

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL077-044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/04/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STEELE STREET HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>418 STEELE STREET ROCKINGHAM, NC 28379</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on June 4, 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 116	<p><b>27G .0209 (A) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></p> <p>(a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC</p>	V 116		

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

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V 116	<p>Continued From page 1</p> <p>Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that dispensing of medications was restricted to persons authorized by law to do so affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 6/1/18 of Client #1's record revealed the following information; -- Admitted to the facility on 3/7/06. -- 67 years old. -- Diagnoses include Severe Intellectual Developmental Disability, Intermittent Explosive Disorder, Type A Psychosis, Obsessive Compulsive Disorder, Hypertension, Hyperlipidemia and Seasonal Allergies.</p> <p>Review on 6/4/18 of the facilities Level I Incident Reports notebook revealed documentation that on 11/6/17 Client #1 was given Amlodipine that was prescribed for another client. This report indicated "wrong meds (medications) was pulled." (Amlodipine is used to treat high blood pressure)</p> <p>Interview on 6/4/18 with the Group Home Manager regarding the above medication error revealed the following information; -- Client #1 was on a home visit when he received the Amlodipine. -- When the clients go on overnight home visits their medications are punched out from the</p>	V 116		

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V 116	Continued From page 2  bubble-pack the pharmacy sends them in and put into a weekly plastic medication holder. -- The staff filling this medication holder punched the Amlodipine from another client's bubble-pack. -- She was not aware that preparing any more than one dose of any medication was by definition dispensing medication, and the facility therefore could not punch several days of medication out of client's bubble-packages and send them with the client for administration while away from the facility.  During interview on 6/4/18 the Qualified Professional nor the Licensee CEO were aware of this dispensing definition either.	V 116		
V 291	27G .5603 Supervised Living - Operations  10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a	V 291		

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V 291	<p>Continued From page 3</p> <p>conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain coordination between the facility and the Qualified Professionals responsible for health care affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 5/31/18 of Client #2's record revealed the following information; -- Admitted to the facility on 12/9/16. -- Diagnoses include Moderate Intellectual Developmental Disability, and Schizoaffective Disorder-Undifferentiated Type. -- A Physician's order dated 4/20/18 for Pataday eye drops, 1 drop in each eye every morning.</p> <p>Interview on 5/1/18 with the Group Home Manager revealed the following information; -- The pharmacy told her that they did not receive a copy of the above prescription. -- Without a paper prescription or an Emailed prescription from the Physician's office they would not be able to dispense this medication to the facility for administration to the client. -- The pharmacy told her that they would attempt to contact the Physician for the order. -- She has not heard anything since from either</p>	V 291		

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V 291	Continued From page 4  the pharmacy or the Physician's office. -- She did not follow-up trying to obtain this medication, or get clarification about the medication with the pharmacy or the Physician's office.  During interview on 6/4/18 with the Licensee revealed she was not aware this medication had not been obtained/administered to Client #2 for over 5 weeks. She stated she would look at the current process for obtaining medications, and address it with staff.	V 291		
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	V 367		

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V 367	<p>Continued From page 5</p> <p>cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any 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</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>include summary information as follows:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that all Level II incidents were reported to the LME (Local Management Entity) within 72 hours of becoming aware of the incident.</p> <p>Review on 6/1/18 of Client #1's record revealed the following information; -- Admitted to the facility on 3/7/06. -- 67 years old. -- Diagnoses include Severe Intellectual Developmental Disability, Intermittent Explosive Disorder, Type A Psychosis, Obsessive Compulsive Disorder, Hypertension, Hyperlipidemia and Seasonal Allergies.</p> <p>Review on 5/31/18 of Client #2's record revealed the following information; -- Admitted to the facility on 12/9/16.</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>-- Diagnoses include Moderate Intellectual Developmental Disability, and Schizoaffective Disorder-Undifferentiated Type.</p> <p>Review on 5/31/18 of Client #3's record revealed the following information; -- Admitted to the facility on 7/6/06. -- Diagnoses include Moderate Intellectual Developmental Disability, Schizophrenia-Paranoid Type, Intermittent Explosive Disorder and Hearing Loss.</p> <p>Review on 5/31/18 of the North Carolina IRIS (Incident Response Improvement System) program revealed that no level I or level II reports had been submitted since 2015.</p> <p>Review on 6/4/18 of the facilities Level I Incident Reports notebook revealed documentation of the following events; -- Client aggressive/destructive behavior and/or threats of harm to others (without police involvement): Client #2 - four times (8/12/17, 1/17/18, 3/15/18 and 5/14/18). Client #3 - two times (8/1/17 and 8/3/17). -- Client destructive behavior (with Police involvement): Client #2 - once (11/3/17). -- Clients requiring physical restraint (therapeutic holds): Client #2 - twice (3/21/17 and 11/3/17). Client #3 - once (8/1/17). -- Client physical aggression toward staff: Client #3 - once (7/12/17, punched a staff member in the mouth). -- Client injury requiring medical treatment: Client #1 - once (6/9/17, fell during the night and sustained multiple skin tears/cuts).</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>Interview on 6/3/18 with the Licensee revealed that the facility's Qualified Professional (QP) is responsible for submitting incident reports to the LME through the IRIS system.</p> <p>Interview on 6/4/18 with the QP revealed she was unaware that events requiring police, medical treatment or physical restraint are classified as level II incidents, and should be entered into IRIS.</p>	V 367		