

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL078-279</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/30/2018</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROBESON #2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>104 EAST GERTRUDE STREET<br/>FAIRMONT, NC 28340</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on October 30, 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 118              | <p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> | V 118         |   |                    |

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

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| V 118              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician, affecting 1 of 3 clients audited (clients #2). The findings are:</p> <p>Review on 10/26/18 of client #2's record revealed:<br/>-30 year old female admitted 8/20/18.<br/>-Diagnoses included intellectual developmental disorder-moderate; adjustment disorder; diabetes type 2; hypertension.<br/>-Order dated 8/15/18 for Propranolol 60 mg (milligrams) ER (extended release) every morning. Hold medication if blood pressure "top" number (systolic) is less than 90, or "bottom" number (diastolic) is less than 60, or pulse is less than 60. (Hypertension)<br/>-Order dated 8/15/18 for Sertraline 25 mg (Zoloft) at bedtime. (Antidepressant)</p> <p>Review on 10/26/18 of client #2's August 2018 through October 2018 vital sign log and MARs revealed:<br/>-No pulse documented 8/22/18 - 8/25/18.<br/>Propranolol 60 mg documented as administered.<br/>-9/13/18, BP=86/41, P=41. Propranolol 60 mg documented as administered.<br/>-9/21/18, BP=84/63 P=80 Propranolol 60 mg documented as administered.<br/>-9/27/18, BP=112/ (no Diastolic or Pulse doc.) Propranolol 60 mg documented as administered.<br/>-No documentation Sertraline 25 mg was administered on 9/30/18 or 10/23/18. No</p> | V 118         |   |                    |

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| V 118              | Continued From page 2<br><br>documentation of a reason the medication had not been administered.<br><br>Interview on 10/30/18 Staff #1 stated:<br>-She was one of the overnight staff.<br>-She could not explain why complete vital signs had not been documented in August and September for client #2.<br><br>Due to the failure to accurately document medication administration and vital signs it could not be determined if clients received their medications as ordered by the physician.   | V 118         |   |                    |
| V 120              | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. | V 120         |   |                    |

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| V 120              | <p>Continued From page 3</p> <p>This Rule is not met as evidenced by:<br/>Based on observation, record reviews, and interviews the facility failed to store medications in a refrigerator used for food items in a separate and locked container for two of three audited clients (#2 and #3). The findings are:</p> <p>Finding #1:<br/>Review on 10/26/18 of Client #2's record revealed:<br/>-30 year old female.<br/>- Admission to facility 8/20/18.<br/>- Diagnoses included Intellectual Developmental Disorder-Moderate; Adjustment Disorder; Diabetes type 2; Hypertension<br/>- Physician's order dated 8/15/18 for Lantus Solostr Insulin Pen 300 units/ml (milliliter) (Supplied strength was 100 units/1ml), 20 units at bedtime.</p> <p>Finding #2:<br/>Review on 10/26/18 of Client #3's record revealed:<br/>- 52 year old male admitted to facility on 7/01/11.<br/>- Diagnosis of Intellectual Disability-Moderate, Unspecified Hearing Loss, Diabetes Mellitus, Hyperlipidemia, Seborrhic Dermatitis, Seasonal Allergies, Hypersensitivity, Arthritis, GERD, Insomnia, and Impulse Control Disorder.<br/>- Physician's order dated 8/10/18 for Levemir Injection- 10 units subcutaneous daily.</p> <p>Observation on 10/25/18 at approximately 4:15 pm of facility staff refrigerator revealed:<br/>- Client #2's Lantus Solostr Insulin Pen was stored in silver envelope, along with Client #3's Levemir injection pen, in the lower refrigerator drawer.<br/>- The silver envelope was not kept in a separate,</p> | V 120         |   |                    |

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| V 120              | Continued From page 4<br><br>locked compartment or container.<br><br>Interview on 10/25/18 Staff #1 stated:<br>- The insulin syringes were kept in the bags because the lock box used to store other medications that required refrigeration was not large enough to store the syringes.<br>- They were waiting for a larger lock box to store the insulin syringes for clients #2 and #3.  | V 120         |   |                    |
| V 291              | 27G .5603 Supervised Living - Operations<br><br>10A NCAC 27G .5603 OPERATIONS<br>(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.<br>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.<br>(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.<br>(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 | V 291         |   |                    |

