

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/04/2018
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NAME OF PROVIDER OR SUPPLIER HARLEE MAC GROUP HOME III	STREET ADDRESS, CITY, STATE, ZIP CODE 2226 MEMORY STREET FAYETTEVILLE, NC 28304
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 4, 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/03/18 of facility records revealed: - 1st quarter 2018 (January, February, March); all fire drills were documented for same time as all of the disaster drills. - 2nd quarter 2017 (April, May, June) all fire drills were documented for same time as all of the</p>	V 114		

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

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V 114	Continued From page 1 disaster drills. - 4th quarter 2017 (October, November, December) all fire drills were documented for same time as all of the disaster drills. - 3rd quarter 2017 (July, August, September) all fire drills were documented for same time as all of the disaster drills. Interview on 05/04/18 the Licensee stated: - She understood the fire and disaster drills were to be completed quarterly, repeated on each shift and documented for the time each drill was conducted.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	V 118		

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V 118	<p>Continued From page 2</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs affecting 3 of 3 clients audited (clients #1,#2, and #3). The findings are:</p> <p>Finding #1: Review on 5/3/18 of client #1's record revealed: -25 year old male admitted 4/3/17. -Diagnoses included schizophrenia,paranoid type; and hypertension. -Order dated 9/27/17: Hydrochlorthiazide 25 mg daily. (high blood pressure) -Order dated 9/27/17: Lisinopril 10 mg daily. (high blood pressure) -Order dated 9/27/17: Ibuprofen 600 mg as needed. (pain) -Order dated 1/24/18: Remeron 15 mg at bedtime. (depression)</p> <p>Review on 5/3/18 of client #1's February 2018 MARs revealed: -Hydrochlorthiazide 25 mg, Lisinopril 10 mg, and Remeron 15 mg was documented as administered daily on 2/29/18, 2/30/18, 2/31/18. -Ibuprofen 600 mg was documented as administered 2/7/18. The time the medication</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>was administered had not been documented.</p> <p>Finding #2: Review on 5/3/18 of client #2's record revealed: -39 year old male admitted 5/16/16. -Diagnoses included schizophrenia; vitamin D deficiency; history or seizures, history of pancreatitis; and abdominal mass. -Orders dated 4/30/18 were as follows: -Acetaminophen 325 mg, 2 tablets every 6 hours as needed for pain. -Thorazine 100 mg 3 times daily. (mental/mood disorders) -Colace 100 mg twice daily. (constipation) -Lithium 450 mg twice daily. (bipolar disorder) -Lorazepam 1 mg twice daily. (anxiety) -Trazodone 100 mg, 2 tablets at bedtime. (depression) -Order dated 4/6/18 for Bactrim DS 800-160 mg, twice daily for 7 days. (antibiotic) -Orders prior to 4/30/18 were not on client #2's record or available during survey for review.</p> <p>Review on 5/3/18 of client #2's MARs from February 2018 through May 2018 revealed: -Acetaminophen 325 mg was documented as given 4/15/18 and 4/29/18. The time the medication was administered had not been documented. -The doses scheduled for 8 pm on 2/28/18 had not been documented as administered for the following medications: Thorazine, Colace, Lithium, Lorazepam, and Trazodone. -First dose of Bactrim DS 800-160 mg was documented as administered 4/10/18, 4 days after the order had been written. -Abilify 10 mg daily documented as administered in February 2018. Documentation medication was administered 3/1/18-3/13/18 had been marked through with "A" written above. Order</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>and/or discontinue order not available. (mental/mood disorders)</p> <p>Finding #3: Review on 5/3/18 of client #3's record revealed: -36 year old male admitted 9/20/15. -Diagnoses included Schizoaffective disorder, bipolar type; antisocial personality disorder; obesity. -Orders dated 2/28/18 were as follows: -Benzotropine 1mg twice daily. (involuntary movements) -Divalproex 500 mg, 1 tablet in the am, and 2 at bedtime. (seizure disorders, manic phase of bipolar disorder) -Fish oil 1,000 mg. (dietary supplement, heart health) -Haloperidol 5 mg twice daily. (mental/mood disorders) -Lorazepam 1 mg twice daily -Oxcarbazepine 300 mg twice daily (seizures) -Trazodone 100 mg at bedtime (mental/mood disorders)</p> <p>Review on 5/3/18 of client #3's February 2018 MARs revealed: -the scheduled 8 pm dose on 2/28/18 of the following medications had not been documented as administered: Benzotropine, Divalproex, Fish oil, Haloperidol, Lorazepam, Oxcarbazepine, Trazodone. -All of these medications had been documented as administered prior to 2/28/18.</p> <p>Telephone interviews on 5/3/18 and 5/4/18 the Licensee stated she would send client #2's orders written prior to 4/30/18 as requested to the surveyor by facsimile.</p> <p>Telephone interview on 5/3/18 the Qualified</p>	V 118		

