PAGE 08/26

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPI IDENTIFICATION			E CONSTRUCTION		SURVEY PLETED
		MHL001-165	.	B. WING		1	R
		1 10001-100				05/2	24/2018
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NEW DI	MENSIONS INTERVEN	NTIONS, INC		DERSON ROASTON, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIEN	CIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG	REGULATORY OR I	Y MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE	COMPLETE
17.0		00 102101111111111111111111111111111111	World ON)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
V 000	INITIAL COMMENT	rs		V 000			
	An annual and follo	w up survey was o	completed		DUCD Montal Health	_	
	on 5/24/18. Deficier	ncies were cited.			DHSR - Mental Healtl	1	
	The facility is licens	and for the falls					
i	The facility is licens category: 10A NCA		g service	1	JUN 252018		į i
	Living for Adults wit	b Mental Mass	pervised				
	Living for Additio Wit	i) Wellar lilless.					
V/ 140	27G .0204 Training	/C			Lic. & Cert. Section		
V 110	Paraprofessionals	Supervision		V 110			
	ratapiotossionais						
	10A NCAC 27G .02	04 COMPETENC	IES AND	1			
	SUPERVISION OF	PARAPROFESSI	ONALS	1			
	(a) There shall be r	no privilegina regu	irements for				
	paraprofessionals.			·			
	(b) Paraprofession	als shall be supen	ised by an				
	associate profession	nal or by a qualifie	d				
	professional as spe	cified in Rule .010	4 of this				:
	Subchapter,						,
	(c) Paraprofessions	als shall demonetr	ato				
	knowledge, skills an	id abilities require	d by the				
	population served. (d) At such time as	0.00000000000000000000	لدمم				
	employment system	a competency-ba	sea suicracisina				
	then qualified profes	ssinnals and assoc	ruleinaking,				
l	professionals shall d	demonstrate comm	etence				
į į	(a) Compationes sin	ali be demonstrati	=ui by			İ	
	exhibiting core skills	including:	•				
	technical knowle	edge;				į	
	(2) cultural awarene	288;				1	
	(3) analytical skills;						
	(4) decision-making			1			
	(6) communication	skills: and	i				Ī
	(7) clinical skills.	with WING					
	(f) The governing be	ody for each facilit	v shall				
1	develop and implem	ent policies and p	rocedures				[
	for the initiation of th	e individualized si	pervision				Ī
	plan upon hiring eac			1			
ision of He	alth Service Regulation						
ZOKNIOKY	DIRECTOR'S OR PROVIDE	1		ATURE	TITLE		(X6) DATE
RADO	11 6	Aces Rham	4 1 1 m	L~ ·			

Division	of Health Service Re	egulation			FORM APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	N OF CORRECTION	IDENTIFICATION NUMBER:	1 ' '	3:	COMPLETED
					_
		MHL001-165	B. WING_		R
					05/24/2018
INVINE OF	PROVIDER UR SUPPLIER			STATE, ZIP CODE	
NEW DI	MENSIONS INTERVEN	VIIONO, NAC	DERSON RO		
774) 10	' SHMMARY STE		STON, NC 2		, , , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX	(EACH DEFICIENCY	N'EMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOUL	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMALION)	TAG	CROSS-REFERENCED TO THE APPRO	
			<u> </u>	DEFICIENCY)	
V 110	Continued From pa	ge 1	V 110		
	•	5			
			1		
			İ		
l					
I					
ļ	This Rule is not me	of se evidenced by:			
	Based on record re	views and interviews, the		1 all esting bes	<u></u>
ļ	facility managemen	t failed to assure 3 of 3		1411 Ozazo Lin	<i>Y</i>)
	paraprofessional sta	aff (#1 #2 and #3)	ļ	I and I I I Car New	
	demonstrated the k	nowledge, skills and abilities		Schelled to	
ļ	required by clients i	n the facility. The findings are:		modiation troing	00
,		_		Triedical car.	
j	Review on 5/16/18	of Staff #1's record revealed:	1	All staff tras been scheled for New Medication troing will a suscept of trained again to administer medical administer medical able to will be not	-
-	- Hire date of 7/2/12	2		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
		medication administration		1 = 1= 12 12 Liche, 11	
	training dated 2/15/			1 = 2 = 1 = to	
		!	1	trained again,	1
ļ	Review on 5/16/18	of Staff #2's record revealed:	1	in a low medien	HOA
	- Hire date of 12/13/			Ogwinist In-	_
	training dated 2/15/	medication administration	1	1 0 - soldas well as	>
i	(diffilia daleo 2/10/	18	İ	Transition to wi	iàc
	Review on 5/16/18 (of Staff #3's record revealed:	1	12-com abre	2
		mber 2009 as Assistant	1	Den 2 7' 2 02 8	. , ,
İ	Director		-	MEN OF	İ
	- Documentation of	medication administration	1	Shysciario	
	training dated 2/15/1	18.	1	104 4117	
]			!		
	During interview on	5/17/18, Staff #1 confirmed:	'		
	- She is the primary	staff responsible for	, '		
	managing, monitoring	ng and administering all client	, ,		
[medications, includir	ng injections of insulin	i ,		,
	- Staff #2 works the	2nd shift and may administer	, !		
	some of the client m	edications.	, 1		
1	- Statt #3 serves as	the Program Manager and	. !		
1	supervises clients or	n an as needed basis.	. 1		
	- Starr did not correc	ctly monitor and manage	. 1		
	physician-ordered ca	are for Client's #1 and #2 who			
	nad diagnosis of Dia	ibetes nor Client #3 who had	. 1		
	severe problems bre	athing.			

