Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL032-243	A. BUILDING: _____ B. WING _____	R 09/25/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF CARE, INC	5800 LAKE ELTON ROAD DURHAM, NC 27713

(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	INITIAL COMMENTS An annual and follow-up survey was completed on September 25, 2018. There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 3:15 pm, Oct 05, 2018	
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	V 118	See page 2 of 6	

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V 118	Continued From page 1 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 ensure the medication administration record (MAR) was current for one of three audited clients (#1). The findings are .Review on 9/24/18 of Client #1's record revealed: - Admission date of 8/13/18. - Diagnoses of Mild Development Disability, Pervasive Developmental Disorder, Schizoaffective Disorder and Diabetes. Review on 9/24/18 of Client #1's Physicians order dated 9/5/18 revealed: -Melatonin 500mg XR Tablet - take 2 tablets (1,000mg total) by mouth daily with dinner. -Glucose Monitoring Kit - Check 3 times a week. -Blood Glucose Diagnostic Test Strip - use 3 (three) times a week, use as instructed. -Lancing Device with Lancets Kit - use 1 each 3 (three) times a week, use as instructed. Observation on 9/24/18 at 9:00 a.m. of Client #1's medication revealed the following was available: -Melatonin 500mg tablets. -The glucose monitoring kit, blood glucose diagnostic test strip and lancing device was not available. Review on 9/24/18 of Client #1's MAR for September 2018 revealed blanks on the following	V 118	House of Care will retrain all staff at the above facility on how to transcribe a new medication order ~~or~~ OS on an existing MAR. Staff will inform the QP + Director when a new medication is added to the client's treatment. The QP or the RN will conduct the training on proper medication administration and documentation. The QP will review the MAR bi-weekly to ensure accuracy. The training will be completed	

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V 118	Continued From page 2 dates: -Melatonin 500mg tablet - 9/5/18 - 9/24/18 at p.m. Interview on 9/24/18 with Staff #1 revealed: -Client #1 was recently diagnosed with diabetes. -Client #1 one on one staff took him to the appointment. -She reported there was no mention of blood sugar checks and injections. Interview on 9/24/18 with the Associate Professional revealed: -He was client #1's one on one staff in the community and day program 3 times per week. -He transported client #1 to his doctor appointment. -After appointment he informed staff at the house and the Qualified Professional about the doctor's appointment and medication prescribed. Interview on 9/24/18 with the Qualified Professional revealed: -The Associate Professional took client #1 to the appointment. -The Associate Professional should communicate information regarding the appointment to staff at the house and QP. -She confirmed client #1 was diagnosed with Diabetes on 9/5/18 with medication. -She was not aware client #1 was prescribed to check blood sugar. -Client #1 started metformin on 9/7/18. -Staff should have added metformin to the MAR. -She visited the home and reviewed records weekly. This deficiency has been cited one time since the original cite on September 16, 2016 and must be	V 118	On October 22, 2018 See page 2 of 6.	10/22/18

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V 118	Continued From page 3 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: Based on record review and interviews, the	V 291	See Page 5 of 6	

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V 291	Continued From page 4 facility failed to ensure coordination was maintained between the facility staff who are responsible for treatment/habilitation or case management for one of three audited clients (#1). The findings are: .Review on 9/24/18 of Client #1's record revealed: - Admission date of 8/13/18. - Diagnoses of Mild Development Disability, Pervasive Developmental Disorder, Schizoaffective Disorder and Diabetes. Review on 9/24/18 of Client #1's Physicians order dated 9/5/18 revealed: -Glucose Monitoring Kit - Check 3 times a week. -Blood Glucose Diagnostic Test Strip - use 3 (three) times a week, use as instructed. -Lancing Device with Lancets Kit - use 1 each 3 (three) times a week, use as instructed. Interview on 9/24/18 with Staff #1 revealed: -Client #1 was recently diagnosed with diabetes. -Client #1 one on one staff took him to the appointment. -She reported there was no mention of blood sugar checks and injections. Interview on 9/24/18 with the Associate Professional revealed: -He was client #1's one on one staff in the community and day program 3 times per week. -He transported client #1 to his doctor appointment. -After appointment he informed staff at the house and the Qualified Professional about the doctor's appointment and medication prescribed. Interview on 9/24/18 and 9/25/18 with the Qualified Professional revealed:	V 291	The QP will train the staff in the facility to maintain an open communication with the Direter and the Administrative office at all time The QP will also instruct the staff that an Effective communication is a Vital component in providing quality care to all the clients in the facility The facility has put in place a Glucose Mondoring	Ongoing 10/22/18 9/28/2018

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V 291	Continued From page 5 -The Associate Professional took client #1 to the appointment. -The Associate Professional should communicate information regarding the appointment to staff at the house and QP. -She confirmed client #1 was diagnosed with Diabetes on 9/5/18. -She was not aware client #1 was prescribed to check blood sugar. -Client #1 started medication on 9/7/18. -She checked on the mychart on 9/24/18 for recent medical report visit. -The mychart indicated blood sugar checks. -Client #1 was his own guardian and recently gave QP permission to review medical records. -She contacted pharmacy on 9/24/18 regarding medication order. -The pharmacy did not have order for blood sugar checks. -Contacted the doctor's office. -Doctor office confirmed order written on 9/5/18. -Doctor office confirmed prescription sent to wrong pharmacy. Interview on 9/25/18 with the Director/Owner revealed: -Client #1 was his own guardian. -Client #1 recently provided agency approval to review his mychart. -Client #1 should inform agency of treatment. -Client #1 often received information and not give to staff. -Communication had been difficult with client #1. -Often times client #1's aunt provided support in encouraging communication. -The group home staff and QP would continue to work with client #1 and monitor and review medication for compliance.	V 291	Kit to check the client's blood sugar as prescribed by the doctor. Three times a week	9/28/2018 ON GOING

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HOUSE OF CARE, INC.

Fax

To: Ms. Frances E. Hicks **From:** House of Care, Inc. (090)

Fax: 919-715-8078 **Pages:** (Including Cover Page) 7

Phone: 919-855-3795 **Date:**

Re: POC **CC:**

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Attached plan of Correction for House of Care, Inc.

Thanks

Ms. 090