

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/03/2018
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NAME OF PROVIDER OR SUPPLIER L & J HOMES- APPLE STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 816 APPLE STREET BURLINGTON, NC 27216
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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
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V 000	INITIAL COMMENTS	V 000		
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V 110	<p>An annual and follow up survey was completed on May 3, 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> <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 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>	V 110	<p>DHSR - Mental Health</p> <p>MAY 22 2018</p> <p>Lic. & Cert. Section</p>	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Christie Heath, RN TITLE RN (X6) DATE 05/18/18

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V 110	Continued From page 1	V 110		
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	<p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure one of three audited staff (#1) demonstrated knowledge, skills and abilities for population served. The findings are:</p> <p>Review on 4/27/18 of Staff #1's record revealed: - Hire date of 11/29/76 as Direct Care Worker - Documentation the staff's most recent medication training occurred on 4/20/18. The staff was required to retake the training in response to a medication error which occurred when he did not follow the facility's medication administration procedure.</p> <p>Review on 4/26/18 of Client #1's record revealed: - Admission date of 5/4/10 - Diagnoses of Bipolar Disorder with manic episodes; Mild Mental Retardation; Gastroesophageal Reflux Disease; and Type II Diabetes Mellitus.</p> <p>Review on 4/26/18 of the Staff #1's personnel file and the facility's incident reports revealed the following: - Staff #1 prepared morning medications for Client #1 and Client #2. - The staff placed all of Client #1's morning medications in a container. He also placed all of Client #2's morning medications in a container. - Staff #1 placed both containers of medication on the kitchen counter. - Client #1 requested his glucose test strips to check his blood sugar. - Staff #1 went to the medication closet to</p>			
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V 110	Continued From page 2 respond to Client #1's request.	V 110		
	<ul style="list-style-type: none"> - The medication in the containers remained unattended and unsecured when he left the area to go to the medication closet in a separate room. - While Staff #1 was in the other room with the medication closet, Client #1 went to the kitchen counter and consumed the medications prepared for Client #2. - He consumed the following medications: Flomax 0.4mg, Lamictal 25mg, Depakote 500mg, Rexulti 1mg, Vesicare 10mg, Aspirin 81mg, Lipitor 40mg, Claritin 10mg, Colace 100mg 2 tablets, Senna 8.6mg 2 tablets, Klonopin 1mg, Congentin 1mg, Amitiza 24mcg. - Staff returned to the kitchen to discover Client #1 had consumed Client #2's medications. - Staff followed the facility's Medication Administration policy and contacted the Registered Nurse. - He also contacted Poison Control per the nurse's direction. <p>Interview on 5/1/18 with the Facility's Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #1 was taken to the emergency room for further evaluation. - The emergency room medical staff did not find Client #1 experienced any negative effects from the taking medication. - The client was closely monitored for the next 24 hours. - Facility management has taken steps to respond to and correct the problem. - Staff #1 was suspended and had to be retrained on medication administration. - Facility management has also taken additional steps to assure staff receive regular supervision and training. <p>This deficiency constitutes a re-cited deficiency</p>			

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V 110	Continued From page 3 and must be corrected within 30 days.	V 110		
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DHSR - Mental Health

MAY 22 2018

Lic. & Cert. Section

May 18, 2018

Lic. & Cert. Section

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, North Carolina 27699-2718

MAY 22 2018

DHSR - Mental Health

RE: Annual Survey Completed May 3, 2018
L & J Homes- Apple Street 816 Apple Street, Burlington, NC 27217
MHL#: 001-142
Plan of Correction

To Whom It May Concern:

Attached please find the **Plan of Correction for L & J Homes, Inc.- Apple Street 816, Burlington, North Carolina 27217**. L & J Homes, Inc. would like to present the Plan of Correction for Prefix Tag/Regulation V110/27G .0204 Training Supervision Paraprofessionals:

The measures put in place to correct the deficiency to include policy, procedure, staff training and changes in staffing patterns, etc. are as follows:

- L & J Homes, Inc. has established a protocol for Medication Administration that coincides with the existing Medication Administration Policy. This protocol highlights review of the policy, which has been displayed at each address within the L & J Homes, Inc. facility.
- Staff that committed medication error received Medication Administration Training by Registered Nurse on April 23, 2018. Staff completed and passed the Medication Administration Test and Medication Administration Clinical Skills Checklist. Staff was removed from the schedule of L & J Homes, Inc. for two weeks. Staff also received written disciplinary action that was placed in his employee file.
- An IRIS was completed by the Qualified Professional and reported as a Level II incident.
- An all staff training was conducted on April 20, 2017 for the medication error that occurred on April 14, 2018. During this training, which was conducted by the Registered Nurse (Christie Leath, RN) key points discussed included:
 - L & J Homes, Inc. Medication Administration Policy;
 - Review with demonstrated understanding of the newly established "Protocol for Medication Administration" which includes: review of L & J Homes, Inc. Medication Administration Policy; Use of the "Six Steps of Accuracy" during each medication administration; requesting consumers to remain in their rooms until medication administration is complete; keeping medications secured until use; correct times medications should be administered; administration of one medication at a time per L & J Homes, Inc. Policy; and contact number for Poison Control
 - Review of the "Six Steps of Accuracy"

- Purpose and importance of administering one medication at a time (which is in accordance with onboarding/ongoing Medication Administration Training/Medication Administration Policy);
- Keeping medications locked and secured until ready for use.
- Instructions to contact leadership team (James Graham, QP; Christie Leath, RN and Alisha Wade, RN) if questions or concerns regarding medications

In an effort to **prevent future medication errors**, L & J Homes, Inc includes the following:

- Ongoing staff training/review of Medication Administration policy. A copy of the Medication Administration Policy is available at all addresses within the L & J Homes, Inc. facility.
- Registered Nurse 24/7/365 availability for staff to assist with any questions or concerns during medication administration.
- Enforcement of appropriate disciplinary action for staff that commit medication administration errors
- Continued monitoring of staff and (Medication Administration Records)MARs by Registered Nurses and Qualified Professional.

Prevention of the measures put in place to prevent medication errors **will be monitored by Christie Leath, RN; Nicole Wade, RN and James Graham, QP.** This **monitoring will take place on a bi-weekly basis in accordance with review of the Medication Administration Records (MARs).**

Should you have any questions, please contact James Graham, QP at 919-520-7048.

Sincerely,



Christie Leath, RN on behalf of
L & J Homes, Inc.

cc: L & J Homes, Inc
Maryland Chenier (via email maryland.chenier@dhhs.nc.gov)