following information;</p> <ul style="list-style-type: none"> -- She was certain that Client #1's blood pressure had been checked more than 3 times while he was at the facility. -- She remembers them being recorded in a notebook. -- She was unable to locate the notebook. -- She was unaware of the Physician's order for the facility to notify him of blood pressures within certain parameters. -- No one at the facility had notified Client #1's Physician as ordered of the high blood pressure readings above. <p>e. Client #1's compression stockings;</p> <ul style="list-style-type: none"> -- 3/7/17 - Physician's order: "Compression stockings for edema (swelling) of LE (lower extremity)." -- 9/14/17 - Seen at Wound Care Clinic for a wound check: "Will ask home health to order compression stockings." -- 9/28/17 - Seen at Wound Care Clinic for a wound check: "Please, Patient needs compression stockings." <p>(Compression stockings improve blood flow. They can lessen pain and swelling in your legs. They can also lower your chances of getting a deep vein thrombosis (DVT), a kind of blood clot, and other circulation problems.)</p> <p>Interview on 3/20/18 with the PD/A revealed the following information;</p> <ul style="list-style-type: none"> -- She was not sure if Client #1 had compression stockings, and she was unaware of the above multiple Physician's orders to obtain them for Client #1 to wear to assist with leg swelling and to aid his circulation. <p>Surveyor attempted to interview Client #1 at the Durham VA on 3/16/18 and was not successful.</p>	V 291		

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V 291	<p>Continued From page 45</p> <p>As of date of survey exit (3/21/18), Client #1 remained hospitalized.</p> <p>2. Review on 3/16/18 of Client #2's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 1/9/14. -- Age 63 years old. -- Diagnoses include Chronic Schizophrenia, Chronic Personality Disorder, Dementia and Insomnia. -- An FL-2 dated 11/21/17 indicating the client was "constantly disoriented," and has displayed inappropriate behaviors of wandering and damage to property. -- On 3/9/18 was prescribed Aspirin (for prevention of the formation of blood clots in people with coronary artery disease). -- On 3/15/18 was prescribed Plavix (a blood thinner used to prevent stroke, heart attack, and other heart problems). -- On 3/14/18 Client #2 was hospitalized overnight both to have a cardiac catheterization test performed and a stent placed. (A stent is a small device surgically implanted inside a blood vessel that compacts the plaque against the walls of the arteries to create a wider path for blood flow to the lower half of your body. A stent holds tissue in place and keeps it open or relieves blockage.) (Cardiac catheterization is a procedure that uses X-ray imaging to see your heart's blood vessels. The test is generally done to see if there's a restriction in blood flow going to the heart. If necessary, a Physician can open clogged heart arteries (angioplasty) during this procedure.) <p>Review on 3/15/18 and 3/16/18 of Client #2's record revealed he was experiencing multiple medical issues from 12/6/17 through the present time related to his circulation and wound care.</p>	V 291		

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V 291	<p>Continued From page 46</p> <p>The following are Physician's orders, and examples of the facilities failure to coordinate medical services for Client #2:</p> <p>-- 9/17/17 - Primary Care Physician's (PCP's) order: Dehydrated, increase fluids, compression stockings for bilateral leg edema, encourage to elevate legs above heart level. (Compression stockings improve blood flow. They can lessen pain and swelling in your legs. They can also lower your chances of getting a deep vein thrombosis (DVT), a kind of blood clot, and other circulation problems.)</p> <p>-- 12/6/17 - PCP's order: Swab sent for wound culture. Start Bactroban and Keflex (two antibiotic medications). Dry dressing to wound.</p> <p>-- 12/12/17 - PCP's order: Continue dressing changes. Start Levaquin (an antibiotic medication).</p> <p>-- 1/8/18 - PCP's order: Echocardiogram normal. Start Cipro (an antibiotic medication). Bactroban for wound care (an antibiotic cream). Dressing changes. Wound is positive for E. Coli. (E. Coli is a bacterial infection and these bacteria produce toxins that have a wide range of effects. Symptoms caused by some E. Coli infections range from mild to severe.)</p> <p>-- 1/23/18 - Physician's order: Start Augmentin (an antibiotic medication). Refer to Wound Care Clinic (WCC).</p> <p>-- 2/7/18 - PCP's order: Continue wound care.</p> <p>-- 2/12/18 - WCC Physician's order: Client would not allow Physician to debride. Applied a Medihoney gel (a wound care dressing) and cover with self adherent dressing. Change daily.</p> <p>-- 2/22/18 - WCC Physician's order: Wound debrided, continue Medihoney, will schedule for arterial study.</p> <p>(Debridement is the medical removal of dead, damaged, or infected tissue to improve the</p>	V 291		

