STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054096	A. BUILDING: _____ B. WING _____	R 07/20/2018

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on July 20, 2018. 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 3 audited paraprofessional staff (#1) received training to meet the needs of the population served. Review on 7/20/18 of Staff #1's personnel record revealed: - Title of paraprofessional. - Hire date of 4/23/18. - No documentation of training in diabetes management or finger stick blood sugar checks. Interview on 7/17/18 Staff #1 stated two clients were diabetic. She had completed medication administration training which included diabetes management and finger stick blood sugar checks. She had checked blood sugars for the two diabetic clients. If a blood sugar reading was too high, she would contact the nurse and follow her instructions. She did not know what blood sugar value at which to contact the nurse. She had only worked for the Licensee for a few months. Review on 7/20/18 of the facility's medication administration training curriculum revealed no diabetes management or finger stick blood sugar check information. Interview on 7/20/18 the Registered Nurse stated she provided medication administration training for newly hired staff. Diabetes management and finger stick blood sugar checks were not included	V 108		

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V 108	Continued From page 2 in her training, but she could add them to her curriculum. Interview on 7/20/18 the Assistant Director stated diabetes management and finger stick blood sugar check training had been provided by the previous nurse. More tenured staff had training in diabetes management and finger stick blood sugar checks.	V 108		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS 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 at least quarterly and repeated on each shift. The findings are: Interview on 7/17/18 the Qualified Professional stated the shifts for the facility staff were: - 1st shift 7:00 am - 3:00 pm.	V 114		

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V 114	Continued From page 3 - 2nd shift 3:00 pm - 11:00 pm. - 3rd shift 11:00 pm - 7:00 am. Review on 7/17/18 of the facility's fire and disaster drill documentation from July 2017 - June 2018 revealed: - Multiple fire and disaster drills were documented each month, however, times and shifts were not clearly documented for each drill. - No 3rd shift fire drill January - March 2018. - No 3rd shift fire drill October - December 2017. - No 3rd shift disaster drill October - December 2017. - No 3rd shift fire drill July - September 2017. - No 3rd shift disaster drill July - September 2017. Interview on 7/20/18 the Qualified Professional stated fire and disaster drills were completed as required, but staff did not document the times of the drills clearly. She would remind staff to document the time of day and shift for each drill.	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 privileged to prepare and administer medications.	V 118		

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V 118	Continued From page 4 (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 review, observation and interview, the facility failed to administer medications on the written order of a physician for one of three audited clients (#1). The findings are: Review on 7/17/18 of Client #1's record revealed: - 67 year old male, admitted to facility 10/8/10. - Diagnoses included: Moderate Intellectual/Developmental Disability, Hypertension, High Cholesterol, Psoriasis, Diabetes, Mild Cardiac Infarction; Mild Cerebral Infarction, Hypospadias, Alzheimer's Disease. - Physician's order, dated 4/3/18 for Clobetasol .05% (used to treat skin disorders such as psoriasis and eczema), apply to left lower led twice daily until heals. - Physician's order dated 7/9/18 to discontinue Clobetasol; and begin Hydrocortisone 2.5%	V 118		

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V 118	Continued From page 5 topical cream (used to treat inflammation of the skin caused by conditions such as psoriasis or eczema), "apply by topical route 2 times a day a thin layer to the affected area . . . Replaces Clobetasol Topical Cream 5/4/18." Review on 7/20/18 of Client #1's MARs for May - June 2018 revealed: - Transcribed entries for Clobetasol .05% Cream "apply a thin layer topically to the affected area(s) twice daily." - Transcribed entry for Hydrocortisone 2.5% apply to affected areas twice daily. - Staff documentation that Clobetasol Cream was not administered 5/3/18 - 5/12/18; medication was "not in facility . . . waiting physician authorization." - Staff documentation that Clobetasol was not administered 6/28/18 or 6/29/18, "waiting PA (physician authorization)" from doctor. - Staff documentation that Hydrocortisone 2.5% was not administered 6/20/18 - 6/29/18, "waiting PA." Interview on 7/20/18 the Registered Nurse stated the medications were not available for administration because Client #1's insurance would not pay for them until the physician justified their continued use. She understood the requirement to administer medications as ordered/prescribed by the physician.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive	V 736		

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V 736	Continued From page 6 odor. This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe clean manner. The findings are: Observations of the facility on 7/17/18 at approximately 9:45 am revealed: - 1 light bulb in 1 of 2 fixtures over the dining table working. - The lower cabinet door near the stove had a broken hinge. - Rust stains on the floor of the walk in shower in the hall bathroom. - An approximate 1 inch hole in Client #4's bedroom closet door. - Client #6's bedroom was very cluttered. - The tub in the bathroom next to Client #6's bedroom was discolored with gray staining. - Particulate matter and mildew like matter was on the floor in the space between the vanity and bathtub. - The exhaust vent in the bathroom was visibly dusty. - An approximate 1 inch crescent shaped hole in the bathroom wall at the doorknob. - The finish on the surface of the telephone table in the hallway was worn. - The air vent in Client #2's bedroom was visibly dusty. - Access to the window in Client #2's bedroom was blocked by his bed. - Only 1 light bulb in the overhead fixture in Client #2's bedroom worked. Interview on 7/17/18 Staff #2 stated "He's bringing a light bulb."	V 736		

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V 736	Continued From page 7 Interview on 7/20/18 the Chief Executive Officer stated they would have to look at their housekeeping procedures.	V 736		