

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2018
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NAME OF PROVIDER OR SUPPLIER
FAIR FAX

STREET ADDRESS, CITY, STATE, ZIP CODE
**2535 HIGHWAY 903 SOUTH
SNOW HILL, NC 28580**

(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/08/18. A complaint was substantiated (Intake #NC00142269) and a complaint was unsubstantiated (#NC00143090). 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 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118	<p>DHSR - Mental Health</p> <p>OCT 25 2018</p> <p>Lic. & Cert. Section</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Callie...

Director of Operations

10/18/2018

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V 118	<p>Continued From page 1</p> <p>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 and interviews, the facility failed to administer medications on the written order of a physician affecting two of three clients (#2 and #3). The findings are:</p> <p>Finding #1 Review on 10/02/18 of client #2's record revealed: -31 year old female. -Admission date of 09/01/16. -Diagnoses of Major Depressive Disorder, Chronic Post Traumatic Stress Disorder, Mild Mental Retardation, Asthma, Hypertension, Obesity, Hyperglycemia, Iron Deficiency, Ascorbic Acid Deficiency. - Physician order dated 08/08/18 for Amlodipine 5mg (treat chest pain (angina) and other conditions caused by coronary artery disease) Take 1 tablet by mouth every day.</p> <p>Review on 10/02/18 of client #2's September 2018 MAR revealed transcribed entries on the back of the MAR for the following medication: Amlodipine -10 entries transcribed "Out of Med."</p> <p>During interview on 10/05/18 client #2 revealed: -She always received her medications. -She had not missed any of her medications.</p> <p>During interview on 10/03/18 the Certified Medical</p>	V 118	<p><u>V118</u> Thankfully, it does not seem as though any prescribed medications were missed, and the first finding was the result of a DC order without the paperwork. We feel as though the implementation of our E-MAR system will greatly reduce the chances of this mix-up occurring again. The e-MAR system will be monitored by the CMA daily to ensure meds which are running low are refilled or DCed in a timely fashion. Finding #2, on the other hand, gives us concern, and we want to put new steps in place</p>	

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V 118	<p>Continued From page 2</p> <p>Assistant (CMA) revealed: -Client #2's Amlodipine did not have any refills. -She contacted the doctor and he wanted the medication discontinued. -She could not discontinue the medication on the MAR until she had received the discontinue order from him in writing.</p> <p>Finding #2 Review on 10/02/18 of client #3's record revealed: -37 year old female. -Admission date of 05/15/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Moderate Mental Retardation, Diabetes, Hyperthyroidism, Chronic Constipation and Obesity. -Physician order dated 06/18/18 for Easy Touch Test Strips (used to test glucose levels) Use as directed every day.</p> <p>Review on 10/02/18 of client #3's September 2018 MAR revealed transcribed entries on the back of the MAR for the following medication: Easy Touch Test Strips -6 entries transcribed "No Test Strips."</p> <p>During interview on 10/05/18 client #3 revealed: -She received her medication daily.</p> <p>During interview on 10/05/18 the CMA revealed: -The staff had told her the test strips were running low. -She contacted the physician and the test strips had to get authorization from the insurance before they could be filled. -The Physician was aware she had run out of test strips and he informed me to keep an eye out for side affects. -She had not had any issues with high or low</p>	V 118	<p><i>to ensure that We are not running out of much needed Supplies used in med Admin. For that Reason, all current Fairfax Staff (PP staff) have been in-service d on how and who to report the need for more supplies. Additionally, We have re-vamped the orientation Process, Specific to who and when you need to Contact in order to Report Supply Shortages. for med Supplies. Finally, to Create an additional line of Accountability to ensure we do not run out of Med Supplies. Starting no later than 12/15/18, The Fairfax home Leader will Conduct Bi-Weekly Med Closet Audits. These Audits will focus on "ABP" meds : Supplies (Anything but Pills). The home Leader Will be Required to verbally Confirm + that all Supplies are present in the home. If Supplies are low, this must be verbally remitted to the CMA immediately. and the Appropriate Paperwork</i></p>	
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V 118	Continued From page 3 glucose levels. During interview on 10/05/18 the Program Director revealed: -Every staff had been inservice on Medication Administration by the pharmacy. -He was not aware the staff were documenting on the back of the MAR to indicate the client's needed refills. -The new CMA was on a probation period to determine if she was able to fulfill the job duties.	V 118	Must be turned in the next day the office is open. We feel as though these additional measures: lines of accountability will ultimately help solve these issues. The checks will be done bi-weekly and will be conducted by the Group home Leader, in communication with the Ambleside, Inc. CMA	
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and	V 367	<u>V367</u> In order to ensure that we are properly reporting incidents at the correct level, All Qualified Professionals have been provided a Hard and E-Copy of the "Incident Response Reporting Manual" so they will have a reference on how to "Grade" the incident. This Manual provides extensive information on appropriate reporting of incidents and will be used in level determination effective today (10/19/18) in our incident reporting practices. In addition to using this	

