

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
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NAME OF PROVIDER OR SUPPLIER ROBESON #3	STREET ADDRESS, CITY, STATE, ZIP CODE 504 S ELM STREET MAXTON, NC 28364
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 2, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by 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>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on interviews, record reviews, and observations, the facility failed to administer medications as ordered by the physician and maintain current MARs affecting 2 of 3 audited clients (clients #1, #2). The findings are:</p> <p>Finding #1: Review on 5/1/18 and 5/2/18 of client #2's record revealed: -23 year old female admitted 4/11/16. -Diagnoses include Autism Spectrum Disorder; Major Depressive Disorder, moderate; Intellectual Disability, mild; Intermittent Explosive Disorder. -Order dated 8/7/17 for Loxapine 5 mg (milligrams) TID (3 times daily) PRN (as needed) for agitation. -Order dated 10/10/17 to increase to Loxapine 10 mg TID PRN agitation. -Verbal order dated 3/11/18 to "Hold Zenedi (Dextroamphetamine) until further notice." -Order dated 3/20/17 for Dextroamphetamine 10 mg twice daily. -Verbal order dated 4/23/18 to "Hold Zenedi until further notice." -Order dated 4/24/18 Dextroamphetamine 10 mg twice daily. -Order dated 3/21/18 for Zithromax Z-Pak 250 mg, 6 tablets, use as instructed. (antibiotic) -Order dated 2/20/18 for Ibuprofen 600 mg every 6 hours as needed. (pain)</p> <p>Review on 5/2/18 of client #2's February, March, and April 2018 MARs revealed: -Loxapine 10 mg documented as administered</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>once on 2/5/18, and twice on 2/13/18. Times of administration were not documented.</p> <p>-Ibuprofen 600 mg documented as administered once on 2/20/18. Time the medication was administered had not been documented.</p> <p>-Loxapine 5 mg documented as administered 3/5/18 and 3/15/18. (Order had been increased to 10 mg on 10/10/17.) Times of administration were not documented.</p> <p>-Dextroamphetamine 10 mg (Zenedi) documented twice daily at 8 am and 8 pm from 3/11/18 - 3/19/18. (Ordered to "hold" 3/11/18.)</p> <p>-No 8 pm Dextroamphetamine 10 mg (Zenedi) documented 4/21/18, 4/22/18, 4/24/18, 4/27/18.</p> <p>-Order dated 3/21/18 for Zithromax Z-Pak 250 mg transcription on the March 2018 MAR read, "Azithromycin 250 mg Tablet 6 - Pak Take 2 tablets ... day 1, then take 1 tablet .. daily for 4 days. The first dose was documented 3/23/18 at 8 am, 2 days after medication was ordered. No medication documented 3/24/18 or 3/25/18. Medication documented as given daily for 6 days from 3/26/18 - 3/31/18.</p> <p>Observations on 5/1/18 between 1:30 pm and 2:30 pm of client #2's medications on hand revealed:</p> <p>-1 medication bubble pack labeled Loxapine 5 mg, dispense date 2/14/18. 2 capsules had been punched from the card of 30 dispensed capsules. Beside one empty bubble punch, someone had written "2/21/18" and 2 initials.</p> <p>Interview on 5/1/18 client #2 stated staff gave her medications to her, morning, noon, and night.</p> <p>Finding #2: Review on 5/1/18 and 5/2/18 of client #1's record revealed: -33 year old male admitted 7/21/17.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>-Diagnoses include Bipolar Disorder, depressed, moderate most recent episode; Oppositional Defiant Disorder; Intellectual Disability.</p> <p>-Order dated 3/9/18 for Ultram 50 mg TID for 5 days. (pain)</p> <p>-Order dated 4/27/18 for Ultracet 37.5 mg - 325 mg every 4 hours PRN for pain.</p> <p>Review on 5/2/18 of client #2's March and April 2018 MARs revealed:</p> <p>-The first dose of Ultram 50 mg (ordered 3/9/18 to be given for 5 days) was documented as administered on 3/11/18 at 8 am.</p> <p>-Ultracet 37.5 mg - 325 mg documented as administered 4/27/18, 4/28/18, and 4/30/18. Times of administration were not documented.</p> <p>Client #1 refused to be interviewed 5/1/18 at 3:35 pm.</p> <p>Interview on 5/1/18 Staff #1 stated:</p> <p>- "D/C" (discontinue) had been written on client #2's April MAR beside Dextroamphetamine 10 mg (Zenzedi) because they ran out of the medication and did not think they were going to get the medication refilled in time to administer it as ordered. However, she picked up the medication from the office on Friday (4/27/18).</p> <p>-The reason the order was written to "hold" in March was because they could not pick up the medication without a "hard script," so the LPN (Licensed Practical Nurse) put the medication on hold.</p> <p>Interview on 5/2/18 the LPN stated:</p> <p>-She did not know why the delay in starting client #2's antibiotic (Zithromax Z-Pak) or client #1's pain medicine, Ultram 50 mg. In each situation she had the medications filled at the local back up pharmacy. The staff should have started each on</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>the same day the order had been written.</p> <p>-There was a physician change for client #2. This had resulted in some delays in getting her Dextroamphetamine 10 mg (Zenzedi) refilled. The pharmacy required a hard copy script because the medication was a controlled drug, so she had gotten a verbal order to hold the medication until the hard copy script could be obtained.</p> <p>-She could not understand why the staff had administered Loxapine 5 mg to client #2 in March, 2018. They should not have had this medication on hand.</p> <p>-She would follow up with the staff about the medication issues identified.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		
V 537	<p>27E .0108 Client Rights - Training in Sec Rest & ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or</p>	V 537		

