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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 7/11/18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105		

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V 105	Continued From page 1 (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer	V 105		

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V 105	Continued From page 2 instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Review on 7/10/18 and 7/11/18 of client #3's record revealed: -60 year old male admitted 6/11/18. -Diagnoses included diabetes type 2, severe intellectual disabilities, urinary incontinence, hypothyroidism, hypertension, hyperlipidemia, impulsive control disorder. -Orders dated 6/11/18 for 2 medications to treat diabetes type 2, Glimepiride 1 mg (milligram) twice daily, and Metformin 500 mg daily after supper. -Physician order dated 6/11/18 (FL 2) to check fasting BS (blood sugar) every morning. -1 BS result of 125 documented on 6/15/18. No documentation of when the result was obtained or who performed the finger stick blood sugar (FSBS). -No FSBS results documented for client #3 other than the result on 6/15/18. Interview on 7/10/18 the Group Home Manager stated the facility had not been able to perform FSBS testing because they had no CLIA certificate. Interviews on 7/10/18 and 7/11/18 the Qualified Professional stated: -The facility did not have a CLIA certificate but had submitted an application. -The staff could not perform FSBS testing without the certificate.	V 105		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS	V 113		

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V 113	Continued From page 3 (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.	V 113		

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V 113	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician affecting 1 of 3 clients audited (#3). The findings are: Review on 7/10/18 and 7/11/18 of client #3's record revealed: -60 year old male admitted 6/11/18. -Diagnoses included severe intellectual disabilities, diabetes type 2, BPH (benign prostatic hyperplasia) with obstruction, urinary incontinence, hypothyroidism, hypertension, hyperlipidemia, impulsive control disorder. -Client was non-verbal. -Client #3's mother was his legal guardian. -No signed statement in client record granting permission to seek emergency care from a hospital or physician. Interview on 7/10/18 the Qualified Professional stated: -She did not get this consent signed; she thought it would have been done in the facility. -The staff were getting accustomed to the client's non-verbal communication skills. -The client's mother had been hospitalized recently.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS	V 114		

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V 114	Continued From page 5 AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Interview on 7/10/18 the Group Home Manager stated: -The facility shifts were as follows: -1st shift = 7:30 am - 4 pm Monday - Friday -2nd shift = 4 pm - 12 am Monday - Friday -3rd shift = 12 am - 8 am Monday - Friday -Week end day shift = 8 am - 8 pm Saturday and Sunday -Week end night shift = 8 pm - 8 am Saturday and Sunday Review on 7/10/18 of the facility fire drills documented from 7/1/17 - 6/30/18 revealed: -1st quarter (7/01/18- 9/31/18): No fire drills documented on the 3rd shift or either of the weekend shifts -2nd quarter (10/01/18- 12/31/17): No fire drills	V 114		

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V 114	Continued From page 6 documented on the 2nd and 3rd shifts or either of the weekend shifts -3rd quarter (1/01/18- 3/31/18): No fire drills documented on the 1st and 2nd shifts or either of the weekend shifts -4th quarter (4/01/18- 6/30/18): No fire drills documented on either of the weekend shifts Review on 7/10/18 of the facility disaster drills documented from 7/1/17 - 6/30/18 revealed: -1st quarter (7/01/18- 9/31/18): No disaster drills documented on the 3rd shift -2nd quarter (10/01/18- 12/31/17): No disaster drills documented on the 3rd shift -3rd quarter (1/01/18- 3/31/18): No disaster drills documented on the 1st shift or either of the weekend shifts -4th quarter (4/01/18- 6/30/18): No fire disaster drills documented on either of the weekend shifts This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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	V 118		

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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 with a physician.

