

SEP 19 2018

Lic. & Cert. Section

**Annual Survey Plan of Correction
Perry & Alston Family Connections
1486 Dr. Martin Luther King Jr. Blvd.
License Number: MHL093-022
Survey Date: 8.15.2018**

Corrective Actions	Completion Date
<p>27G .0202 Personnel Requirements</p>	
<p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on record review and interviews, the governing body failed to assure 4 of 5 staff had training to meet the needs of the population served. The findings are: <ul style="list-style-type: none"> • Review on 8.10.18 and 8.13.18 of client's 1 record revealed: <ul style="list-style-type: none"> ❖ An admission date of 12/29/11 ❖ An FL2 dated 12/15/17 with diagnoses including Schizophrenia, Intellectual Developmental Disability and Type II Diabetes ❖ Two physician's orders dated 7/23/18, one instructing that client's blood sugar be checked weekly; and one instructing blood sugar be checked twice daily ❖ Documentation on Medication Administration Records (MAR) reflected blood sugars were not checked as ordered 2. During an interview on 8/13/18, client 1 reported he sometimes checked his own blood sugar and sometimes the Licensee or staff 1 did. <ul style="list-style-type: none"> • Review on 8/15/18 of client 6's record revealed: <ul style="list-style-type: none"> ❖ An admission date of 2011 ❖ An FL2 dated 11/21/17 with diagnosis including Schizophrenia and Non-Insulin Dependent Diabetes ❖ A physician's order dated 2/10/17 with instructions to check blood sugar weekly ❖ Documentation on MAR reflected blood sugars were not checked as ordered 3. Review on 8/13/18 of staff 1's record revealed no evidence of Diabetes Management training including checking blood glucose levels. <ul style="list-style-type: none"> • Review on 8/13/18 of staff 1's record revealed: <ul style="list-style-type: none"> ❖ A hire date of 8/7/17 ❖ No evidence of first aid training ❖ No evidence of Diabetes Management training including blood glucose checks • Review on 8/13/18 of Relief Staff 1's record revealed: <ul style="list-style-type: none"> ❖ A hire date of 1/5/09 ❖ No evidence of Diabetes Management training including blood glucose checks • Review on 8/13/18 of Relief Staff 2's record revealed: <ul style="list-style-type: none"> ❖ A hire date of 1/9/18 ❖ No evidence of Diabetes Management training including blood glucose checks 	

<p><u>Corrective Actions:</u></p> <ol style="list-style-type: none"> All Perry & Alston Family Connections staff (including relief staff) will have Diabetes Management training to include blood glucose checks Staff 1 will also have First Aid Training <p><u>Monitoring</u></p> <ol style="list-style-type: none"> QP will assist with coordinating and scheduling Diabetes Management training and First Aid Training. QP will ensure that certificate is placed in each staff's folder and will monitor expiration date of training to schedule new training date. 	<p>10/14/18</p>
<p>27G .0204 Training/Supervision Paraprofessionals</p>	
<p>This rule is not met as evidenced by:</p> <ol style="list-style-type: none"> Based on the record review and interviews, the governing body failed to assure two of five staff (Licensee, staff 1) demonstrated skills to meet the needs of clients served. The findings are: <ul style="list-style-type: none"> Review on 8/13/18 of client 2's record revealed: <ul style="list-style-type: none"> An admission date of 9/14/14 An FL2 dated 9/12/15 with diagnoses including Schizophrenia, Cannabis Use Mils and Alcohol Use Mild Physician's order dated 7/5/18 with instructions to administer Clozapine 100mg 1 tablet each morning and 4 ½ tablets each evening; and to administer Trazadone 50mg at the hour of sleep No evidence of client 2's medication administration record (MAR) for August 2018 During an interview on 8/13/18, client 2 reported he received his medications in the morning and at night but did not know what his medications were for. <ul style="list-style-type: none"> Review on 8/13/18 of the Licensee's record revealed Medication Administration training completed on 6/27/18 Review on 8/13/18 of staff's 1 record revealed: <ul style="list-style-type: none"> A hire date of 8/7/17 Medication Administration training completed 6/27/18 During an interview on 8/10/18, staff 1 reported client 2 medications were administered during the month but were not documented because facility had not received a printed MAR from the case worker 	
<p><u>Corrective Actions:</u></p> <ol style="list-style-type: none"> Staff will educate all residents on their medications and what they are for Staff will contact resident's case worker to receive MAR Staff will be review MAR training handouts monthly and ensure MAR documentation is current and correct. <p><u>Monitoring</u></p> <ol style="list-style-type: none"> Staff will document that they are educating residents on the medications and what they are for Barbara Alston or staff will contact the case worker to receive resident's MAR QP will monitor MAR documentation 	<p>*9/14/18</p>
<p>27G .0207 Emergency Plans and Supplies</p>	

This rule is not met as evidenced by:

