

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601312	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2018
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NAME OF PROVIDER OR SUPPLIER ASHLEY VIEW HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3416 ASHLEY VIEW DRIVE CHARLOTTE, NC 28213
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 16, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: !0A NCAC 27G.5600F 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 _____

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews , the facility failed to ensure the MARS were kept current and medications were recorded immediately after administration affecting 1 of 2 clients (Client #1). The findings are:</p> <p>Review on 5/16/18 of Client #1's record revealed: -admission date of 12/15/15; -diagnoses of Oppositional Defiant disorder, and Intermittent Explosive Disorder; -physician order dated 3/6/18 for Lamotrigine 25 mg. Take 1 daily at 8 am for weeks 1 and 2 and 2 tablets weeks 3 and 4, then continue thereafter. No documentation on MAR for this medication being given 3/7-31/18; -physician order dated 3/6/18 for Levetiracetam 500 mg. tablet Take 1 tablet by mouth twice a day. No documentation on MAR for this medication as given 3/7-31/18, and no documentation for this medication as given on the evening of 4/17-30/18.</p> <p>Review on 5/16/18 of Staff #1's record revealed: -date of hire 4/22/16 as a direct care provider; -completion of medication administration training on 5/18/16.</p> <p>Interview on 5/16/18 with Client #1 revealed; -did take medications, could not identify names of medications; -staff gave medications on a daily basis.</p> <p>Interview on 5/16/18 with Staff #1 revealed; -did not know reason medications were not</p>	V 118		

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V 118	Continued From page 2 recorded on the MAR, Staff #1 thought that the medications had been given but not documented. Interview on 5/16/18 with the Qualified Professional revealed; -would follow up with provider to ensure medications are given as prescribed and documented after administration.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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: (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. (b) Category A and B providers shall explain any	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 3</p> <p>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> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <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> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p>	V 367		

Division of Health Service Regulation

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V 367	<p>Continued From page 4</p> <p>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 (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 record reviews and interviews the facility failed to ensure notification of Level 11 incidents submitted to the LME /MCO (Local Management Entity/Managed Care Organization) within 72 hours. The findings are:</p> <p>Review on 5/16/18 of Client #1's record revealed: -admission date of 12/15/15; -diagnoses of Oppositional Defiant Disorder, Intermittent Explosive Disorder; -no unsupervised time; -treatment plan dated 11/1/17 identified goals of 1) communicate emotions and anger in appropriate manner, 2) exhibit appropriate social interactions with others, 3) bathe daily, 4) brush teeth twice daily, 5) wash and dry hands after toileting, 6) put dirty clothes in hamper, 7) use deodorant daily, 8) tidy room daily, 9) work on making good choices.</p> <p>Review on 5/16/18 of Client #2's record revealed: -admission date of 7/28/17; -diagnoses of Unspecified Depressive Disorder,</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Intellectual Disability Disorder-Moderate, Schizoaffective Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Child Sexual Abuse-Confirmed; -no unsupervised time; -treatment plan dated 3/1/18 identified goals of : 1)strengthen existing activities of daily living and learn new ones, 2) make meaningful contribution to community, 3) clean living environment regularly, 4) make healthy food choices, 5) follow schedule, 6) follow steps for preparation of a simple recipe, 7) respect others boundaries.</p> <p>Review on 5/16/18 of Staff #1's record revealed: -date of hire 4/22/16 as a direct care provider; -signed job description dated 3/21/16; signed supervision plan dated 4/1/17.</p> <p>Interview on 5/16/18 with Staff #1 revealed: -Client #1 and #2 had left the facility on 5/13/18 without supervision or permission; -had called 911 to report, with local police responding to call for assistance; -had not completed an incident report; -Client #1 had left the facility on another occasion, specific date unknown; -had called 911 to report with local police returning Client #1 to facility; -had not completed an incident report.</p> <p>Interview on 5/16/18 with local police department revealed: -local police responded to 911 call on 4/7/18 in reference to a missing person, had located and returned client to facility; -local police responded to 911 call on 5/13/18 in reference to two clients leaving facility without permission, located and returned clients to facility.</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>Interview on 5/16/18 with Client #1 revealed: -had not left facility without permission; -local police had not been to facility.</p> <p>Interview on 5/16/18 with Client #2 revealed: -had left facility last Sunday with Client #1 because he was upset; -local police came to the facility because he left without staff.</p> <p>Interview on 5/16/18 with Qualified Professional revealed: -had not been informed of client elopements by provider; -would follow up with provider regarding how to respond to an incident and incident reporting requirements.</p>	V 367		