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL001-165 05/24/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2856 ANDERSON ROAD **NEW DIMENSIONS INTERVENTIONS, INC BURLINGTON, NC 27217** 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 PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 110 Continued From page 2 V 110 - Staff did not communicate information about physician recommendation for client medical care and treatment between the client's physicians to assure the treatment and medical care was coordinated and staff were following the appropriate course of care. See Tag V-118, Medication Administration for more details related to this citation. V 118 27G .0209 (C) Medication Requirements V 118 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 druas. (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; (D) date and time the drug is administered; and

Division of Health Service Regulation

drug.

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If continuation sheet 3 of 20

(E) name or initials of person administering the

(5) Client requests for medication changes or

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A RI III DINIG	F		PLETED
					1 .	R
		MHL001-165	B. WING			24/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DOESS CITY	STATE ZID AODE	1 00//	1-72-0-10
				STATE, ZIP CODE		
NEW DI	MENSIONS INTERVEN	I III INIS IRII	ERSON RO TON, NC 2			
(84) 10	CUMMARY STA	TEMENT OF DEFICIENCIES	,			".
(X4) ID PREFIX TAG	(ËACH DEFICIENCY	'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO ÜLFICIENCY)	D BE	(XS) COMPLETE DATE
V 118	Continued From pa	ge 3	V 118			
V 118	checks shall be recifile followed up by a with a physician. This Rule is not me Based on observation review, the facility such sician's orders found 2) keep the MA #3) audited clients. Review on 5/10/18 (A Admission date of Diagnoses of Schittype: Personality Die Hyperlipidemia; Hype	orded and kept with the MAR appointment or consultation of as evidenced by: on, interview and record taff failed to: 1) follow or administering medication R current for 3 of 3 (#1, #2 & The findings are: of Cliont #1'o record revealed: 3/22/18 zoaffective Disorder - Bipolar isorder: Diahetes Mellitus; bothyroidism; Hypertension; phageal Reflux Disease and	V 118			
	D. Lantus 100 Offin	y at bedtime - 3/23/18				
	c. Humalog 100 I Init	ts/ml Vial - Inject units per				
	sliding scale daily ba	ased on the following BSL -				
İ	4/3/18:					Ì
	150 - 200 = 2 units (201 - 250 = 4U	U)				
	251 - 300 = 6U					
	301 - 350 = 8U					
	351 - 400 = 10U					
İ	* 400 = Call Physicia	ārī			ļ	į
ivision of He	alth Service Regulation					

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PRINTED: 06/13/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDED SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED							of Health Service R	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R		SURVEY	(אמ) סאדב	LE CONSTRUCTION	(XA) MULTIP	(X4) PROVIDERIGINED IERICLIA	NT OF DEFICIENCIES	STATEMEN
MHL001-165 B. WING 05/24/2018				*	A. BUILDING	IDENTIFICATION NUMBER:	N OF CORRECTION	AND PLAN
MHL001-165 B. WING 05/24/2018		>						
					B. WING	MHL001-165		
NAME OF FROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE		24/2010	1 00/2		' . <u>-</u>		000/000 00 01/00/	NAME OF F
							PROVIDER OR SUPPLIER	NAME OF F
NEW DIMENSIONS INTERVENTIONS, INC 2856 ANDERSON ROAD BURLINGTON, NC 27217						VIIONS, INC	MENSIONS INTERVE	NEW DIN
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		(X5)						
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (FACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	rF			•	•	SC IDENTIFYING INFORMATION)	REGULATORY OR I	
DEFICIENCY)			FEROFRIA		ING			.,
V 118 Continued From page 4 V 118					V/ 44 0	une 4	Continued From no	V 118
i i i					V 116	-	i	
Review on 5/14/18 of Client #1's MARs from								
admission on March 3/22/18 through 5/8/18								
revealed the following:								ļ
- Documentation the client was administered only Lantus insulin 14U each night at 8:00 PM/bedtime						e client was administered only a	I antus insulin 1411	
as ordered.						each hight at 6.00 F Milbedbine		
- No documentation the client was administered						the client was administered	1	
Humalog insulin each night at bedtime according						ch night at bedtime according	Humalog insulin ea	
to the sliding scale ordered by his physician on						ordered by his physician on	to the sliding scale	
4/3/18.								-
The units of Humulin insulin staff documented								i
administering on a sliding scale did not match the sliding scale ordered by his physician on 4/3/18								
(identified above)						d by his physician on 4/3/16	(identified above)	
- The following are examples staff documented						examples staff documented		İ
more or less Humalog insulin was administered						log insulin was administered	more or less Huma	
to the client than his physician ordered. (Number						s physician ordered. (Number	to the client than hi	
in parenthesis represents number of units Client						esents number of units Client	in parenthesis repr	
#1 should have been administered based on the								
4/3/18 sliding scale.) Date Time BSL Units Administered						•	I	
Date Time BSL Units Administered Stass has been 4/03/18 8 pm 247 none (4U)			∽ ·	Staff has been				
4/06/18 5 pm 278 8U (6U)			11.	- 1 1 1 1 2 all		` /		
8 pm 209 none (4U) Scheduled to affend			then a	Scheduled TO att				
4/08/18 - 12 noon 301 10U (8U)			a in	1. 1 12 porcolog		` /	4/08/18 - 12 noon	
4/3/18 sliding scale.) Date Time BSL Units Administered 4/03/18 8 pm 247 none (4U) 4/06/18 5 pm 278 8U (6U) 8 pm 209 none (4U) 4/08/18 - 12 noon 301 10U (8U) 4/09/18 - 12 noon 242 6U (4U) 5 pm 181 6U (2U) 4/18/18 - 12 noon 279 8U (6U) 4/21/18 - 8 pm 286 none (6U) 4/21/18 - 5 pm 286 none (6U) 4/21/18 - 5 pm 286 none (6U)			"," ',"	dabetic 11 am " 3				
5 pm 181 6U (2U)			visure 1	one of sing I			5 pm	
4/18/18 - 12 noon 279 8U (6U) Sept 2018 TO LYBURY (6U)			1	Sept doing,				
4/18/18 - 12 noon 279 8U (6U) 4/21/18 - 8 pm 286 none (6U) 4/26/18 - 5 pm 256 8U (6U) 4/27/18 - 8 pm 286 none (6U) 4/30/18 - 8 pm 214 none (4U) 5/02/18 - 12 noon 129 2U (zero U) 5 pm 120 2U (zero U) 5/03/18 - 8 am 137 2U (zero U) 5/05/18 - 8 am 140 2U (zero U)			ed to 1	Donar SKILS need				
4/26/18 - 5 pm 256 8U (6U) 4/27/18 - 8 pm 286 none (6U)			Ca	Libbs. OHIL				
4/30/18 - 8 pm 214 none (4U) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			2005.	V. COGSUMER 500				
5/02/18 - 12 noon 129 2U (zero U)			. 11.1	Reep and				
5 pm 120 20 (zero Ú)			Called Co	alca shussian was		, ,		
5/03/18 - 8 am 137 2U (zero U)			15	dieg bid			1	:
5/05/18 - 8 am 140 2U (zero U) to clair in Siding			9.XS	to clair, In Dias				
12 noon 129 2U (zero U) 5/06/18 - 8 am 132 2U (zero U) 5/06/18 - 8 am 132 2U (zero U)			wheather	a la Breul'a pad w			1	
5/06/18 - 8 am 132 2U (zero U) Scale in Sulin and Whenting Scale in Sulin and Whenting			٠٠٠٠ . ت . ا	Scale Mein and			1	
5/03/18 - 8 am 137 2U (zero U) 5/05/18 - 8 am 140 2U (zero U) 12 noon 129 2U (zero U) 5/06/18 - 8 am 132 2U (zero U) 12 noon 124 2U (zero U) 5/07/18 - 5 pm 165 4U (2U)			Ur Migas	40 pe diven of night		\ ,		