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| V 291              | <p>Continued From page 5</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews, observations, and interviews, the facility failed to coordinate professional services for 3 of 3 clients audited (#2, #3, #4). The findings are:</p> <p>Finding #1:<br/>Review on 10/30/18 of Client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 52 year old male admitted to facility on 7/01/11.</li> <li>- Diagnosis of Intellectual Disability-Moderate, Unspecified Hearing Loss, Diabetes Mellitus, Hyperlipidemia, Seborrhic Dermatitis, Seasonal Allergies, Hypersensitivity, Arthritis, GERD, Insomnia, and Impulse Control Disorder.</li> <li>- Physician's order dated 8/10/18 for Lisinopril 2.5mg, 1 tablet by mouth at bedtime.</li> <li>-Blood pressure (BP) and heart rate log sheets documenting morning and evening readings for August, September, and October 2018.</li> <li>- Instructions on August 2018 MAR to notify nurse if top number is greater than 170 or less than 90 and for pulse less than 50 or greater than 120.</li> </ul> <p>Review of client #3's BP results for August 2018 revealed:</p> <ul style="list-style-type: none"> <li>- 5 blood pressure results with a systolic reading under 90 as follows: <ul style="list-style-type: none"> <li>-8/02/18 = 89/63</li> <li>-8/03/18 = 86/61</li> <li>-8/04/18 = 83/60</li> <li>-8/07/18 = 81/63</li> <li>-8/23/18 = 89/68</li> </ul> </li> </ul> | V 291         |   |                    |

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| V 291              | <p>Continued From page 6</p> <p>Review of client #3's pulse results for August 2018 revealed:</p> <ul style="list-style-type: none"> <li>- 1 pulse result with a reading under 50 as follows:               <ul style="list-style-type: none"> <li>-8/03/18 = 33</li> </ul> </li> </ul> <p>Interview on 10/30/18 Facility Nurse stated:</p> <ul style="list-style-type: none"> <li>- She had no record of being notified by staff.</li> <li>- She did not recall any staff contact, as she would have sent client to ER with pulse reading of 33.</li> <li>- She would make sure staff were adequately trained on taking BP and proper protocol.</li> </ul> <p>Finding #2:</p> <p>Review on 10/26/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 30 year old female admitted 8/20/18.</li> <li>- Diagnoses included intellectual developmental disorder-moderate; adjustment disorder; diabetes type 2; hypertension.</li> <li>- No Behavior Intervention Data Sheets or Behavior Notebook documenting target behaviors identified in Behavior Support plan.</li> </ul> <p>Review on 10/26/18 and 10/30/18 of client #2's Behavior Support Program signed by guardian 8/6/18 revealed:</p> <ul style="list-style-type: none"> <li>-Target behaviors included Aggression/Property Destruction, Noncompliance/Non cooperative, Taking Property that does not belong to her, and Elopement.</li> <li>- "All episodes of Challenging Behavior will be documented on the Behavior Intervention Data Sheets in the Behavior Notebook. Under the Duration column, staff will document the amount of time that the Required Relaxation took place.</li> <li>- The Psychologist, or an individual designated by the Psychologist, will document the rate of the target behaviors.</li> </ul> | V 291         |   |                    |

