Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL009-024 05/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD CAROLINAS HOME CARE AGENCY, INC **BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on May 18, 2018. Deficiencies were cited. This facility is licensed for the following category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. brocegure eq broker broker to generaterate to generaterate This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold disaster drills, simulating a disaster, quarterly on each shift. The findings are: Interview on 5/17/18 the Qualified Professional stated the facility had 3 shifts as follows: -Day shift: 8 am - 4 pm -Evening shift: 4:00 pm - 12 am -Night shift: 12 am - 8 am

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

WP.

(X6) DATE
6-8-18

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL009-024 05/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD CAROLINAS HOME CARE AGENCY, INC **BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 Continued From page 1 V 114 Review on 5/17/18 of disaster drills between 4/4/17 - 3/31/18 revealed: -Quarter #4, 10/1/17 - 12/31/17: Hurricane drills documented 10/8/17 at 3 pm, 10/12/17 at 8 pm, and 10/25/17 at 6:16 am The description of the hurricane drills documented discussions were held with the clients. No documentation a hurricane drill exercise was performed. -Quarter #1, 1/1/18 - 3/31/18: Bomb threat drills documented 2/15/18 at 7:30 pm, 2/2/18 at 8 am, and 2/24/18. The description of the bomb threat drills documented discussions were held with the clients. No documentation a bomb threat disaster drill exercise was performed. Interviews on 5/17/18 client #2 and client #4 stated they could not remember disaster drills. Interview on 5/17/18 Staff #4 stated: -For the disaster drills they had discussions with the clients. -For the bomb threat drills they got into "deep" discussions about what to do, and gave the example of finding a strange package. -For hurricane drills they listened to the weather reports to hear if evacuation was needed. Interview on 5/18/18 Staff #2 stated: -When asked what they do for a bomb threat disaster drill, Staff #2 stated they could not really practice "like a real one." If there was a bomb threat she would tell clients to go out the exit and to the ditch. She would call EMS people (emergency medical service). -For hurricane drills they listened to the news to see if it was a "bad one." She would listen out for news that they needed to evacuate, and if so, they would go to the nearest school. If they were not able to leave she would put the clients in the hallway.

STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CAROLI	NAS HOME CARE AG	ENCY. INC	HARDSON R BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 2	V 114				
1	the providence of the property of the party of the providence of the party.	re more of a discussion with d not practice evacuation to a					
V 117	27G .0209 (B) Med	cation Requirements	V 117				
	27G .0209 (B) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.						

Division of Health Service Regulation

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PRINTED: 05/25/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL009-024 05/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD CAROLINAS HOME CARE AGENCY, INC **BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 117 Continued From page 3 V 117 This Rule is not met as evidenced by: Based on observations, the facility failed to maintain labels for all prescription medications affecting 1 of 3 clients audited (client #5). The findings are: Review on 5/17/18 of client #5's record revealed: -19 year old male admitted 4/14/18. -Diagnoses included autism spectrum disorder; mild intellectual disability; disruptive mood dysregulation disorder; attention deficit hyperactive disorder (ADHD); child neglect subsequent disorder; hypertension; and allergic rhinitis. -Order dated 8/2/17 for Flonase 50 mcg (micrograms) 1 spray in each nostril daily as phormacy in
pregones to a list -Order dated 5/16/17 Nicotine patch 21 mg daily. -Order dated 5/16/18 for Benzovl Peroxide 5%. apply after bath. Observations on 5/18/18 at 5:15 pm of client #5's medications on hand revealed: -No label on Flonase 50 mcg. -Nicotine 21 mg patches loose in the medication box. No label with client name, instructions, prescriber, dispense date, or pharmacy information as required. -No readable label on the Benzoyl Peroxide 5% solution on hand. Interview on 5/18/18 the Qualified Professional

of labeling requirement.

V 118 27G .0209 (C) Medication Requirements

10A NCAC 27G .0209 MEDICATION

stated he would correct situation and inform staff

V 118

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATIO	N NUMBER:	A. BUILDING		COMF	PLETED	
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V 118	Continued From pa	ge 4		V 118				
	REQUIREMENTS							
	(c) Medication adm	inistration:						
	(1) Prescription or r		drugs shall					
	only be administere							
	order of a person a	uthorized by law	to prescribe					
	drugs.							
	(2) Medications sha							
	clients only when a	uthorized in writir	ng by the					
	client's physician.							
	(3) Medications, inc							
	administered only b				·			
	unlicensed persons							
	pharmacist or other							
	privileged to prepare							
	(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept							
	current. Medications							
	recorded immediate							
	MAR is to include the							
	(A) client's name;	•						
	(B) name, strength,	and quantity of t	he drug;					
	(C) instructions for a							
	(D) date and time the	ne drug is admini	stered; and				_	
	<ul><li>(E) name or initials of person administering the drug.</li><li>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</li></ul>							
	file followed up by a	ppointment or co	nsultation					
	with a physician.							
<u>(a)</u>	This Rule is not me	et as evidenced b	v:					
	Based on observation							
6	reviews, the facility							
	medications as orde	ered by the physi	cian, and					
	maintain current MA	ARs affecting 3 o	f 3 clients					
	audited (clients #5,							