V2IP11

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	1	CONSTRUCTION		E SURVEY	
		MHL001-165	B. WING		05/	R 05/24/2018	
ME OF F	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		2412010	
EW DIN	ENSIONS INTERVE	NTIONS INC 2856 AN	DERSON ROA GTON, NC 272	ND O			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPL DATE	
V 118	Continued From p	age 5	V 118		,		
	the Lantus insulin	on staff administered Client #1 14U at bedtime (8:00 PM) as 5/14/18 and 5/5/18.					
	revealed: - A handwritten she refrigerator with va	15/18 at 3:30 PM in the facility eet was posted on the facility alues for administering Client					
	#1's insulin The sliding scale Client #1's Humalo following scale:	directed staff to administer og insulin based on the					
	111 - 150 = 2 units 151 - 200 = 4U 201 - 250 = 6U	(U)					
	251 - 300 = 8U 301 - 350 = 10U 351 - 400 = 12U						
	- "Bedtime Lantus	14 units only"					
	She is the primar responsible for adrShe used the slid	8 with Staff #1 revealed; y staff in the facility and ninistering insulin to all clients. ing scale posted on the rmine how much Humalog er Client #1.					
	 She received the refrigerator when C facility on 3/22/18. 	sliding scale posted on the Client #1 was admitted to the sing Assistant (CNA) who					
	brought Client #1 to scale and gave it to - She did not realiz	o the facility wrote the sliding on the facility wrote the sliding on the facility wrote the facility wrote fac		,			
	use the scale she r admitted.	ale on 4/3/18 and continued to eceived when he was					
h -	how to administer (- To questions rega	ioner and pharmacist told her Client #1's insulin. Irding administering Client #1 OPM according to the sliding					

V2IP11

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:		LETED
					_	
		50LH 004 405	B. WING		1	₹
		MHL001-165			05/2	4/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
NEW DIE	ACMOIOMO IMPEOVEM	2856 AND	ERSON RO	AD		
MEAA TH	MENSIONS INTERVEN	BURLING	TON, NC 2	7217		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NI.	: (VE)
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	OC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 118	Continued From pa	ge 6	V 118			
	scale she said: "He	aga gat Uumalaa ta 4				
		can get Humalog up to 4 eady gets that Lantus (at night)				
	that's why no 8pm h	tumalog "				
		stand Client #1 should be				
		scale Humalog insulin at				1
	heatime in addition	to the 14 units of Lantus he				
	received each night	to the 14 dring of Lantus He				
	- She confirmed she	did not follow the doctor's				
		ter Client #1 the correct				
		ased on the sliding scale				
	ordered by his docto					
		5. 5.1 4.7 5. 7 5.				
	Review on 5/10/18	of Client #2's record revealed:				
	- Admission date of	10/05/10				
		zophrenia - Paranold Type;				
		isorder; Anxiety Disorder -				
	Secondary to Unknown	own Physiological Condition;				
	Diabetes, Type II; H	ypertension; Hyperlipidemia;				
	Ischemic Heart Faile	ure; Anemia; Keratoderma				
		der;) Urinary Tract Infections				
	(Chronic;) Tobacco	Abuse.				
		, as dated, included the				
	following:					
	1. Assure Lance Mid	cro - Test BSL four (4) times				
ĺ		n, 4pm and 8pm - 2/15/18				
		s/ml vial - Inject 10 Units				
) at 8:00 PM - 4/16/18				
		Syringe, Inject 5 Units				
	meals - 2/15/18) three (3) times a day with				
		nhaga) 1000 ms 0== t=== t			ļ	ļ
	twice each daywith	phage) 1000 mg, One tablet				
	PM - 2/15/18	meals at 8:00 AM and 5:00]
		25 mg twice daily - 3/20/18				
	6. Pro-Stat (sugar fr	9e) 15 - 100 grams. Drink 30				I
ĺ	ml each day - 3/20/1					
		e tablet daily - 3/20/18				
	8, Levemir 100 Units	s/ml vial, Inject 17 units at	i			l
	bedtime - 3/23/18, a					
	discharge instruction	is following rehabilitation post			Į	l
ivigion of He	alth Service Pegulation	Post				