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V 537	<p>Continued From page 5</p> <p>volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe 	V 537		

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V 537	<p>Continued From page 6</p> <p>use of restraint throughout the duration of the restrictive intervention;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p>	V 537		

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V 537	<p>Continued From page 7</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p>	V 537		

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V 537	<p>Continued From page 8</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 3 staff audited failed to demonstrate competence in the use of physical restraints (Staff #9). The findings are:</p> <p>Review on 5/2/18 of Staff #9's personnel record revealed: -Hired 6/12/17 by the Licensee; transferred to facility on 2/11/18. -Position, Direct Support Associate. -Completed First Aid and Cardiopulmonary Resuscitation (CPR) 6/17/17. -Completed NCI (North Carolina Interventions) 6/23/17.</p> <p>Review on 5/1/18 of the client #1's Incident Report dated 4/30/18 revealed: -On 4/30/18, at 7:30 pm, client #1 was placed in a physical restraint by Staff #9. -Staff were holding a meeting with all the clients to discuss clients "picking on" client #6. -Staff #9 documented, "...[client #1] came up to me and my face ... put his hand on me so I used NCI to get his hand off me I got [client #1] up on the wall and [client #1] started sliding down to his knees to the floor and I was hold [client #1] down into he calm down maybe 5 second ... [client #1] calm down a (and) I let [client #1] up. we went to his room and talk ...the day continue on very well with [client #1].</p>	V 537		

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V 537	<p>Continued From page 9</p> <p>-Documentation for Follow up by the Qualified Professional would include the retraining of staff for therapeutic holds.</p> <p>Unable to interview client #1 on 5/1/18 at 3:35 pm due to his refusal to be interviewed.</p> <p>Interview on 5/1/18 Staff #9 stated: -He had been working at this facility about 4 months as a direct care staff. He worked 2nd shift, 3 pm - 11 pm. -His training included NCI, how to talk to clients, how to treat clients, client rights, CPR, and first aid. -He had placed 2 clients in a physical restraint in the past 90 days. These clients were client #1 and client #4. -He had to put client #1 in a restraint the prior evening (4/30/18). Client #1 told Staff #9 to "shut up," threatened to hit him in the face, and grabbed Staff #9's arm. -When client #1 grabbed Staff #9, Staff #9 grabbed client #1's arm and turned client #1 to the door and client #1 started sliding down the wall. -Staff #9 stated they were trained to cross the client's arms when they were put into a hold, but client #1 was taller than Staff #9 so he could not cross the client's arms. -After client #1 calmed down they went to client #1's room to talk. Client #1 said his temper got the best of him and that he had a lot on his mind.</p>	V 537		