STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-857	A. BUILDING: _____ B. WING _____	06/19/2018

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V 000	INITIAL COMMENTS An Annual and Complaint Survey was completed 6/19/18. The complaint was substantiated (Intake #NC00138315). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adults.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 drugs. (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 (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118		

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V 118	Continued From page 1 with a physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure MARs for three of three audited clients (#1, #3 and #4) were accurate. Additionally, the facility failed to adhere to physician's orders for one of three audited clients (#4). The findings are: Note: The MARs for this facility are color coded and use initials indicating specific actions. The following are descriptions of these: - OOF = out of facility - RRM = resident refused medications - Shaded Red = client did not receive medications *Note: As this specific deficient practice regarding the MAR impacted clients #1, #3 & #4 in the exact same manner, for clarity and simplicity only client #1's specific information was used as an example. a. Review on 6/11/18 of client #1's record revealed: - admission date: 06/27/17 - diagnoses included Schizophrenia, Paranoid Type, Pancreatitus and Abnormal LFTs-Liver Mass - physician's orders dated 3/12/18 for all the medications listed below - Medication Administration Records (MARs) revealed the client was scheduled to receive: - Loratidine 10 mg daily (qd) - Omeprazole 20mg qd - Vitamin D3 2000 units qd	V 118		

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V 118	Continued From page 2 - Vesicare 5mg daily - Latuda 20mg qPM w/food - Iron 325mg at hour of sleep (hs) - Amantidine 100mg twice daily (bid) - the April 2018 MAR listed "OOF' which means "out of facility" or "RRM" which meant "resident refused medications" and was shaded red on the following dates: April 23, 24 and her evening medications on 4/25/18. - the May 2018 MAR listed OOF or RRM and were shaded red on May 1, 2, 3, 4, 7, 8, 9, 14, 15, 16, 17, 18, 20 21, 22, 23, 25, 26, 27, 28, 30 & 31. The only days listed when she received all her prescribed medications were May 5, 6, 10-13, 19 & 24. - the June, 2018 MAR listed OOF or RRM and were shaded red on June 1 through 10, 2018 - there were days on each of these sheets indicating she received 1 or more medications but not all her medications b. Review on 6/11/18 of client #3's record revealed: - admission date: 11/4/17 - diagnoses included Schizophrenia, Sickle Cell Traits and Cannabis Dependence - the medications for client #3 were listed out twice for each month. For example, on the May 2018 MAR page 1 listed "Benztropine Mesylate 1mg and the pharmacy prescription #. There were no directions of when and how many tablets to take. Page 1 had staff initials as having administered the medication. Page 3 of the same month had the identical medication listed with the instructions listed but this page was not signed off by staff. - all of client #3's medications were listed like this. - client #3 had 3 days in May, 2018 when OOF or RRM was listed with the box shaded red	V 118		

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V 118	Continued From page 3 b. Review on 6/11/18 and 6/14/18 of client #4's record revealed: - admission date: 11/27/17 - diagnoses included Schizophrenia, Mild Intellectual and Developmental Disability, Seizure Disorder, Hypertension, Sleep Apnea and Asthma - the MARs for April & May, 2018 had no initials and had either a "-", an "x" or D/C listed in each box for the month - the June 2018 MAR had initials listed for the 8th through the 14th. The remainder were either a "-", an "x" or D/C listed in each box for the month or the number "1" listed for future dates. During interview on 6/11/18, staff #1 reported the following related to MARs: - each box on the MAR had a number in it that was automatically populated to reflect the number of pills the client should receive for that specific medication at a specific time. Staff would add their initials after they had administered the medication. - client #1 was mostly out of the facility during May and June when medications were administered. She would not get missed medications if she turned up than 1 hour after administration time. - the Qualified Professional or she kept the doctor informed during her appointments. They did not call the doctor every time she missed medications. - the MARs sometimes listed data or explanations of missed medications but she had not inputted that information. She thought the program just automatically listed some information During an interview on 6/14/18, the Qualified Professional (QP) reported:	V 118		