1. **Based on record review and interview, the governing body failed to assure disaster drills were conducted quarterly per shift and conducted under conditions that simulate emergencies. The findings are:**
 - **Review on 8/10/18 of fire drills documentation revealed documentation drills were conducted on the following dates:**
 - ❖ 1/15/18 at 3pm
 - ❖ 1/15/18 at 9pm
 - ❖ 1/16/18 at 2am
 - ❖ 5/5/18 at 6am
 - ❖ 5/11/18 at 1pm
 - ❖ 5/13/18 at 2:12a
 - **Review on 8/10/18 of disaster drills documentation revealed documentation drills were conducted on the following dates:**
 - ❖ 1/15/18 at 7a- water failure
 - ❖ 1/15/18 at 1p- no description of drill
 - ❖ 1/16/18 at 2a- no description of drill
 - ❖ 4/1/18 at 7a- no description of drill
 - ❖ 4/2/18 at 1a- no description of drill
2. **During interviews on 8/13/18, some clients reported:**
 - They did not participate in drills
 - They would go outside for a tornado drill
 - Would go outside if they smelled smoke
 - Might go outside if an alarm went off and might go outside if for a tornado drill

Corrective Actions:

1. Staff will conduct drills on all shifts each quarter and document appropriately
2. Staff will have participation with all residents and educate residents on how to respond for different types of emergencies

Ongoing to begin 9/14/18
9/14/18

Monitoring

1. QP will monitor for documentation of staff educating residents on what to do for different emergencies
2. QP will monitor emergency drills documentation

27G .0209 Medication Requirements

This rule is not met as evidenced by:

1. **Based on record review and interviews, the governing body failed to assure the medication administration record was kept current for one of four audited clients (2). The findings are:**
 - **Review on 8/13/18 of client 2's record revealed:**
 - ❖ An admission date of 9/14/14
 - ❖ An FL2 dated 9/21/15 with diagnosis including Schizophrenia, Cannabis Use Mils and Alcohol Use Mild
 - ❖ Physician's order dated 7/15/18 with instructions to administer Clozapine 100mg 1 tab each morning and 4 ½

<p>tablets each evening; and to administer Trazadone 50mg at the hour of sleep</p> <ul style="list-style-type: none"> ❖ No evidence of client 2's medication administration record for August 2018 <p>2. During an interview on 8/13/18, client 2 reported he received his medications in the morning and at night but did not know what his medications were for.</p> <ul style="list-style-type: none"> • Review on 8/13/18 of the Licensee's record revealed Medication Administration training completed on 6/27/18 • Review on 8/13/18 of staff 1's record revealed: <ul style="list-style-type: none"> ❖ A hire date of 8/7/17 ❖ Medication Administration training completed 6/27/18 <p>3. During an interview on 8/13/18, staff 1 reported client 2's August MAR was not present because the client case worker had not forwarded an MAR sheet for the month.</p>	
<p><u>Corrective Actions:</u></p> <ol style="list-style-type: none"> 1. Staff will educate all residents on their medications and what they are for 2. Staff will contact resident's case worker to receive MAR 3. Staff will be review MAR training handouts monthly and ensure MAR documentation is current and correct. <p><u>Monitoring</u></p> <ol style="list-style-type: none"> 1. Staff will document that they are educating residents on the medications and what they are for 2. Barbara Alston or staff will contact the case worker to receive resident's MAR 3. QP will monitor MAR documentation 	*9/14/18
<p>G. S. 122C-80 Criminal History Record Check</p>	
<p>This rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on record review and interview, the governing body failed to assure a national criminal check including fingerprints was completed prior to an offer of employment for 1 of 5 staff (1). The findings are: <ul style="list-style-type: none"> • Review on 8/13/18 of staff 1's record revealed: <ul style="list-style-type: none"> ❖ A hire date of 8/7/17 ❖ A county criminal check dated 6/22/18 ❖ No evidence of a national criminal check including fingerprints 2. During an interview on 8/13/18, staff 1 reported he had lived outside the state about 11 years and returned in 2017 3. During an interview on 8/13/18, the Licensee reported shew as not aware a national criminal check was required 	
<p><u>Corrective Actions:</u></p> <ol style="list-style-type: none"> 1. Barbara Alston will conduct a National Criminal Check on staff 1 to include fingerprints <p><u>Monitoring</u></p> <ol style="list-style-type: none"> 1. QP will ensure that National Criminal Check including fingerprints are in staff 1's 	10/14/18