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL009-024 05/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD CAROLINAS HOME CARE AGENCY, INC **BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 | Continued From page 5 V 118 Finding #1: Review on 5/17/18 of client #5's record revealed: -19 year old male admitted 4/14/18. -Diagnoses included autism spectrum disorder; mild intellectual disability; disruptive mood dysregulation disorder; attention deficit hyperactive disorder (ADHD); child neglect subsequent disorder; hypertension; and allergic rhinitis. -Order dated 8/2/17 for Flonase 50 mcg (micrograms) 1 spray in each nostril daily as needed. (relief of allergic and non-allergic nasal symptoms, such as stuffy/runny nose, itching. and sneezing) -Order dated 2/5/18 for Meloxicam 7.5 mg (milligrams) daily. (anti-inflammatory: reduces arthritic pain, swelling, and joint stiffness ). -Order dated 2/5/18 for Omega-3 GM (Lovaza), 4 capsules daily on an empty stomach. (lower trialycerides to prevent stroke and heart attack) -Order dated 5/16/18 Nicotine patch 21 mg daily. -Order dated 4/4/18 for Seroquel 400 mg, 1/2 tablet QID (4 times daily.) (Mental/mood conditions i.e. schizophrenia, bipolar disorder) -Order dated 8/2/17 for Ondansetron 4 mg every 4 hours as needed (Nausea and vomiting) Review on 5/17/18 and 5/18/18 of client #5's April and May 2018 MARs revealed: -Flonase 50 mcg nasal spray was transcribed and documented daily (ordered PRN). -Meloxicam (Mobic) 15 mg daily at 8 am had been transcribed and documented daily from 4/14/18 - 4/30/18. -Omega-3, 1 capsule daily had been transcribed and documented as given daily in April 2018. -Nicotine 14 mg patch was transcribed and documented daily in April 2018. -Seroquel 400 mg BID (twice daily) at 8 am and 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPI IDENTIFICATION N			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 118	Continued From page	ge 6		V 118			
	pm transcribed and documented as given BID in April and May 2018Ondansetron 4 mg every 4 hours as needed not						
	transcribed to May 2	2018 MAR.					10
	Telephone interview	on 5/18/18 the ph	armacy				
	staff stated: -The current order f	or Flonase was PF	RN.				
	-In October 2017 the order for client #5's nicotine patch was changed to 21 mg3/21/18 client #5's order for Seroquel changed to 400 mg, 1/2 tablet QID12/20/17 client #5's order for Omega 3 was						
					,		
	written for 4 capsules daily.						
	Finding #2: Review on 5/17/18 and 5/18/18 of client #4's record revealed: -25 year old female admitted 10/4/17 -Diagnoses included schizoaffective disorder, bipolar type (by history); moderate intellectual disability; sickle cell anemia (by history).						
	-Order dated 10/4/17 for Lorazepam 1 mg TID (3 times daily) PRN (as needed). (Anxiety) -Order dated 3/26/18 for Ondansetron 4 mg						
	(Zofran) TID as nee		<b>.</b>				
	Review on 5/17/18 of May 2018 MARs rev -Lorazepam had be	vealed:	-				
	"TID/PRN". Medica administered routing pm.	tion was document	ted as				
	-No Lorazepam 1 m 1-4, 2018 at 12 n.	_	,				
	-Zofran had not bee MAR.	n transcribed to the	e May 2018	*			6
	Telephone interview staff stated the phys						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	STREET AD  1468 RIC	DRESS, CITY, S HARDSON R BORO, NC 2			
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V 118	dated 2/7/18 for Lor PRN. This was an element of the work Loraepam order and routine TID order.  Finding #3: Review on 5/17/18 record revealed: -24 year old female -Diagnoses included bipolar type; moderneczema; and obesititing weeks. (Skin rash) element of the work of	razepam to be administered error on the physcian's part. e an order to correct the d changed it from PRN to a and 5/18/18 of client #2's admitted 3/26/13. d schizoaffective disorder, ate intellectual disability; y. 8 for Triamcinolone Acetonide thin layer BID as needed for 2 g every 8 hours as needed for and 5/18/18 of client #2's 8 MARs revealed: sluded transcribed for order blone Acetonide 0.1% cream BID as needed. (Order was nof 2 weeks on 3/29/18). sine 25 mg every 8 hours as the MAR. 8 the Qualified Professional sitted to the facility from an AFL wing) facility owned by the ption for the Mobic in April was ad received 7.5 mg in April	V 118			

Division of Health Service Regulation

PRINTED: 05/25/2018 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL009-024 05/18/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1468 RICHARDSON ROAD CAROLINAS HOME CARE AGENCY, INC **BLADENBORO, NC 28320** SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 118 Continued From page 8 V 118 medication administration it could not be determined if clients received their medications as ordered by the physician. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 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. This Rule is not met as evidenced by: Based on observations the facility failed to maintain the facility in a safe, clean, attractive and orderly manner. The findings are: license contraction

license contraction

send ule tu

start reports in

Leville Observations on 5/16/18 between 3:05 pm and 3:30 pm revealed: -Hole in hall bathroom wall near toilet. -Paint in hall bathroom discolored in a splatter pattern extending approximately 12 inches from -Client #2's room: Door was split/cracked along the bottom and top sections. Door facing split. Paint worn from painted surfaces of door. Walls discolored in a smudged appearance. No hardware on 2 drawers of nightstand. Finish on dresser worn away. -Kitchen: Cabinet surfaces "sticky" to touch. 3 broken slats in blinds covering patio door.

sink.

Paneling by the electrical box split and detached from the wall. 2 fly swatters hanging on wall, both split and torn. No cover over the lights above the

-Kitchen floor sticky when walked on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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V 736	Continued From pa	ge 9	V 736				
	-Front storm door w forcefully slammed.	vould not close unless					
	This deficiency has original cite on 2/22 within 30 days	been cited 3 times since the 2/17 and must be corrected					
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