Division	of Health Service Re	egulation			FORM	APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 5:	(X3) DATE	SURVEY
		MHL001-165	B. WING		1	₹ 24/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
NEW DI	MENSIONS INTERVEN		ERSON RO TON, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	amputation of his to Review on 5/14/18 2018 MARs revealed 1. Documentation Edity until 5/10/18. 2. Levemir insulin - administered 30 uninstead of 10 units a 3. Novolog insulin - was administered 5 12 noon and 5 pm; 4. Documentation the 1000 mg was administered 5 12 noon and 5 pm; 4. Documentation the 5:00 PM with except documentation the cas scheduled. 5. No transcription of documentation the cas scheduled. 5. No transcription of documentation the cas scheduled. 5. No transcription of documentation the cas scheduled. 7. No transcription of documentation the cas scheduled. 8. No documentation the cas scheduled. 7. No transcription of documentation the cas scheduled. 7. No transcription of documentation the cas scheduled. 7. No transcription of documentation the cas scheduled. 8. No documentation the cas scheduled. 9. The scheduled is the scheduled in the cas scheduled. 9. The scheduled is the scheduled in the cas scheduled in the cas scheduled in the cas scheduled in the cas scheduled in the schedu	the in February 2018. of Client #2's March thru May and the following: ISL was checked only once documentation the client was its each night at 8:00 PM as ordered. no documentation the client units on 5/1 at 5 pm; 5/8 at nor 5/9 at 5 pm. ne client's dose of Metformin histered at 8:00 PM; three (3) ordered scheduled time of tion of 5/9/18 when there is no client received the medication or administration nor client was administered ing twice daily or administration nor client was administered (1) 15 - 100 grams, 30 ml each or administration nor client was administered Plavix aily. In staff administered 17 units he as ordered on 3/23/18 abilitation) and 4/10/18 when d Levemir, 10 units at 14/18 of Client #2's chart 7 by a Doctor of Podiatric termatophytosis of nail; ha; skin ulcer of foot, left.	V 118	Staff will be a Medtech and dial trains to ensure 8 abbuy of Clien This was reviewed by Primary Physic Office to ensure to medications was to administered.	Ls.	
	limited to breakdowr	of skin; skin ulcer of foot.				l

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Division of	of Health Service Re	egulation			FORWI	AFFROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	LE CONSTRUCTION :	(X3) DATE COMP	SURVEY LETED
-		MHL001-165	B, WING		05/2	₹ 4/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY.	STATE, ZIP CODE		
NEW DIM	ENSIONS INTERVEN	I II ONS. NAC	ERSON RO			
(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 SHOUL) CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 8	V 118			
	right, limited to breat - The DPM ordered client's ulcers on 5/ soak feet in Epsom 2) apply antibiotic of "fore-foot ulcers (bil - Documentation the prior to receiving sefacility from 2/16/18 - No documentation in the client's chart supplies and staff foot care before the February 2018. During further interconfirmed the follow - His BSL was check times a day as orde identified by the sur - The Levemir insuli Metformin were not - She did not review the client was dischalled in the cand were not admin - Additional medication twice daily; Pro-Staff 75 mg, one tablet dand were not admin - Additionally, she were habilitation physic of Levemir to be incunits at bedtime upor rehabilitation facility - She did not follow after he was dischalfacility to clarify the called the called the was dischalfacility to clarify the called the called the was dischalfacility to clarify the called the called the was dischalfacility to clarify the called the called the was dischalfacility to clarify the called the called the was dischalfacility to clarify the called the call	the following treatment for the 1/17; 11/7/17 and 2/15/18; 1) salt water for ten minutes and intment and light bandage to ateral) until healed." c client's toe was amputated rvices in a rehabilitation through 3/23/18. was found on the MARs nor that the facility had the followed the DPM's orders for client's toe was amputated in view on 5/17/18, Staff #1 ving related to Client #2: ked once daily, not four (4) red. (Corrected when veyor on 5/10/18.) n, Novolog insulin and administered as ordered. If the physician's orders after arged from rehabilitation on the aware the doctor ordered ans of: Ferrous Sulfate 325 mg, 30 ml each day and Plavix ware client's medications-on-hand istered as ordered. as not aware the client's dose reased from 10 units to 17 on his discharge from the	V 118	Stell has been to to complete foot and to document all care given.	and and	

