

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2018
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NAME OF PROVIDER OR SUPPLIER WOODED ACRES #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3644 CHERRY ROAD WASHINGTON, NC 27889
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 15, 2018. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 109	<p>27G .0203 Privileging/Training Professionals</p> <p>10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS</p> <p>(a) There shall be no privileging requirements for qualified professionals or associate professionals.</p> <p>(b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(d) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p>	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 109	<p>Continued From page 1</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the Qualified Professional (QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/9/18 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 2/19/16. - Education records included Bachelor of Science in Rehabilitation Services, 2008; Master's Degree in Rehabilitation Counseling, 2012; Master's Degree in Substance Abuse Clinical Counseling, 2012; and Master's Degree in Criminal Justice, 2014. Professional credentials included Licensed Clinical Addictions Specialist, expired 7/01/15; Licensed Professional Counselor Associate, expired 6/30/17; and Master Addiction Counselor, effective 1/31/16. - No documented training with regard to working with adults diagnosed with developmental disabilities or mental illness, or Person Centered Planning. - "Qualified Professional Job Description" signed and dated by the QP 2/19/16 included ". . . 2. Is responsible for the overall personal care plans throughout the facility. . . 11. Assures the continuous maintenance of all standards and regulations and the implementation of the policies and procedures . . . 14. Monitors medication in 	V 109		

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V 109	Continued From page 2 homes, checks medication, doctor's orders and fl-2. Check medication weekly . . . 16. Completes client's books upon admission. Making sure all documentation that is required is in book. 17. Monitor doctor's appointments. Follow up with staff after clients attend appointments for medication change or referrals . . . " During interview on 10/1/18 the QP stated: - She worked full time as an "independent practitioner" and was a Licensed Clinical Addictions Specialist and a Licensed Professional Counselor. - She had training in CPR, NCI, Person Centered Planning, and various mental health diagnoses. - Some of her responsibilities included treatment team meetings, "staffing," and clinical paperwork, including completion of the Person Centered Plans. - Person Centered Plans were written with goals and strategies developed based on "what the individual client said they wanted to do, goals they wanted to achieve," and some of what was in the client assessments. - She and the administrator "talked to" direct care staff regarding the content of the Person Centered Plans and how to train goals and implement strategies. - She had no responsibility for client medications or Medication Administration Records. During interview on 10/15/18 the Administrator stated she was responsible for supervision of direct care staff and she did not have a supervisor.	V 109		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS	V 114		

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V 114	<p>Continued From page 3</p> <p>AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 10/9/18 the facility Administrator stated staff worked "24 hour shifts," and the shifts ran Monday 9:00 am - Friday 11:30 am, and Friday 11:30 am - Monday 9:00 am.</p> <p>Review on 10/9/18 of the facility's fire and disaster drill documentation revealed:</p> <ul style="list-style-type: none"> - No fire drill documented for the Friday - Monday shift in the 4th quarter (October - December) of 2017. - No fire drill documented for the Friday - Monday shift in the 2nd quarter (April - June) of 2018. - No fire drill documented for the Friday - Monday shift in the 3rd quarter (July - September) of 2018. - No disaster drill documented on either shift for the 2nd quarter (April - June) of 2018. 	V 114		

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V 114	<p>Continued From page 4</p> <p>- No disaster drill documented for the Friday - Monday shift in the 3rd quarter (July - September) of 2018.</p> <p>During interview on 10/9/18 client #4 stated fire and tornado drills were conducted at the facility but she wasn't sure how often. They had one recently. She was familiar with and described fire and tornado drill procedures. They were prepared for a recent hurricane, but didn't evacuate the facility.</p> <p>During interview on 10/9/18 client #5 stated she wasn't sure about fire and tornado drills.</p> <p>During interview on 10/9/18 client #6 stated they sometimes did fire and tornado drills and had one recently. He described procedures for fire and tornado drills.</p> <p>During interview on 10/15/18 the Administrator stated she understood the requirement to hold fire and disaster drills quarterly and repeated on each shift.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>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 file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications as ordered for 2 of 3 audited clients (#4 and #5) and to follow physician's orders for 1 of 3 audited clients (#5). The findings are:</p> <p>Review on 10/9/18 client #4's record revealed: - 33 year old female admitted to the facility 11/27/10. - Diagnoses included Bipolar II Disorder, depressed; Intellectual/Developmental Disability, severity unspecified; Seizure Disorder; Gastroesophageal Reflux Disease; Hyperlipidemia. - Physician's order signed 9/12/18 for Lexapro (used to treat depression and anxiety) 10</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>milligrams (mg) one tablet daily; check blood pressure daily.</p> <p>Review on 10/9/18 of client #4's MARs for July - October 2018 revealed transcription for Lexapro 20 mg one tablet daily, with staff initials to indicate daily administration.</p> <p>Observation on 10/9/18 at 9:55 am of client #4's medications on hand revealed a supply of Lexapro 20 mg one tablet daily dispensed by the pharmacy 10/7/18.</p> <p>During interview on 10/9/18 client #4 stated she took her medications daily with staff assistance.</p> <p>Review on 10/9/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 64 year old female admitted to the facility 11/14/15. - Diagnoses included Mild Intellectual/Developmental Disability, Paranoid Schizophrenia, diabetes, Hypercholesterolemia, and Hypertension. - Physician's orders signed 1/31/18 for hydrochlorothiazide (HCTZ) (used to treat high blood pressure and fluid retention) 12.5 milligrams (mg) one tablet every other day; Humalog (used to treat diabetes) 100 units/ milliliter (ml), inject 15 units subcutaneously (sub-q) with meals; check blood pressure daily; check fingerstick blood sugar (FSBS) four times daily. - Physician's order dated 2/21/18 for Humalog 100 units/ml, inject 8 units sub-q daily at 3:00 pm with snack. - Physician's order dated 6/14/18 for Lantus Solostar (used to treat diabetes) 100 units/ml, inject 20 units sub-q twice daily, morning and night. 	V 118		