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V 118	Continued From page 5 Professional stated when medication documentation had been marked through with the letter "A" this meant the staff documented in error. No orders were received via Facsimile by close of business 5/5/18. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on interview and and record reviews, the facility failed to obtain a drug regimen reviews at least every six months for clients who received psychotropic drugs, affecting 3 of 3 clients audited (clients #1, #2, #3). The findings are:	V 121		

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V 121	<p>Continued From page 6</p> <p>Finding #1: Review on 5/3/18 of client #1's record revealed: -25 year old male admitted 4/3/17. -Diagnoses included schizophrenia, paranoid type; and hypertension. -"Psychotropic Drug Review" signed 2/19/18 by the pharmacist. -No documentation of a medication regimen review to include all medications ordered.</p> <p>Review on 5/3/18 of Client #1's February 2018 Medication Administration Record (MAR) revealed: -Client #1 received the following psychotropic drugs: Restoril and Remeron -Client #1 received the following medications in addition to psychotropic medications: Hydrochlorthiazide, Lisinopril, and Ibuprofen</p> <p>Review on 5/4/18 of client #1's "Psychotropic Drug Review" dated 2/19/18 revealed Restoril was the only medication documented as reviewed.</p> <p>Finding #2: Review on 5/3/18 of client #2's record revealed: -39 year old male admitted 5/16/16. -Diagnoses included schizophrenia; vitamin D deficiency; history or seizures, history of pancreatitis; and abdominal mass. -"Psychotropic Drug Review" signed 2/19/18 by the pharmacist. -No documentation of a medication regimen review to include all medications ordered.</p> <p>Review on 5/3/18 of Client #2's February 2018 MAR revealed: -Client #1 received the following psychotropic drugs: Lorazepam, Trazodone, Olanzapine,</p>	V 121		

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V 121	<p>Continued From page 7</p> <p>Aripiprazole, Chlorpromazine, and Lithium. -Client #1 received the following medications in addition to psychotropic medications: Docusate, Potassium Chloride, and Vitamin D.</p> <p>Review on 5/4/18 of client #1's "Psychotropic Drug Review" dated 2/19/18 revealed: -Lithium was not documented as reviewed. -None of the non-psychotropic medications were documented as reviewed.</p> <p>Finding #3: Review on 5/3/18 of client #3's record revealed: -36 year old male admitted 9/20/15. -Diagnoses included schizoaffective disorder, bipolar type; antisocial personality disorder; and obesity. -"Psychotropic Drug Review" signed 2/19/18 by the pharmacist. -No documentation of a medication regimen review to include all medications ordered.</p> <p>Review on 5/3/18 of Client #3's February 2018 MAR revealed: -Client #1 received the following psychotropic drugs: , Divalproex, Haloperidol, Lorazepam, Oxcarbazepine, and Trazodone. -Client #1 received the following medications in addition to psychotropic medications: Benztropine, fish oil, and a multivitamin.</p> <p>Review on 5/4/18 of client #3's "Psychotropic Drug Review" dated 2/19/18 revealed Trazodone was the only medication documented as reviewed.</p> <p>Interview on 5/4/18 the Licensee stated the "Psychotropic Drug Reviews" she sent to the facility during the survey via facsimile were the pharmacy regimen reviews.</p>	V 121		

