

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl092-573	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/19/2018
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NAME OF PROVIDER OR SUPPLIER MEEKS #2	STREET ADDRESS, CITY, STATE, ZIP CODE 4125 EDMONT ROAD WENDELL, NC 27591
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An Annual, Complaint and Follow-up survey was completed 6/19/18. The complaint (Intake # NC00139235) was not substantiated. Deficiencies were cited.</p> <p>This facility is licesed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p>	V 115		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 115	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews staff failed to provide supervision to ensure safety of one of five clients (#1). The findings are:</p> <p>Observation and interview on 6/12/18 at approximately 2:33 PM revealed:</p> <ul style="list-style-type: none"> - surveyor approached the driveway of the facility and signaled to turn left - about 150 yards down the road , a grayish pick-up truck was in the road with hazard lights flashing - upon further observation, a person in the truck speaking to a man wearing a hat and walking with a white cane standing on the side of the road - the man with the white cane turned and walked back down the road in the direction of the facility - a man in the truck exited the truck and assisted the man with the cane out of the road - surveyor pulled into the facility driveway, parked, approached the front entrance and knocked several times; there was no answer though movement was heard inside - while looking toward the road, a fire engine approach the two men now standing on the side of the road. - fire fighters exited the fire engine and approached the men talking on the side of the road; a fire fighter escorted the man with the cane to the fire engine and had him sit on the bumper - the fire fighters looked toward the facility and one walked up the road, into the driveway and to the porch and asked the surveyor if the man with the cane belonged at the facility - surveyor reported she was not aware and again knocked at the door 	V 115		

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V 115	<p>Continued From page 2</p> <ul style="list-style-type: none"> - a young man opened the door and when asked if he was the staff, he said he was - when asked if all his clients were accounted for, staff #1 replied they were - staff #1 then saw the fire fighter and fire engine and asked what happened - staff #1 ran back into the house and called out to the clients and asked where client #1 was - staff #1 ran back out the door and said client #1 was not present - staff #1 ran out the door, passed the surveyor and fire fighter down the driveway and down the road to client #1 who was sitting on the bumper of the fire engine - staff #1 placed his arm around client #1 and walked him back up the road and driveway and into the house - staff #1 assisted client #1 to a chair and got him a Glucerna; the time was approximately 2:55 PM - staff #1 told client #1 he had frightened him <p>Review on 6/13/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 12/7/16 - an FL2 dated 12/9/16 with diagnoses including Type 2 Diabetes, Hypertension, Paranoid Schizophrenia and Blindness of both eyes <p>During an interview on 6/12/18, the man from the gray truck, a Volunteer Fire Fighter (VFF) reported:</p> <ul style="list-style-type: none"> - he was driving down the road and saw client #1 with the white cane and, supposing he was blind, turned around, came back and asked if he was alright - the VFF reported client #1 came into the road and spoke to him but wasn't making sense - the VFF called the fire department and he 	V 115		

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V 115	<p>Continued From page 3</p> <p>stayed with client #1 until his co-workers arrived</p> <p>During an interview on 6/12/18, client #1 reported he walked down the road because he was going to see his friend that was supposed to have come to see him. Client #1 then told staff #1 he was going to the store. Client #1 then told a peer, client #3, he was supposed to take him to the store. Client #3 replied he told client #1 he was asleep.</p> <p>During an interview on 6/12/18, staff #1 reported:</p> <ul style="list-style-type: none"> - he had worked at the facility 2 - 3 months - he never called the police or ambulance and never knew client #1 to walk away on his own that way - he had just seen client #1 five minutes before he answered the door for the surveyor; client #1 was sitting on the porch with client #3 - he, staff #1, went inside to make client #1's bed and went on to prepare for dinner <p>During an interview on 6/12/18, the Administrator reported client #1 was visually impaired in both eyes. The Administrator reported she had never known client #1 to walk off or wander away.</p> <p>During interviews on 6/13/18, other clients residing at the facility reported they had never known client #1 to walk away by himself.</p> <p>Review on 6/14/18 of the Plan of Protection completed and signed by the Qualified Professional on 6/14/18 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of consumers in your care?</p> <p>Meeks Group Home will and have instituted the</p>	V 115		

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V 115	<p>Continued From page 4</p> <p>following safety measures:</p> <ul style="list-style-type: none"> a. Sensors are placed in the house b. Alarms have been placed in the home c. [Client #1] is to be where staff is at all times. If in the back, front or outside. Staff will watch or have eyesight every 10 minutes on clients. d. Clients will have I.D. at all times. e. Training of staff of safety issues and measures for clients to be safe. <p>Describe your plans to make sure the above happens.</p> <p>All safety measures put in place will be monitored by QP (Qualified Professional) on a weekly basis to ensure that equipment is in working order. Will monitor staff interactions while performing duties to maintain compliance of safety. Will review client safety issues and concerns monthly with staff. Will develop 10 minute check sheet for safety."</p> <p>Client #1, blind from birth, was without supervision and safety when staff #1 left him on the porch reportedly in the company of a peer to complete assignments in the house. Client #1 walked alone more than 100 yards down a rural road toward an intersection undergoing construction. The surveyor knocked repeatedly at the facility door and waited for a response for several minutes before staff #1 answered the door. When staff #1 did answer the door, he was unaware client #1 had left the premises and was in the road. An off duty Volunteer Fire Fighter saw client #1 and, supposing he was blind, turned around to check on him. Walking down the road unsupervised was detrimental to the health, safety and welfare of client #1. This deficiency constitutes a Type B rule violation and must be</p>	V 115		

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V 115	Continued From page 5 corrected within 45 days. An administrative penalty of \$200.00 per day will be assessed for each day beyond the 45th day the deficiency remains out of compliance.	V 115		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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V 119	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the governing body failed to assure medications were disposed of to guard against accidental use for one of five clients (#3). The findings are:</p> <p>Review on 6/13/18 of client #3's record revealed :</p> <ul style="list-style-type: none"> - an FL2 dated 12/9/17 with diagnoses including Attention Deficit Hyperactivity Disorder, Mental Retardation and Hypertension - an allergy to bee stings - a physicians order dated 12/9/17 for EPIpen to be injected .3 mg as needed for anaphylaxis - April, May and June 2018 Medication Administration Records indicated no documentation the EPIpen had been used <p>Observation on 6/12/18 an 6/13/18 of client #3's medications revealed 4 EPIpens were maintained on site. The expiration dates were: , September 2013, January 2017 and two for May 2018.</p> <p>During an interview on 6/14/18, the Administrator reported she was not aware all the pens were expired.</p> <p>During an interview on 6/14/18, the Qualified Professional reported there had been a mix up at the pharmacy because the order was last filled in April 2018. The QP reported she would get the properly dated EPIpens.</p>	V 119		