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V 118	<p>Continued From page 7</p> <p>Review on 10/9/18 of client #5's MARs for July - October 2018 revealed:</p> <ul style="list-style-type: none"> - Humalog 15 units sub-q with meals not documented on the MAR as given at 12:00 pm 8/4/18 and 8/13/18. - Lantus inject 20 units sub-q twice daily, not documented on the MAR as given at 5:00 pm 8/26/18. - Humalog 8 units sub q with snack not documented on the MAR as given 8/26/18. - Humalog 100 units/ml, inject 15 units sub-q with meals not documented on the MAR as given at noon on 8/4/18 or 8/13/18. - FSBS not documented as completed on the MAR 8:00 am 8/27/18. - Blood pressure check not documented as completed on the MAR 8/10/18, 8/12/18 - 8/16/18, 8/27/18. - HCTZ documented as administered daily 9/1/18 - 9/4/18. - Humalog 15 units sub-q with meals not documented on the MAR as given 8:00 am 9/10/18. - Humalog 15 units sub-q with meals not documented on the MAR as given 5:00 pm 10/7/18. <p>Review on 10/9/18 of client #5's "Blood Sugar Log," "Insulin Injection Log," and "Blood Pressure Log" revealed:</p> <p>"Blood Sugar Log:"</p> <ul style="list-style-type: none"> - 5:00 pm blood sugar value not documented 8/10/18 - 8/12/18. - 12:00 pm blood sugar value not documented 8/16/18. - 12:00 pm blood sugar value not documented 8/27/18 - 8/30/18. - No blood sugar values documented 12:00 pm 10/6/18 - 8:00 am 10/8/18. 	V 118		

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V 118	<p>Continued From page 8</p> <p>"Insulin Injection Log:" - 5:00 pm insulin injections not documented on the "Insulin Injection Log" 10/5/18 - 10/8/18 (though staff initials were entered on the MAR 10/5/18, 10/6/18, and 10/8/18, to indicate administration of all injections).</p> <p>"Blood Pressure Log:" - No blood pressure documented 8/3/18 - 8/6/18 due to "BP (blood pressure) machine not working properly" (though staff initials were entered on the MAR to indicate completion of the blood pressure check).</p> <p>Observation at 10:45 am on 10/9/18 of client #5's medications on hand revealed a supply of HCTZ 12.5 mg one tablet every other day, dispensed 10/7/18.</p> <p>During interview on 10/9/18 client #5 stated: - She took her medications every day with staff assistance. - Staff did her FSBS and checked her blood pressure daily. - She had never missed any medications that she could remember.</p> <p>During interview on 10/9/18 staff #1 stated: - She had been trained in diabetes care and insulin administration. - She administered medications as ordered and documented on the MAR and flow sheets.</p> <p>During interviews on 10/9/18 and 10/15/18 the Administrator stated: - She was responsible for reviewing the MARs and ensuring their accuracy. - She made sure medication changes were transcribed on the MARs and the staff notified of changes.</p>	V 118		

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V 118	<p>Continued From page 9</p> <ul style="list-style-type: none"> - She did not have an updated order for client #4's Lexapro, but felt sure Lexapro 20 mg was correct; she would contact the pharmacy and physician for clarification. - She did not have a more recent physician's order for client #5's HCTZ. - Client #5's physician did not seem to understand the how complicated and confusing the orders for client #5's insulin were. - Staff were trained to document medication administration, including insulin administration, blood sugar checks, and blood pressure checks. - She understood the requirement for physician's orders to be carried out as written. 	V 118		