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V 291	<p>Continued From page 47</p> <p>healing potential of the remaining healthy tissue.) -- 2/28/18 - WCC Physician's order: Start Levaquin (an antibiotic medication). -- 3/1/18 - WCC Physician's order: Not much improvement. Tolerated debridement partially. Will use Santyl for wound care. -- 3/8/18 - WCC Physician's order: Wound Debrided. Continue Santyl. -- 3/9/18 - Physician's order: Non-healing wounds on right lower leg. ABI was <0.4 with severe Iliac Disease and occluded SFA. Recommend Abdominal Angiogram. Start Aspirin 81 mg. every day. (ABI is an Ankle-Brachial Index, which is a test used to gauge circulation (blood flow) and measure blood pressure in the arteries. ABI results of 0 to 0.40 indicate severe arterial disease.) (Iliac artery occlusive disease occurs when the arteries in your abdomen become narrowed with plaque and cannot bring enough blood to organs and muscles in your legs.) (SFA is a superficial femoral artery.) (Occlusion is the blockage or closing of a blood vessel.) -- 3/14/18 - Abdominal Angiogram performed with placement of a stent. (An Angiogram is an imaging test that uses X-rays to look at your blood vessels.) -- 3/13/18 - Physician's order: Elevated PSA, refer to Urology. (PSA is a Prostate-specific antigen, and the blood level of PSA is often elevated in men with prostate cancer.)</p> <p>Interview on 3/16/18 with the PD/A revealed the following information; -- She confirmed that the facility staff had done some of the dressing changes for Client #2. -- She confirmed that dressing changes and</p>	V 291		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2018
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NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2	STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215
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V 291	<p>Continued From page 48</p> <p>wound treatment need to be done under sterile conditions to prevent infection.</p> <p>-- She confirmed that training in the area of wound care/management and dressing changes had not been conducted for any of the staff.</p> <p>-- She was unaware if anyone had requested the above training from Client #2's Physician's office.</p> <p>-- She was not sure if Client #2 knew to elevate his legs to reduce the swelling in them.</p> <p>-- She was not sure if Client #2 had compression stockings, and she was unaware of the above Physician's orders to obtain them for Client #2 to wear to assist with leg swelling and to aid his circulation.</p> <p>-- She was unaware of the Physician's order for a referral to a Urologist, and was unable to confirm that an appointment had been scheduled for this.</p> <p>Several attempts were made to interview Client #2 on 3/15/18 which were unsuccessful due to his cognitive ability.</p> <p>3. Review on 3/14/18 of Client #3's record revealed the following information;</p> <p>-- Admitted to the facility on 10/9/17 following a 1 year and 4 month stay at a state psychiatric hospital.</p> <p>-- Age 28 years old.</p> <p>-- Diagnoses include Schizophrenia, Personality Disorder with Antisocial Features, Cannabis Use Disorder, Obesity, Dyslipidemia and Acne.</p> <p>-- An FL-2 dated 10/29/17 with a Physician's order to check the client's blood sugar level twice a day.</p> <p>-- No documentation that any blood sugar levels were checked.</p> <p>-- No documentation of any substance abuse treatment.</p> <p>Interview on 3/14/18 with Staff #1 revealed they</p>	V 291		

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V 291	<p>Continued From page 49</p> <p>had never checked Client #3's blood sugar levels, and that she was unaware this Physician's order was in his record.</p> <p>Interview on 3/15/18 with the PD/A revealed the following information;</p> <ul style="list-style-type: none"> -- She confirmed that Client #3 had never had any blood sugar levels checked while he has been at the facility. -- She also stated that she had not tried to get in touch with the psychiatric hospital that discharged him to the facility for clarification of this order. -- She was unaware that a substance abuse diagnoses should be discussed with the client's Physician so that proper referral and treatment is obtained. -- She confirmed that he had not been refereed for any substance abuse assessment and/or treatment. <p>4. Review on 3/14/18 of Client #4's record revealed the following information;</p> <ul style="list-style-type: none"> -- Admitted to the facility on 12/29/17. -- Age 26 years old. -- Diagnoses include Chronic Schizoaffective Disorder and Bipolar Disorder. -- A Physicians order dated 12/28/17 as follows: "Schedule Vascular test. May need Sleep Study." <p>Interview on 3/15/18 with the PD/A revealed she was unaware of the above Physician's order and unsure if vascular testing had been scheduled.</p> <p>Interview on 3/15/18 with Client #4 revealed he had no issues with the facility or the facility staff.</p> <p>This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope, Tag V-289 for a Type A1 rule violation and must be corrected within 23 days.</p>	V 291		

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V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. 	V 367		

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V 367	<p>Continued From page 51</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs 	V 367		

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V 367	<p>Continued From page 52</p> <p>(a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure Level II incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:</p> <ol style="list-style-type: none"> Review on 3/15/18 of Client #1's record revealed the following information; <ul style="list-style-type: none"> --Admitted to the facility on 1/18/17. -- Age 66 years old. -- Diagnoses include Schizoaffective Disorder, Dementia, Parkinson's - Neuroleptic Induced, Possible Neurocognitive Disorder, Hypothyroidism, Hypertension, GastroEsophageal Reflux Disease, Chronic Obstructive Pulmonary Disease, Incontinence and Status Post Middle Toe Amputation. -- Uses a rolling walker to get himself around. <p>Interview on 3/15/18 with the Program Director/Administrator (PD/A) revealed the following information; <ul style="list-style-type: none"> -- Client #1's sister came to the facility on 3/11/18 and picked him up for a day visit. -- Today (3/15/18) is the first time since the client left that she has heard from his sister to let the facility know where he is. -- She had not called the Police to report him missing, request assistance locating him or to issue a Silver Alert. <p>* See Tag V-289, Supervised Living - Scope for additional details.</p> </p>	V 367		

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V 367	<p>Continued From page 53</p> <p>2. Review on 3/14/18 of Client #3's record revealed the following information; -- Admitted to the facility on 10/9/17 following a 1 year and 4 month stay at a state psychiatric hospital. -- Age 28 years old. -- Diagnoses include Schizophrenia, Personality Disorder with Antisocial Features, Cannabis Use Disorder, Obesity, Dyslipidemia and Acne. -- Documentation that the client had had an emergency hospitalization from 2/2/18 through 2/15/18 due to "increased hallucinations and self harm."</p> <p>Interview on 3/14/18 with Staff #1 revealed the following information; -- The client was hitting himself causing him to be bleeding a lot. -- She called the PD/A, who arrived before emergency personnel, and she transported him to the hospital for treatment.</p> <p>Review on 3/14/18 of the IRIS (Incident Response Improvement System) website revealed no report submitted for the above event.</p> <p>Interview on 3/20/18 with the PD/A revealed her to confirm that neither of the above incidents was entered into the NC IRIS website.</p>	V 367		