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 2 of 3 audited clients (#3 and #4). The findings are:

Finding #1:
Review on 7/10/18 and 7/11/18 of client #3's record revealed:
-67 year old male admitted 6/11/18.
-Diagnoses included diabetes type 2, severe intellectual disabilities, urinary incontinence, hypothyroidism, hypertension, hyperlipidemia, impulsive control disorder.
-Medications ordered 6/11/18 and scheduled dosing times on MARs included:
-Benazepril HCL (Hydrochloride) 40 mg (milligrams) QD (daily), at 8 am. Check blood

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pressure prior to dose, hold and call the nurse if top number is below 120. (lowering high blood pressure)

-Astepro 0.15% Nasal Spray, 2 sprays in each nostril QD, at 8 am (relief of allergy symptoms)

-ASA 81 mg Chewable 1 QD, at 8 am (heart health)

-Mucinex ER 600 mg BID (twice daily), at 8 am & 8 pm (nasal decongestant)

-Tobradex Eye ointment in each eye and topically to lids BID, at 8 am & 8 pm (treat or prevent eye infections)

-Quetiapine Fumarate 400 mg (Seroquel), QD at bedtime to control Impulse disorder disorder, at 8 pm

-Amlodipine Besylate 5 mg QD, at 8 am (lowering high blood pressure)

-Vitamin D3 2000 QD at 8 am (dietary supplement)

-Tamsulosin HCL 0.4 mg QD at 8 am (improve urination in men with enlarged prostate)

-Montelukast Sodium 10 mg QD at 8 am (prevent and manage asthma symptoms; relieve symptoms of seasonal allergies)

-Metformin HCL ER (Extended Release) 500 mg QD after supper at 5 pm (control high blood sugar in patients with type 2 diabetes)

-Levothyroxine 137 mcg (micrograms) QD at 8 am (thyroid hormone replacement)

-Fluticasone Prop 50 mcg 2 sprays in each nostril QD at 8 am (relieve seasonal and year-round allergic and non-allergic nasal symptoms)

-Glimepiride 1 mg BID at 8 am & 8 pm (control high blood sugar in patients with type 2 diabetes)

-Depakote 500 mg BID at 8 am & 8 pm (prevent seizures)

-Proctozone - Hydrocortisone 2.5% cream

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(Anusol), apply small amount to affected area TID (3 times daily) at 9 am, 3 pm, & 9 pm. (to treat itching or swelling caused by hemorrhoids or other inflammatory conditions of the rectum or anus.)
-Thera-derm Lotion (Eucerine) to hands 4 times daily and PRN (skin moisturizer)

Review of client #3's MARs on 7/10/18 revealed:
-No documentation client #3 received any medications at 8 am on 7/9/18 or 7/10/18 (see above for medications scheduled to be administered at 8 am).
-No documentation the following medications had been administered on 6/11/18 or 6/12/18 at the 8 pm scheduled dosing time: Mucinex ER 600 mg, Tobradex Eye ointment, Quetiapine Fumarate 400 mg
-No documentation the following medications had been administered on 6/12/18 at the 8 am scheduled dosing time: Amlodipine Besylate 5 mg, Vitamin D3 2000 units, Tamsulosin HCL 0.4 mg, Montelukast Sodium 10 mg
-Thera-derm Lotion (Eucerine) had not been scheduled to be administered 4 times daily. No documentation client #3 had used the cream since admission.
-Benazepril HCL 40 mg documented 7/1/18 - 7/8/18. No documentation client #3's blood pressure was taken in July 2018.

Unable to interview client #3 on 7/10/18 or 7/11/18 due to his lack of communication skills; client was non-verbal.

Finding #2:
Review on 7/10/18 and 7/11/18 of client #4's record revealed:
-62 year old male admitted 2/20/17.
-Diagnoses included psychotic disorder, epilepsy,