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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the licensee failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 5/03/18 and 5/04/18 of the facility revealed: -5/3/18 between 9:15 and 1:00pm observations revealed: -kitchen cabinet beside the wall oven was separated -worn and discolored finish over kitchen cabinets -bottom of the kitchen sink cabinet was buckled, discolored with black buildup -dented front of refrigerator door. Inside freezer section, bottom covered with a yellow buildup -5 kitchen chairs with dark stained fabric covered seats -kitchen baseboards covered with dark dusty build up on horizontal surface -approximately 4 by 5 foot section of the kitchen wall beside the sliding doors had not been painted to match the rest of the walls in the room -several broken and missing kitchen floor tiles in front of the dishwasher and at the stairs leading to the upstairs bedroom. Numerous</p>	V 736		

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V 736	<p>Continued From page 9</p> <ul style="list-style-type: none"> cracked tiles throughout the kitchen -2 rusted air register vents near the sliding doors in the kitchen -5 vertical slats had been removed from the kitchen sliding glass door -large dark carpet stains in front of the living room sofa and closet -top surface of the foyer table worn, exposing unfinished base -carpet rips and tears on the stairs leading to the bottom level of the home -downstairs bathroom: uneven finish/repair across the ceiling; dust buildup visible on blinds -downstairs family room: baseboards partially painted; cob webs adhered to unused curtain rod hardware above exterior door; black specs on ceiling above the bathroom door -large dark stain by client #1's bed. -2 vacant rooms upstairs: broken furniture stored in rooms; 5 missing blind slats visible from the street -upstairs client bathroom: paint peeling above the shower/tub; corroded finish over the metal shower organizer; surface of tub discolored dark gray. -closet inside upstairs bathroom: ceiling completely covered with a dark black buildup. Closet door would not open completely over the tiled floor. -back yard: a pile of broken boards, debris, and tree stump -oversized glass panel affixed over front storm door frame -vegetation growing from gutters above front entry door. -5/3/18 between 1:00pm and 3:00 pm observations revealed: <ul style="list-style-type: none"> -appearance of ceiling in upstairs bathroom had changed. The ceiling was covered in a dark gray to black stain with a brush stroke pattern 	V 736		

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V 736	<p>Continued From page 10 completely covering the area.</p> <p>Interview on 5/3/18 Staff #1 stated: -She had notified the licensee about the ceiling in the upstairs bathroom. -She had used bleach and tried to clean the ceiling. -The licensee planned to have a repairman come at 6 pm to replace the ceiling.</p> <p>Telephone interview on 5/3/18 the Division of Health Service Regulation (DHSR), Construction Section Staff stated: -Area identified in the bathroom ceiling could be mold and could present a health hazard. -Recommended area be left undisturbed and have clients use alternate bathroom overnight. -Someone would follow up on site the following day.</p> <p>Telephone interview on 5/3/18 the Licensee stated: -She had made plans for her repairman to come at 6 pm to replace the ceiling in the upstairs bathroom. -The repairman's credentials were in construction. -The repairman did not have credentials in mold remediation. -Surveyors requested Licensee to leave area undisturbed overnight and have clients use alternate bathroom until additional information was available from DHSR Construction Section the following day.</p> <p>Observations on 5/4/18 between 9 am and 12 pm revealed: -Miscellaneous debris, an oven, and the shower organizer from the upstairs bathroom had been discarded on the ground by the curb in front of</p>	V 736		

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V 736	<p>Continued From page 11</p> <p>the facility.</p> <p>-The ceiling in the upstairs bathroom had been painted.</p> <p>-The peeling paint had been removed and wall painted above the tub/shower in the upstairs bathroom.</p> <p>Telephone interview on 5/4/18 the Licensee stated:</p> <p>-She had spoken with a company that was a credentialed mold remediation service on 5/3/18.</p> <p>-She had reviewed a publication by the EPA (Environmental Protection Agency) and decided to proceed with having her repairman paint the bathroom ceiling because the area was less than 10 square feet.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 750	<p>27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(3) Electrical, mechanical and water systems shall be maintained in operating condition.</p> <p>This Rule is not met as evidenced by: Based on observations the facility failed to maintain electrical, mechanical and water systems in operating condition. The findings are:</p>	V 750		

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V 750	<p>Continued From page 12</p> <p>Observations on 5/3/18 between 9:15am and 1:00 pm revealed:</p> <ul style="list-style-type: none"> -kitchen dishwasher covered with plastic trash bags secured by duct tape -1 overhead light fixture in kitchen was not operable -broken light switch cover on the wall of the stairway to the bottom level of the facility -faucet in upstairs bathroom broken <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 750		