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Division	of Health Service Re	egulation			FORW	MAPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION ::	(X3) DATE COMP	SURVEY LETED
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V 118	Continued From pa	ge 9	V 118			
	bedtime.) - She followed the I client's feet after the foot ulcers on 5/1/1 in February 2018. He decument that the procedure She was unable to DPM's orders while vacation prior to the February 2018 She discovered the upon her return from took him to the doctor A home health nurelicatis foot once we amputated in February 2018. Review on 5/15/18 of the following: - Admission date of Diagnoses of Schill Disorder; Borderline Characteristal Character	DPM's orders for care of the elector diagnosed him with 7 until his toe was amputated dowever, she did not followed the prescribed of confirm if staff followed the she was on a two week long action in the client's feet had cancrene in vacation and immediately for. See provides care for the seekly since his foe was any 2018. Of Client #3's record revealed 4/20/12 zoaffective Disorder; Bipolar and Intellectual Functioning; Full Function in Full Function in the lithiasis (gall stones) for medications included the CP Inhaler, Inhale contents of adihaler every 24 hours -		Nurse came out 3 Weekly and shows she is how to the and clean wound to dressings. Shelts co to do Good cari. a documinated when d	-9	

STATEMENT OF DEFICIENCE AND PLAN OF CORRECTION			JSUFFLIERICLIA ITION NUMBER:	1	LE CONSTRUCTION		SURVEY
				A. BUILDING):	55	
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at hedfime used to treat (dementia) re improve mer perform daily. Observation medications - 26 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of as 30 vials of a sinhalations headleations where the daily and the date of the	Mema mode elated nory, a function on 5/1 on-half person of 5/2/1 ners of spense at 25 on g values the halers of the as or one did then ministed certain Name vever, rder for 24/201 one did then one did	ntine HCL) 10 locumented (Nate to severe to Alzheimer's wareness, and ons.) 5/18 at 4:00 Pad revealed: i i i ivi C original or 1/23/18 was not present and unopersent and unopersent decisions lered. 5/17/18, Staff ient #3's where dispense is medications lered. 5/17/18, Staff ient #3's where of the medications lered the medication of Client #3's manual or the medication of the Plan of	confusion disease. May disease.	V 118	Ofeds Now gives co his dose of inhalar ensure propriety tak consumer continues take Namenda 10 mg at bed time stats wi at bed time stats wi at bed time on red 11 fr	suns for to	

Division	of Health Service Re	egulation			FURINAPI	FROVED
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AND FLAN	OF CDRRECTION	IDENTIFICATION NUMBER:	A. BUILDING	1	COMPLET	(ED
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		MHL001-165	B. WING		05/24/2	2018
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V 118	Continued From pa	ge 11	V 118			
7	,		VIIO			
		cians were contacted and				
	doctors orders for n	nedications concerning [Client				
	(4x a day),	on checking glucose levels				
	[Client #1] was disc	harged on 5/15/18				
	Medication adminis	tration class was scheduled				
	for all staff. All staff	have 3 months to retrain.	1			
	Dates scheduled 6-	14-18, 7-12-18, and 8-9-18."				
		eview with [Local Pharmacy].				
		AR's to be reviewed by			1	
	November),	inual basis (May and	}		1	
		es training with (Local				
	Pharmacvi schedul	ed for June 27, 2018 at 1pm.				
		out to the same and the same an			-	
	Describe your plans	s to make sure the above			ļ	
	happens.		}		Ì	
		given notice that retraining in			Ì	
	medication adminis	tration has to be completed by				
		d to take copy of MAR				
	regularly scheduled	doctor appointments and				
		g physician if medication	İ			
	changes have been	made. Staff attending			ļ	
	appointment will be	responsible take any				
	medications change	es directly to the pharmacy				
	Staff on duty will told	to MAR with pharmacy staff.				
	changes on the orig	inal MAR. Staff that took the				
		tment will be responsible of				
	informing staff of me	edications changes.				
	If a person is taken	to the emergency room,				
	picked up from inpa	tient hospitalization, or an				
	unexpected doctors	visit, staff that picks up				
	consumer will be re-	sponsible for taking new FL-2				
	nicked up after how	pharmacy. If the consumer is				
ĺ	bloven ah altet 11001	s of on the weekend and the				
į		sponsible for taking FL-2 or			j	İ
	new discharged me	dications to the pharmacy to				
ivision of He	alth Service Regulation	- Permitted A				

Division	of Health Service Re	egulation			FORW	APPROVED
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V 118	Continued From pa	ge 12	V 118			
	update. Staff that piresponsible of tellin changes. Medication review he Pharmacy] to review biannually. [Local Ptimes for review in I 2018. Diabetes training so for June 27, 2018 a Staff did not check administer insulin a Client #1 and Client the necessary production to properly the Client #2's foot ulce implementation of the who ultimately had amputation. Staff di orders for use of mulappropriately used addiction to cigarett Obstructive Pulmon lack of medication related to diabetes a errors and impacted welfare of Clients #1. This deficiency consist the violation is not administrative pena imposed for each discompliance beyond	cked up consumer will be g other staff of medication has been set up with [Local w medications and MAR harmacy] has scheduled the May 2018 and November cheduled at [Local Pharmacy] to 1pm." blood sugar levels and sordered by the physician for #2. Staff did not make certain ucts were available in the eat physician-ordered care for rs. They did not record the ne treatment/care for Client #2 gangrene resulting in and not assure physician's ultiple inhalers were by Client #3 who had an es and a diagnosis of Chronic ary Disease (COPD.) The nonitoring and oversight and COPD led to medication if the health, safety and 1, #2 and Client #3. Stitutes a Type B rule violation. It corrected within 45 days, an lity of \$200.00 per day will be any the facility is out of the 45th day.				
V 121	27G .0209 (F) Media	•	V 121			
Nidolog et l	REQUIREMENTS Palth Service Regulation					
IVISIUII OI ME	ann service Regulation					

