

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL091-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/26/2018
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NAME OF PROVIDER OR SUPPLIER ESTHER'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 270 CHARLES STREET HENDERSON, NC 27536
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on October 26, 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS 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 interview, the facility failed to ensure fire and disaster drills were conducted quarterly on each shift. The findings are:</p> <p>During an interview on 10/25/18, the Qualified Professional (QP) reported the shifts were: Weekdays 8.00am - 4.00pm 4.00pm - 12.00 midnight 12.00 midnight - 8.00am</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Weekends 8.00am - 8.00pm 8.00pm - 8.00am</p> <p>Review on 10/25/18 and 10/26/18 of the facilities fire and disaster drill book revealed</p> <ul style="list-style-type: none"> - no 3rd shift fire drills in the 1st, 2nd and 3rd quarter of 2018 - only 3 disaster drills for the year; 2 on the 1st shift and 1 on the 2nd shift <p>During interviews on 10/25/18, 3 of 3 interviewed clients all knew to go outside to the meeting place for a fire drill. All knew to stay inside for other storm related events and to get away from windows. All reported staff were there to help them with safety.</p> <p>During an interview on 10/25/18, the QP reported:</p> <ul style="list-style-type: none"> - there was some confusion about how often and at what times to do disaster drills - she thought they needed to do 1 drill quarterly for disaster drills -she would immediately help create a schedule which met the standards 	V 114		
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</p>	V 118		

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V 118	<p>Continued From page 2</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 observations, record reviews and interviews, the facility failed to maintain current medication orders for 2 of 3 audited clients (#1 and #5). The findings are:</p> <p>Review on 10/25/18 of client #5's record revealed: - admission date 10/1/16 - diagnoses of Intellectual and Developmental Disorder, Depression and Headaches - MARs for July - October, 2018 with Ceterizine 10mg 1 tablet daily and Colace 100mg 1 twice daily as needed. The MARs were not initialed on any of the days reviewed. - Doctor's orders dated 1/11/18 for the 2 medications</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - no orders to discontinue either medication <p>Observation on 10/25/18 at 10:15am revealed medications for client #1 including:</p> <ul style="list-style-type: none"> - Depakote 500mg - 1 1/2 tablets every morning (qam) and 2 every evening (qhs) - Abilify 20mg 1 qam - Olanzapine 7.5mg 1 qhs - Trazodone 100mg 1/2 to 1 qhs/PRN (as needed) - Prazoin 1mg 1 qhs <p>Review on 10/25/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 12/2/2014 - diagnoses of Moderate Intellectual and Developmental Disorder, Intermittent Explosive Disorder, Schizoaffective Disorder - Paranoid Type, Hypothyroidism - MARs for July - October, 2018 documenting client #1 received the above listed medications as listed - no physician's orders for the above listed medications <p>Review on 10/26/18 of a medication order received from the pharmacy on 10/26/18 for Depakote 500mg 1 qam and 2 qhs.</p> <p>During an interview on 10/26/18, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - they had difficulty keeping current medication orders because the clients only "saw" the doctor through the computer (tele-doctoring) - she would develop some system which ensured the orders were always up to date. 	V 118		

Division of Health Service Regulation

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V 118	Continued From page 4	V 118		
V 500	<p>27D .0101(a-e) Client Rights - Policy on Rights</p> <p>10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</p> <p>(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.</p> <p>(b) The governing body shall develop and implement policy to assure that:</p> <p>(1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and</p> <p>(2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.</p> <p>(c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies:</p> <p>(1) any restrictive intervention that is prohibited from use within the facility; and</p> <p>(2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.</p>	V 500		

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V 500	<p>Continued From page 5</p> <p>(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure there were no restrictions to client rights as specified in G.S.122C-62 (b) affecting 1 of 3 audited clients (#6). The findings are:</p>	V 500		

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V 500	<p>Continued From page 6</p> <p>Review on 10/25/18 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Review on 10/25/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admission date 3/24/17 - diagnoses of Mild Intellectual and Developmental Disorder, Autism Spectrum and Attention Deficit Hyperactivity Disorder. - progress notes dated 10/10/18 and 10/21/18 documenting client #1 had his electronics taken away from him by staff after getting into altercations with other residents and refusing redirection - no documentation in his treatment plan indicating his rights to his possessions could be amended due to certain behaviors. - no documentation of meetings or decisions being made by the treatment team about taking any of client #6's possessions for misbehaving <p>During interviews on 10/25/18 and 10/26/18, the Qualified Professional (QP) reported:</p> <ul style="list-style-type: none"> - client #1's guardian was his mother and she insisted staff take away his electronics when he misbehaved - the Licensee and she herself (QP) had told client #1's guardian that they could not do this unless it was prescribed on his treatment plan - the treatment team had been attempting to 	V 500		

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V 500	Continued From page 7 work with his guardian to develop a plan in this area without success - she would inform the guardian they would no longer follow her directions related to removing his possessions unless it was indicated on the treatment plan	V 500		
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 governing body failed to keep the facility in a clean, safe and attractive manner. The findings are: Observation beginning at 11:11am revealed: - the storm door at the back of the house had a broken glass panel taped with duck tape - there was a light switch missing in client #6's bedroom - caulking was worn away and needed around the bathtub and toilet in one of the upstairs bathrooms and the shower curtain was very dirty - in the 2nd upstairs bathroom (client #1's) there was no showerhead, the bathtub knobs were broken and/or missing, there was no plate on the light switch and the toilet seat did not fit properly because it was too small - in the bathroom on the first floor, the sink	V 736		

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V 736	<p>Continued From page 8</p> <p>pipes were not connected to the wall causing the water to pour directly on the floor when it was turned on</p> <p>During an interview on 10/26/18, the Qualified Professional reported she would make sure the Licensee addressed these issues. She stated they had some issues with the owner of the property making repairs in a timely manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		