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ANN'S HAVEN OF REST II	1919 BOAZ ROAD RALEIGH, NC 27610

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V 118	Continued From page 4 - issues with client #1 going missing from the facility and not taking her medications only started occurring in May, 2018 when the Managed Care Organization (MCO) stopped authorizing funds for a one to one staff worker for client #1. prior to that she had been staying at the facility and taking her medications - she was not responsible for reviewing the MARs; the agency has auditors who review the MARs for accuracy and detail - she would suggest a review of the MAR documentation system to the Director of Special Services During an interview on 6/14/18, the Director of Special Operations: - reiterated what the QP stated about client #1's issues beginning after the MCO denied authorization for one to one services for her. - the physician's and guardian were kept informed almost daily at this time of the situation with client #1 - the MCO had originally promised enhanced funding and services for client #1 but never followed through. Crandells Enterprises funded the extra staffing until February of 2018 when the MCO said they were not funding enhanced services and denied promising her that. She appealed and lost. - she had sent notification to the MCO and client #1's guardian of a 30 day notice of discharge. She stated the client needed a higher level of care if the MCO was going to deny her services in the group home setting. This notice was extended another 15 days at the MCO's request. The 15 day extension was ending on 6/15/18. She had yet to hear of any plans from the MCO.	V 118		

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V 367	Continued From page 5	V 367		
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 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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously	V 367		

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V 367	Continued From page 6	V 367		

unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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).
(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:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet 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

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ANN'S HAVEN OF REST II	1919 BOAZ ROAD RALEIGH, NC 27610

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V 367	Continued From page 7 meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report all level II incidents to the LME within 72 hours of becoming aware of the incident. The findings are: Review on 6/13/18 of a local police report dated 6/13/18 for calls between March 1 - June 13, 2018 revealed the following calls to the group home address: - 2/26/18: 11:58pm (Suicide threat) - 3/19/18: 11:31pm (Suicide threat) - 3/26/18: 9:02am (talk with officer) - 3/26/18: 9:43pm (Request for Services) - 3/31/18: 1:45pm (Hang-up) - 4/24/18: 8:26am (Suicide threat) - 4/24/18: 7:34pm (Missing person) - 5/13/18: 4:05pm (Suicide threat) - 5/22/18: 4:47pm (Missing/Endangered) - 5/30/18: 11:58pm (Disturbance) - 6/1/18: 9:04pm (Suicide threat) Review on 6/11/18 and 6/18/18 of the Incident Reporting Improvement System (IRIS) revealed the following reports submitted between 2/26/18 - 6/18/18: - 2/26/18 - Report submitted 3/2/18 - 3/20/18 - submitted 4/5/18 - Listed as Invalid - 3/26/18 - no report for either police call - 3/27/18 - submitted 4/6/18 - Listed as Invalid - 3/31/18 - submitted 4/6/18 - Listed as	V 367		

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	MHL092-857	A. BUILDING: _____ B. WING _____	06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANN'S HAVEN OF REST II	1919 BOAZ ROAD RALEIGH, NC 27610

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V 367	Continued From page 8 Invalid - 4/23/18 - (listed at 7:00pm missing person) submitted 4/26/18 - 4/24/18 - (8:26 am incident) submitted 4/26/18 - Listed as Invalid - 5/13/18 - No report - 5/22/18 No report - 5/30/18 - Report submitted 6/15/18 - Listed as Invalid - 6/1/18 - Report submitted 6/15/18 During an interview on 6/14/18, the Director of Special Operations reported: -incident reports should be completed whenever the police were involved with clients. -staff reported incidents to the facility's Qualified Professional. The Qualified Professional would make her aware. She would document the incidents in IRIS. - some reports were not filed until she had gathered all the necessary information and it took longer than 72 hours -she was not aware incident reports were not completed for all occasions the police had been called to the group home for service.	V 367		