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V 118	Continued From page 10 moderate mental retardation, and anxiety disorder -Medications and scheduled dosing times on MARs included: -Sertraline HCL 50 mg QD, ordered 5/30/18, at 8 am (antidepressant) -Vimpat 100 mg BID, ordered 5/2/18, at 8 am & 8 pm (prevent seizures) -Ketoconazole Cream 2 % to affected areas, ordered 9/28/17, at 8 am & 8 pm (anti fungal medication) -Primidone 250 mg BID, ordered 5/30/18, at 8 am & 4 pm (prevent seizures) -Olanzapine 10 mg BID, ordered 5/30/18, at 8 am & 4 pm (treat mental/mood conditions) -Levetiracetam 750 mg BID, ordered 5/30/18, 8 am & 4 pm (prevent seizures) -Depakote 500 mg BID, ordered 5/30/18, 8 am & 4 pm -Ensure plus, 1 can BID, ordered 5/2/18, at 8 am & 8 pm (nutritional supplement) Review on 7/10/18 of client #4's July 2018 MARs revealed no documentation client #4 received any medications or Ensure at 8 am on 7/9/18 or 7/10/18 (see above for medications scheduled to be administered at 8 am). Observations on 7/10/18 at approximately 1:15 pm of client #4's medications on hand revealed: -The following medications packaged and labeled to be administered 7/10/18 at 8 am had not been administered: Sertraline HCL 50 mg, Primidone 250 mg, Olanzapine 10 mg, Levetiracetam 750 mg, Depakote 500 mg. -There was no Vimpat 100 mg on hand. Unable to interview client #4 on 7/10/18 or 7/11/18 due to his lack of communication skills.	V 118		

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V 118	Continued From page 11 Telephone interview on 7/11/18 Staff #6 stated: -He worked the 3rd shift (night shift), during the week Monday through Friday, and 2nd shift on Sundays. -First shift staff administered the 8 am medications. -He did not take client #3's blood pressure. He thought the first shift did this. -He had reviewed the MARs and had not missed any medications, or missed signing the MARs for any medications he had administered. -He had worked the past 2 night shifts and had administered the clients' morning medications. Interview on 7/10/18 and 7/11/18 the Group Home Manager stated: -The 8 am medications were administered by the 3rd shift staff. -He did not realize the 8 am medications for clients #3 and #4 had not been documented on 7/9/18 and 7/10/18. -He did not realize clients #3's blood pressure had not been recorded in July. -He knew there was no Vimpat on hand for client #4; he was to pick it up from the pharmacy 7/10/18. -He thought client #4's Ensure had been changed to PRN because his eating had improved since his admission. -He did not know client #4's 8 am medications had not been administered 7/10/18. -He would follow up with the staff responsible for the 8 am medications not being administered and or documented on 7/9/18 and 7/10/18. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		

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V 118	Continued From page 12 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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 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. This Rule is not met as evidenced by:	V 291		

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V 291	Continued From page 13 Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for 1 of 3 audited clients (#3). The findings are: Review on 7/10/18 of client #3's record revealed: -60 year old male admitted 6/11/18. -Diagnoses included severe intellectual disabilities, diabetes type 2, BPH (benign prostatic hyperplasia) with obstruction, urinary incontinence, hypothyroidism, hypertension, hyperlipidemia, impulsive control disorder. -Order dated 6/11/18 to check fasting blood sugar (BS) every morning. -Order dated 6/11/18 to check blood pressure (BP) daily. If the top number is less than 120 call the nurse and hold his blood pressure medications. Review on 7/10/18 of client #3's Medication Administration Record (MAR) revealed: -2 BP medications were scheduled to be administered at 8 am daily (Benazepril 40 mg and Norvasc 5 mg). -Unable to read BP result on 6/15/18. -No BP results documented in July 2018. -No documentation the nurse had been made aware client #3 had not had his BP taken in July 2018 and his BP medications had been administered 7/1/18 - 7/8/18. -Only 1 BS result documented since client #3 had been admitted. On 6/15/18 "125" was documented. No documentation when the result was obtained, or who performed the finger stick BS. -No documentation the physician had been made aware the facility was not able to perform BS testing because they did not have a CLIA (Clinical Laboratory Improvement Amendments)	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-109	A. BUILDING: _____ B. WING _____	R 07/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 291	Continued From page 14 certificate. Telephone interview on 7/11/18, Staff #6 stated: -He worked the night shift. -He did not take client #3's BP. -Day shift administered the morning medications and would take client #3's BP. -He worked the past 2 night shifts and had administered the morning medications. Interview on 7/10/18 the Group Home Manager stated: -The night staff administered the 8 am medications and would be responsible to take client #3's BP. -The only place BP results would have been documented was on the MAR. -There had been no BP results documented since 6/30/18. -Client #3 had not had his BS tested since his admission on 6/11/18 because the facility had no CLIA certificate. -The physician had not been made aware the facility could not perform client #3's finger stick BS testing.	V 291		