STATEMENT OF DEFICIENCES MILION-165 MILION-165 NEW DIMENSIONS INTERVENTIONS, INC SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES PREFIX SUMMARY STATEMENT OF DEFICIENCES PROSEDUCTION NO. N. C. 27217 PAULING FOR A DEFICIENCY MUST BE PRECEDED BY PLAN OF CORRECTION BECOMPLETED TO DEFICIENCY MUST BE PRECEDED BY PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REPRINCED TO THE APPROPRIATE V 121 Continued From page 13 (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 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 roord review and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician. The on-site manager shall assure that the client's portion of the drug regimen review 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 by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 a, #3) who were being administered psychotropic drugs. The findings are: Review on 6/10/18 of Client #1's record revocaled: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Personality Disorder, Disbetes Mellitus; Hyperipidemia, Hypothyroidism; Hyperfension, Ashmar, Gastrosophageal Return Cliences, and Alcohol Abuse - In Full Remission. - Physician's orders included the following psychotropic medications: Depakote 500 mg 3 times a day, Irvigas Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at beditine. - No documentation of a psychotropic drug review was found.	Division	Division of Health Service Regulation							
MHL001-165 Memory				1 ' '					
NEW DIMENSIONS INTERVENTIONS, INC 2856 ANDERSON ROD BURLINGTON, NC 27217 PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY) PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEQUED by FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 121 Continued From page 13 (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each clients 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 winen 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: Spaced on record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 & #3) who were being administered psychotropic drugs. The findings are: Review on 5/10/18 of Client #1's record revocated: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type, Personality Disorder; Diabetes Mellitus; Hyperipidemia; Hypetropidismis; Hypetrepidemia; Hypetropidismis; Hypetrepidemia, Phypothyroidism; Hypetrepsion; Ashma; Gastroesophageal Reflux Disease and Alcohol Abuse - In Full Remission Physician's orders included the following psychotropic medications: Depakers 600 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at beduine No documentation of a psychotropic druge yeley	N		MHL001-165				8		
NEW DIMENSIONS INTERVENTIONS, INC 2856 ANDERSON ROAD BURLINGTON, NC 27217	:::::::::::::::::::::::::::::::::::::::	TTOTTOE, Green and	SINEELVE	UKESS, CITT.	STALE, ZIF COUD				
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(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 record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 & #3) who were being administered psychotropic drugs. The findings are: Review on 6/10/18 of Client #1's record revocled: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperitipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reftux Disease and Alcohol Abuse - In Full Remission Physician's orders included the following psychotropic medications: Depakete 500 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at beutime No documentation of a psychotropic drug review	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX	D BE COMP	5) LETE TE		
(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 record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 & #3) who were being administered psychotropic drugs. The findings are: Review on 6/10/18 of Client #1's record revocaled: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reftux Disease and Alcohol Abuse - In Full Remission Physician's orders included the following psychotropic medications: Depakote 500 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprax a 10 mg, one at beutime No documentation of a psychotropic drug review	V 121	Continued From pa	ge 13	V 121			-		
Based on record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients (#1; #2 & #3) who were being administered psychotropic drugs. The findings are: Review on 5/10/18 of Client #1's record revealed: - Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reflux Disease and Alcohol Abuse - In Full Remission Physician's orders included the following psychotropic medications: Depakote 500 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at bedtime No documentation of a psychotropic drug 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							
- Admission date of 3/22/18 - Diagnoses of Schizoaffective Disorder - Bipolar Type; Personality Disorder; Diabetes Mellitus; Hyperlipidemia; Hypothyroidism; Hypertension; Asthma; Gastroesophageal Reflux Disease and Alcohol Abuse - In Full Remission Physician's orders included the following psychotropic medications: Depakote 500 mg 3 times a day; Invega Trinza 819 mg injection every 3 months and Zyprexa 10 mg, one at bedtime No documentation of a psychotropic drug review		Based on record re- facility staff failed to by a pharmacist or months for 3 of 3 of being administered	views and interview, the obtain a drug regimen review physician at least every six lents (#1; #2 & #3) who were						
Review on 5/10/18 of Client #2's record revealed: - Admission date of 10/05/10		- Admission date of - Diagnoses of Schi Type; Personality D Hyperlipidemia; Hyp Asthma; Gastroeso Alcohol Abuse - In F - Physician's orders psychotropic medicatimes a day; Invega 3 months and Zypra - No documentation was found. Review on 5/10/18 of	3/22/18 zoaffective Disorder - Bipolar isorder; Diabetes Mellitus; pothyroidism; Hypertension; phageal Reflux Disease and full Remission, included the following ations: Depakote 500 mg 3 Trinza 819 mg injection every exa 10 mg, one at bedtime, of a psychotropic drug review of Client #2's record revealed;						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		i '	(X2) MULTIPLE CONSTRUCTION (X			
		immit it poyticity recivilizati.	A. BUILDING):	COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREE	TADDRESS, CITY,	STATE, ZIP CODE		
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		BURL	INGTON, NC 2	7217		
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V 121	Continued From pa	ge 14	V 121			
	- Diagnoses of Schi Major Depressive D Secondary to Unkno Diabetes, Type II; H Ischemic Heart Fail (acquired skin disor (Chronic;) Tobacco - Physician's orders psychotropic medic daily; Loxitane 50 m Depakote 500 mg, I Invega Trinza 819 m and Ativan 1 mg, or needed for agitation was found.	izophrenia - Paranoid Type: Disorder; Anxiety Disorder - own Physiological Condition lypertension; Hyperlipidemliure; Anemia; Keratoderma rder;) Urinary Tract Infection Abuse. Included the following ations: Zoloft 50 mg, once ng one tablet twice daily; two tablets two times a day; ng injection every 3 months ne tablet every 8 hours as n.	ew	Psychotropic dru review vins com	Presed	
	2018 MARs reveale - Admission date of - Diagnoses of Schi Disorder; Borderline Chronic Obstructive Addiction and Chole - Physician's orders psychotropic medica tablet every 8 hours Risperdal 3 mg, One Depakote 500 mg, to - No documentation was found.	4/20/12 izoaffective Disorder; Bipola iz Intellectual Functioning; Pulmonary Disease, Nicoti elithiasis (gall stones) included the following ations: Seroquel 50 mg, On i (3 times daily) for agitation e tablet at bedtime and two tablets at bedtime, of a psychotropic drug revi	r ne e			
	Director confirmed f	B with the agency Program acility staff did not obtain do Client's #1, #2 and #3.	ng			
V 291	27G .5603 Supervis	ed Living - Operations	V 291			
	10A NCAC 27G .560	03 OPERATIONS				
wician of He	alth Service Regulation					

