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
	MHL007-056	A. BUILDING: ______ B. WING ______	R 10/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODED ACRES #4	**3650 CHERRY ROAD** **WASHINGTON, NC 27889**

(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 October 15, 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 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (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. (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.	V 109		

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V 109	Continued From page 1 (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. 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: Review on 10/9/18 of the QP's personnel record revealed: - 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	V 109		

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.

Review on 10/15/18 of client #2's record revealed 31 year old male admitted to the facility 12/05/11.

Review on 10/15/18 of client #4's record revealed 36 year old male admitted to the facility 9/8/14.

During separate interviews on 10/15/18 client #2 and client #4 stated they did not know the QP.

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V 109	Continued From page 3 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement strategies to meet client needs affecting 1 of 3 audited clients (#2). The findings are: Review on 10/15/18 of client #2's record revealed: - 31 year old male admitted to the facility 12/05/11. - Diagnoses included Mild Intellectual/Developmental Disability, Spastic Hemiplegic Cerebral Palsy, and Anxiety Disorder. - Person Centered Plan completed on 4/12/18, signed by client #2's guardian and the Qualified Professional (QP) on 4/21/18, included goals and strategies to address day program attendance, use of music as a coping skill to reduce the frequency of "negative outbursts," following recommended diet, compliance with the facility sanitation policy, and appropriate use of cellular devices. - Person Centered Plan completed on 4/12/18 did not include goal or strategies to address inappropriate sexual advances or behaviors. Review on 10/15/18 of handwritten notes signed by the Administrator revealed: - "8/6/18 [client #2] also said to [client #4] I want to lick _ _ _ ." - "9/18/18 . . . [client #4] told [staff of a sister facility] and [facility Director] that [client #2] had said some ugly stuff to him (I want to lick your _ _ _) . . . [client #4] stated that [client #2] followed him down the hall and said it to him. [Client #2] admitted he said it." - "9/21/18 . . . [client #4] told him that [client #2] came in his room last night (and) told him he wanted to lick his a _ _ . . . [client #2] admitted to (sister facility staff) that he did it but doesn't know	V 112		

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V 112	Continued From page 5 why. . . " During interview on 10/15/18 the administrator stated client #2 was making inappropriate sexual requests of his peers. Client #2's Person Centered Plan had not been updated to include goal or strategies to address the behavior. The QP was responsible for writing and updating the Person Centered Plans. During interview on 10/1/18 the QP stated: - She was responsible for developing, writing and updating 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 want to achieve," and "some of what is in the client assessments." - All Person Centered Plans included some "standard" goals that were not necessarily based on the clients' assessed needs.	V 112		
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.	V 114		

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V 114	Continued From page 6 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: During interview on 10/12/18 the facility Administrator stated the group home operated two shifts, Monday 2:30 pm - Friday 11:30 am and Friday 11:30 am - Monday 9:30 am. Review on 10/15/18 of the facilities fire and disaster drill documentation revealed: - No fire or disaster drill documented for the Friday - Monday shift in the first quarter (January - March) 2018. - No fire drill documented for the Monday - Friday shift in the second quarter (April - June) 2018. - No disaster drill documented for the Friday - Monday shift in the second and third quarters (April - June and July - September) 2018. - No disaster drill documented for the Monday - Friday shift in the third quarter (July - September) 2017. - No fire or disaster drill documented for the Friday - Monday shift in the third or fourth quarters (July - September and October - December) 2017. During separate interviews on 10/15/18 client #2 and client #4 said monthly fire and tornado drills were conducted at the facility. During interview on 10/15/18 the Administrator stated she understood the requirement to hold fire and disaster drills quarterly and on each shift.	V 114		

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V 118	Continued From page 7	V 118		
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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and	V 118		

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V 118	Continued From page 8	V 118		

interviews the facility failed to follow physician's orders for 2 of 3 audited clients (#2 and #4), and to keep the MARs current for 1 of 3 audited clients (#4). The findings are:

Review on 10/15/18 of client #2's record revealed:
- 31 year old male admitted to the facility 12/05/11.
- Diagnoses included Mild Intellectual/Developmental Disability, Spastic Hemiplegic Cerebral Palsy, Anxiety Disorder, history of Methicillin-resistant Staphylococcus aureus.
- Physician's order, signed 4/4/17, for Boost (nutritional supplement) 1 can daily with dinner; physician's order signed 9/19/18 for Hibiclens 4% (a topical antiseptic) wash entire body daily.