record	
27G .5603 Supervised Living- Operations	
<p>This rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, record review and interviews, the governing body failed to coordinate with other Qualified Professionals who are responsible for treatment for two of four audited clients (1, 6) to assure their needs were met. The findings are: <ul style="list-style-type: none"> • During an attempt to see client 1 and client 6 glucometers, surveyor was informed both clients were in need of new glucometers. • Glucometers staff 1 presented did not function • Review on 8/10/18 and 8/13/18 of client 1's record revealed: <ul style="list-style-type: none"> ❖ An admission date of 12/29/11 ❖ An FL2 dated 12/15/17 with diagnosis including Schizophrenia, Intellectual Developmental Disability and Non-insulin Dependent Type II Diabetes ❖ Two physician's orders dated 7/23/18, once instructing client's blood sugar be checked weekly; and one instructing blood sugar be checked twice daily ❖ There was no evidence of documentation of blood sugar tests for June or August 2018; blood sugar checks were documented for about 11 days in July 2018 • Review on 8/15/18 of client 6's record revealed: <ul style="list-style-type: none"> ❖ An admission date of 2011 ❖ An FL2 dated 11/21/17 with diagnosis including Schizophrenia and Non-Insulin Dependent Diabetes ❖ A physician order dated 2/10/17 with instructions to check blood sugar weekly ❖ There was no evidence of documentation of blood sugar check for June or August 2018, there was documentation of blood sugar checks between July 17-24, 2018 2. During an interview on 8/13/18, the Licensee reported new glucometers had been ordered for both clients but they had been sent to the wrong pharmacy. The Administrator stated the glucometers should be available at the correct pharmacy soon. 	
<p><u>Corrective Actions</u></p> <ol style="list-style-type: none"> 1. Staff will purchase new glucometers for each client 2. Staff will receive Diabetes Management Training to include how to operate glucometers and document appropriately <p><u>Monitoring</u></p> <ol style="list-style-type: none"> 1. Glucometers have already been purchased 2. QP will coordinate with staff to schedule a date for training and ensure certificate in placed in each Staff's personnel file 	10/14/18
27G .0303(c) Facility and Grounds Maintenance	
<p>This rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation and interviews, the governing body failed to assure the facility was maintained in a clean and attractive manner. The findings are: <ul style="list-style-type: none"> • Observation on 8/10/18 at between 3:35p and 3:58p revealed: <ul style="list-style-type: none"> ❖ A cracked commode lid in bathroom 1 and no shower curtain 	

<ul style="list-style-type: none"> ❖ Client 3's bedroom had black ink-like stains on the seams of the mattress (mattress was stripped), the upper corners of the room near the ceiling and also along the base boards (evidence of bed bug infestation) and mattress was stripped ❖ The bathroom 2, hall bathroom, had mold around the top of the tub ❖ Once client room not observed due to client sleeping <ol style="list-style-type: none"> 2. During an interview on 8/10/18, staff 1 reported mattresses were bare because linens were being washed. Staff 1 reported he would make a list of the findings to address. 3. Observation on 8/15/18 of client 1 and 2 room at approximately 11am revealed: <ul style="list-style-type: none"> ❖ A missing outlet cover on the wall above client 1's bed ❖ The door frame was cracked on the left side 	
<p><u>Corrective Actions</u></p> <ol style="list-style-type: none"> 1. Staff will work to get all repairs completed or scheduled within the 30-day time frame. <p><u>Monitoring</u></p> <ol style="list-style-type: none"> 1. QP will follow-up with staff to ensure repairs are completed within the time frame 	*9/14/18
<p>27G .0303 (d) Pest Control</p>	
<p>This rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on observation, record review and interviews, the governing body failed to develop preventive strategies to assure insect issue remained abated. The findings are: <ul style="list-style-type: none"> • Observation on 8/10/18 at between 3:35p and 3:58p revealed: <ul style="list-style-type: none"> ❖ Client 3's bedroom had black ink-like stains on the seams of the mattress (mattress was stripped), the upper corners of the room near the ceiling and also along the base boards (evidence of bed bug infestation) ❖ In client 5 and 6's room, dark ink-like stains along the ceiling line above client 6's bed (evidence of bed bug infestation) and mattress was stripped 2. During an interview on 8/10/18, the Licensee reported: <ul style="list-style-type: none"> • She had a heat treatment done but it didn't work so she hired another exterminator to treat the facility for the bed bugs discovered during the last survey • Clients' mattresses were not replaced but were treated by the exterminator • The exterminator came out monthly to provide service • She had checked on mattress encasements, but had not yet found any • No preventive strategies that were being employed and stated facility staff had no training about bed bugs 3. Review on 8/10/18 of exterminator bills dated: 7/19/18, 5/29/18, 6/28/18, and 7/24/18 reflected payment for heat and chemical treatment for bed bugs at the facility. 4. During an interview on 8/14/18, the exterminator that provided services for the three most recent treatments reported: <ul style="list-style-type: none"> • His company provided service after a prior heat treatment done by another company did not work • Chemical treatment had been completed for all areas of the house except the staff area which was full of supplies 	

<ul style="list-style-type: none"> • It is possible that if the entire facility is not treated, re-infestation is possible if bed bugs are in the un-treated area • Mattresses and box springs were outside during treatment, were not treated and needed to be replaced • Proper mattress encasements with zippers were needed to cover mattress and box springs 	
<p><u>Corrective Actions</u></p> <ol style="list-style-type: none"> 1. Staff will work to get all repairs completed and/or scheduled within the 30-day time frame. 2. Staff will receive bed-bug training <p><u>Monitoring</u></p> <ol style="list-style-type: none"> 1. QP will follow-up with staff to ensure repairs are completed within the time frame 	*9/14/18

Barbara Aletto
Signature of Owner

9-17-18
Date