STATEMENT OF OFFICIENCIES (XT) PROVIDERSUPPLIEVUIA DENTIFICATION NUMBER: MHL001-165 MHL001-165 MHL001-1	Division	Division of Health Service Regulation FORM APPROVE							
MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2856 ANDERSON ROAD BURLINGTON, NC 27217 (A) ID SUMMARY STATEMENT OF DESICIONALIS FREETX TAG (SACH DEFICIENCY MUST SEE PRECEDED BY FULL FREETX TAG CONTINUED From page 15 (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 that that time, may continue to provide services at no more than the facility persistor and the qualified professionals who are responsible for treatment/habilitation or case management. (a) Percentage of the family operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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 wisits 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 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/sib choices, needs and the treatment/habilitation pian. 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 listed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety listed to foster community inclusion. Choices and interviews. the facility failed to maintain coordination with other qualified profe	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 '					
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V 736	Continued From pa	ge 17	V 736			
V 7 36	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	603 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	interviews, manage facility in a safe, cle from offensive odor Observation on 5/2 interior revealed the Facility has no wa The first client bed prohibited from using There was a dirty of the first bedroom The interior of the clothing contents in strong, almost over In the kitchen, seven the window pane During interview on One of the client's "He may be peeing smells of strong unit	views, observation and ament failed to maintain the san, orderly manner and free and orderly manner and free and orderly manner and free and orderly manner and free and an are: 3/18 at 1:30 PM of the facility's a following: sher nor dryer units. droom contained a bathroom and the this bathroom. closet and some of the this bedroom had a very whelming, smell of urine. veral flies were smashed/dead as over the sink. 5/8/18, Staff #1 reported: used to urinate in the sink. g in the closet. The closet ne."	•	Stass vi. 1 obser charts better to answe that char are not using the buthroom in unap areas yours vi kept elean and s better and s	2	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUFFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIFLE CONSTRUCTION A. BUILDING:	(A3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NEW DIMENSIONS INTERVENTIONS, INC

2856 ANDERSON ROAD

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V 736	Continued From page 18 Interview on 5/24/18 with the Licensee reported; - He is responsible for taking the clients clothes away and washing them.	V 736		
V 774	unclean and with an offensive odor. 27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square feetage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Mician Sparate bed, pedding, pillow, bedside table, and storage for personal belongings for each client.	V 774		
	I his kule is not met as evidenced by: Based on observation and interview, the facility management failed to maintain minimum furnishings for client bedrooms. The findings are. Observation on 5/23/18 at 3:30 PM of client bedrooms revealed: The facility has three client bedrooms with two client beds in two of the rooms and one client bed in the third bedroom. There were no bedside tables next to the beds in any of the client bedrooms.			

Division of Health Service Regulation

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∨ 774	74 Continued From page 19 Interview on 5/24/18 with the Licensee confirmed the above observation.						
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	alth Service Regulation				-		

Plan of Correction

27G.0204 Training/Supervision Paraprofessionals

This rule is not met as evidenced by: Based on record review and interviews, the facility management failed to assure 3 of 3 paraprofessional staff (#1, #2, and #3) demonstrated the knowledge, skills and abilities required by clients in the facility.

Medication administration class was scheduled for all staff. All direct care staff completed medication administration training on 6/21/2018.

Scheduled a drug review with Pharmacare. Medications and MAR's to be reviewed by pharmacy on a biannual basis (May and November).

Scheduled a diabetes training with Pharmacare scheduled for June 27, 2018 at 1pm.

27G.0209 (c) Medication Requirements

This rule not met as evidenced by: Based on observation, interview and record review, the facility staff failed to 1) follow physician's orders for administering medication and 2) keep the MAR current for 3 of 3 (#1, #2, and #3) audited clients

Primary care physicians were contacted and doctor orders were reviewed and updated.

Primary care physician faxed current discharge orders for medications concerning clients.

Medication administration class was scheduled for all staff and completed.

Staff was trained to complete foot care and how to document care given.