Review on 10/15/18 of client #2's MARs for July - October 2018 revealed:
- No documentation that Boost was given 7/27/18 - 7/29/18.
- No documentation that Hibiclens was used 10/12/18, 9/21/18 - 9/23/18, or 9/2/18.

Observation at 11:40 am on 10/15/18 of client #2's medications on hand revealed Hibiclens 4% dispensed 9/10/18.

Observation at 12:30 pm on 10/15/18 revealed a supply of Boost stored in a kitchen cabinet.

During interview on 10/15/18 client #2 stated he took his medications every day as ordered and staff assisted him with his medications.

Review on 10/15/18 of client #4's record revealed:
- 36 year old male admitted to the facility 9/8/14.

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V 118	Continued From page 9 - Diagnoses included Mild Intellectual/Developmental Disability, Mood Disorder, Intermittent Explosive Disorder, Obesity, Hypertension, and Borderline Diabetes. - Physician's orders dated 10/10/18 for Prinivil (treats high blood pressure) 10 milligrams (mg) one tablet daily, Visine (treats eye redness caused by allergies) three times a day, and Tylenol (treats minor aches and pains) 325 mg two tablets by mouth every 6 hours as needed; physician's order dated 10/5/18 to check fingerstick blood sugar (FSBS) daily; physician's order dated 7/19/18 to check blood pressure daily Review on 10/15/18 of client #4's MARs for July - October 2108 revealed: - Transcription for Prinivil 20 mg one tablet by mouth every morning. - FSBS checks not documented 10/6/18 - 10/8/18. - Blood pressure checks not documented 10/7/18 and 10/8/18. - No transcriptions for Visine or Tylenol. Observation at 12:00 pm on 10/15/18 of client #4's medications on hand revealed: - Prinivil 20 mg one tablet every morning. - No Tylenol available for administration. - No Visine available for administration. During interview on 10/15/18 client #4 stated staff assisted him with his medications daily and he had never missed any. During interviews on 9/27/18, and 10/15/18 the Administrator stated: - She was responsible for reviewing medication orders, the MARs and staff documentation of medications and FSBS and blood pressure checks.	V 118		

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V 118	Continued From page 10 - She often accompanied clients to medical appointments and would make sure medication changes were made to the MARs and that staff were notified of any changes. - She did not know why staff did not document medication administration, FSBS and blood pressure checks on the MARs. - Immediate documentation of medication administration and physician ordered FSBS and blood pressure checks was "something we've been preaching" to staff. - She would contact the pharmacy and physician for clarification of client #4's Prinivil, Visine and Tylenol orders This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	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 odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation of the facility at approximately 12:30 pm on 10/15/18 revealed: - Extensive rust stains and scratches to the exterior surface of the refrigerator. - The smoke detector in client #1's bedroom had	V 736		

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V 736	Continued From page 11 been removed from the ceiling and two wires were hanging loose from the ceiling. - The painted finish on client #2's bedroom door was worn and peeling. - One light bulb not working in the 3 light fixture in client #3's bedroom. - A broken blind slat in client #4's bedroom. - In client #5's bedroom the ceiling fan light fixture housing was dangling from the body of the ceiling fan, with one light bulb hanging loosely. - A wet towel on the floor wrapped around the base of the toilet in the left side hall bathroom. - A brown stain at the ceiling exhaust fan in the left side hall bathroom. - A drawer face was missing in the vanity in the right side hall bathroom. - A brown stain and "bubbling" paint on the ceiling at the exhaust fan in the right side hall bathroom. - What appeared to be a smoke detector on the floor under the staff desk in the living room. During interview on 10/15/18 the Administrator stated she did not know why the smoke detector had been removed from client #1's bedroom. She had not been told about client #5's light fixture; it was a "brand new ceiling fan." She did not know why the towel was on the floor around the base of the toilet. The facility had been cleaned that morning. She understood the requirement for facilities to be maintained in a safe, clean, and tidy manner.	V 736		