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V 367	<p>Continued From page 4</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p>	V 367	<p>too to more actively reflect future incidents. We will go back and enter the wrongly identified Level 2 incidents into the IRIS System. A final measure to ensure all future incidents are reported correctly, all future incident reports will be reviewed & approved by another Ambeside, Inc. QP or Director before the incident is deemed "Closed." The QP or Director who reviews the incident must initial @ the bottom of the report before it is deemed "Complete" This Practice will begin ASAP, but will be in full effect no later than 12/5/18. The QPs will conduct the reviews, & the Director of Operations will ensure it is being done through Routine Monitoring</p>	

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V 367	<p>Continued From page 5</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 10/02/18 of the North Carolina Incident Response Improvement System (IRIS) revealed no Level II incident reports for the following Level 1 incidents: -"[Client #2] was upset because she said another client was talking about her from her group home. Her anger escalated as we were on the way to the group home. She did not want to stay in the van and said she was opening the door, she began to open the door. I slowed down and stopped at a safe place. [Client #2] got out the van began to walk up the side of the road. I called the QP (Qualified Professional) and the police. [Client #2] walked a few feet and sat</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>down. The QP and police arrived and encouraged [Client #2] to go to the hospital where thy administered meds to keep her calm down." -"Staff was outside with other consumers and [Client #2] and [Client #3] was the near the kitchen table staff heard a chair hit the floor went inside [Client #3] and [Client #2] was fussing [Client #2] said that [Client #3] was messing with her and wouldn't leave her alone. [Client #3] said she was just trying to help her. [Client #2] walked up on [Client #3] and punched her in the face. [Client #3] was screaming and walked a little up to [Client #2], but didn't hit her. [Client #2] hit [Client #3] again and [Client #3] had her hands up saying stop. Staff got in between told them to separate [Client #3] got the phone called the police and went outside by the road. Staff called the QP and got no answer and called the police. No apparent bruises or injuries."</p> <p>During interview on 10/05/18 the QP revealed: -She did not know she had to do a level II incident report every time the police were called. -She would begin doing level II's for each time the police were called and had to assist with behaviors at the facility.</p>	V 367		
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V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by:</p>	V 736	<p><u>V736</u> All areas of this deficiency will be Addressed at the earliest Possible date and Corrected by the Ambleside, Inc.</p>	
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V 736	<p>Continued From page 7</p> <p>Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner and kept free from offensive odors. The findings are:</p> <p>Observation on 10/05/18 at approximately 10:00am of the facility revealed:</p> <ul style="list-style-type: none"> -The grass at the facility needed to be cut and several limbs and other debris was in the yard. -The refrigerator handle was not secure and lose when opening the door. -The carpet in the main sitting area of the facility was soiled and appeared to be dirty with 2 visible patched areas. -The bathroom down the hall of the facility had several areas on the wall and around the sink that was exposing the sheet rock. -Client #1's bedroom had a purple substance on the wall behind the dresser. -The attic door in the ceiling in the hall way was not completely closed. -Client #2's bedroom had debris on the floor and appeared to be soiled and dirty. -Client #3's bedroom had a stained and dirty comforter, the bathroom door in the bedroom had a cracked area the size of a softball and the vanity in the bathroom appeared dirty and missing a knob on the cabinet door. <p>Interview on 10/05/18 the Director of Operations stated:</p> <ul style="list-style-type: none"> - He was looking to have carpet replaced at the facility. - He understood noted issues to be addressed at the facility. 	V 736	<p><i>Maintenance Supervisor. The Director of Operations will follow-up to ensure all Repairs, Cleaning Measures, etc. are Completed in A timely fashion</i></p>	
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