A nurse came out 3 x weekly to show staff how to change and clean wound dressings and checked documented foot care.

Drug review was completed on May 30th with Pharmacare. Next review scheduled for November.

Scheduled a diabetes training with Pharmacare scheduled for June 27, 2018 at 1pm.

Staff is now required to take copy of MAR to regularly scheduled doctor appointments and check with attending physician if medication changes have been made. Staff attending appointment will be responsible take any medication changes directly to the pharmacy and fill out changes to MAR with pharmacy staff. Staff on duty will take copy of MAR to make changes on the original MAR. Staff that took consumer to appointment will be responsible of informing staff of medication changes.

If a person is taken to the emergency room, picked up from inpatient hospitalization, or an unexpected doctors visit, staff that picks up consumer will be responsible for taking new FL-2 or doctor orders to pharmacy. The staff will be responsible for scheduling any follow up appointments recommended on discharge paperwork. If the consumer is picked up after hours or on the weekend and the pharmacy is not open, staff that picked up consumer will be responsible for taking FL-2 or new discharged medications to the pharmacy to update. They will also be responsible for scheduling appointments on the first available work day. Staff that picked up consumer will be responsible of telling other staff of medication changes and scheduled appointments.

06/24/2018 21:56 3363507722 JKSPRESERVEHISTORY PAGE 03/26

27G.0304 (d) (7) Minimum Furnishings

This rule not met as evidenced by: Based on observation and interview, the facility management failed to maintain minimum furnishing for the client bedrooms.

Side tables were purchased and placed beside beds in rooms.

All residents have a side table beside bed.

27G. 0209 (F) Medication Requirements

This rule not met as evidenced by: Based on record reviews and interview, the facility staff failed to obtain a drug regimen review by a pharmacist or physician at least every six months for 3 of 3 clients who were being administered psychotropic drugs.

Drug review was completed on May 30th by Pharmacare.

Next drug review scheduled for the last week of November.

27G.5603 Supervised Living - Operations

The rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination with other qualified professionals responsible for treatment of 1 of 3 audited clients.

Staff is now required to take copy of MAR to regularly scheduled doctor appointments and check with attending physician if medication changes have been made. Staff attending appointment will be responsible take any medication changes directly to the pharmacy and fill out changes to MAR with pharmacy staff. Staff on duty will take copy of MAR to make changes on the original MAR. Staff that took consumer to appointment will be responsible of informing staff of medication changes.

If a person is taken to the emergency room, picked up from inpatient hospitalization, or an unexpected doctors visit, staff that picks up consumer will be responsible for taking new FL-2 or doctor orders to pharmacy. The staff will be responsible for scheduling any follow up appointments recommended on discharge paperwork. If the consumer is picked up after hours or on the weekend and the pharmacy is not open, staff that picked up consumer will be responsible for taking FL-2 or new discharged medications to the pharmacy to update. They will also be responsible for scheduling appointments on the first available work day. Staff that picked up consumer will be responsible of telling other staff of medication changes and scheduled appointments.

27G.0303 (C) Facility and Grounds Maintenance

This rule is not met as evidenced by: Based on record reviews, observation and interviews, management failed to maintain the facility in a safe, clean, orderly manner and free from offensive odor.

Staff has rearranged closet to eliminate clutter that could allow resident to hide soiled depends.

Clothes have been arranged on top of closet and hanging. Dirty clothes are bagged each day. Floor of closet has been simplified to shoes.

Staff to check room and closet for hidden soiled depends daily.

Staff check with incontinent residents every hour or as needed to encourage going to the bathroom. Staff to assist with changing and cleaning if depend is soiled.

Staff to check incontinent residents before leaving the facility on all outings.

Staff to complete daily cleaning checklist to ensure facility is clean.

Clothes are washed 3 x weekly.



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 14, 2018

Mr. Ronnie Warren, Licensee New Dimensions Interventions, Inc. 111 Trail One, Suite 105 Burlington, NC 27215

Re: Annual and Follow-up Survey completed May 24, 2018

New Dimensions Interventions, Inc.

MHL # 001-165

E-mail Address: RonnieWarren47@yahoo.com

aquarious30202@yahoo.com awoods522@gmail.com

Dear Mr. Warren:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed May 24, 2018.

As a result of the follow up survey, it was determined that all of the deficiencies are now compliance, which is reliected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .0209 Medication Requirements Tag V118.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

 Type B violation must be corrected within 45 days from the exit date of the survey, which is July 8, 2018. Pursuant to North Carolina General Statute §

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Urnstead Drive, , Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
WWW.ncdhhe.gov/dhor - TCL: 010-855-2725 - FAX, 919-715-8078

Page 2 of 3 6/14/18 New Dimensions Intervention, Inc Mr. Ronnie Warren

122C-24.1, failure to correct the enclosed deficiency by the 45th day from the uate of the survey may result in the assessment of an administrative penalty of \$200.00 (Two Hundred) against New Dimensions Interventions, Inc for each day the deficiency remains out of compliance.

• Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is July 23, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Mr. Bryson Brown. Team Leader at 919 - 855-3822

Sincerely,

Maryland M. Chenier, MSW, LCSW, MPH

Facility Compliance Consultant I

Maryland M. Chiner L CSW, APA

Mental Health Licensure & Certification Section

Cc: Trey Sutten, Interim Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
File

Page 3 of 3 6/14/18 New Dimensions Intervention, Inc Mr. Ronnie Warren Attention!

Mp. Mary Land Chember Here's the information

Yni meded.

Shamk You Amie Marred