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| V 291              | <p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- The Psychologist will monitor the implementation of this program and may recommend changes in this plan.</li> <li>- The Human Rights Committee will review client #2's progress on this Plan on a quarterly basis.</li> <li>- "The Team has agreed that a bedroom window alarm is needed along with a bedroom door chime due to concerns of elopement and safety..."</li> </ul> <p>Review on 10/26/18 and 10/30/18 of client #2's daily staff progress notes from 8/20/18 - 10/15/18 revealed:</p> <ul style="list-style-type: none"> <li>-Client #2 refused medications on 9/8/18, 10/3/18, 10/4/18, 10/12/18 (refused her insulin injection)</li> <li>-Client #2 refused to get out of bed and/or personal hygiene on 8/25/18, 9/30/18, 10/11/18, 10/12/18, 10/12/18, 10/13/18, 10/14/18, 10/15/18</li> <li>-10/10/18 destructive behaviors that required 3 restrictive interventions</li> </ul> <p>Observations on 10/25/18 at 4:33 pm revealed no alarms on client #2's door or window.</p> <p>Finding #3:<br/>Review on 10/26/18 of client 4's record revealed:</p> <ul style="list-style-type: none"> <li>- 28 year old male admitted 7/1/11.</li> <li>- Diagnoses included Intellectual Disability Moderate; Bipolar, Mood Disorder; Psychosis, Stress Seizure, unspecified blood disease.</li> <li>- No Behavior Intervention Data Sheets or Behavior Notebook documenting target behaviors identified in Behavior Support plan.</li> </ul> <p>Review on 10/26/18 and 10/30/18 of client #4's Behavior Support Program dated 9/11/18 revealed:</p> <ul style="list-style-type: none"> <li>-Target behaviors included Severe Disruption; Aggression/Property Destruction; Unfounded</li> </ul> | V 291         |   |                    |



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| V 291              | <p>Continued From page 8</p> <p>Accusations; and Elopement.</p> <ul style="list-style-type: none"> <li>- "All episodes of Challenging Behavior will be documented on the Behavior Intervention Data Sheets in the Behavior Notebook. Under the Duration column, staff will document the amount of time that the Required Relaxation took place.</li> <li>- The Psychologist, or an individual designated by the Psychologist, will document the rate of the target behaviors.</li> <li>- The Psychologist will monitor the implementation of this program and may recommend changes in this plan.</li> <li>- The Human Rights Committee will review client #2's progress on this Plan on a quarterly basis.</li> </ul> <p>Review on 10/26/18 and 10/30/18 of client #4's daily staff progress notes from 8/16/18 - 9/30/18 revealed:</p> <ul style="list-style-type: none"> <li>-8/31/18 client #4 became aggressive and destructive requiring 4 a restrictive interventions.</li> <li>-9/19/18 client #4 became aggressive and destructive requiring a restrictive intervention.</li> </ul> <p>Interview on 10/30/18 Staff #3 stated:</p> <ul style="list-style-type: none"> <li>- He had been working 1:1 with client #4 for about 1 month.</li> <li>- He had been able to deescalate most of client #4's behaviors.</li> <li>- He had to put client #4 in a hold the prior week because the client was hitting the sofa and lunged at Staff #4.</li> </ul> <p>Interview on 10/30/18 Staff #1 stated:</p> <ul style="list-style-type: none"> <li>- Client records kept on site at the group home were their Medication Administration Records; Goal Sheets; Blue Progress Notes; Face Sheet with history and emergency contacts; and Behavior Plans if they have one.</li> <li>- Clients #2 and #4 had behavior plans.</li> <li>- They documented behaviors on the blue notes,</li> </ul> | V 291         |   |                    |

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| V 291              | Continued From page 9<br><br>incident reports, and sometimes on a behavior sheet.<br>- Clients #2 and #4 did not have behavior sheets.<br>- Police had come to the home twice on her shift when client #2 called 911. Each time she was taken to hospital. One of these times she was admitted for a behavior.<br>- She had put client #4 in a "hold" within the past 90 days. It was needed because he was destroying the house and van. They completed an incident report for holds.<br>- Client #2 did not have any alarms on her window or door. She was not an elopement risk.<br>- There were no behavior notebooks in the home. She thought it had been removed and was to be returned, but it was not there.   | V 291         |   |                    |
| V 525              | 27E .0104(e17) Client Rights - Sec. Rest. & ITO<br><br>10A NCAC 27E .0104 SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL<br>(e) Within a facility where restrictive interventions may be used, the policy and procedures shall be in accordance with the following provisions:<br>(17) The facility shall conduct reviews and reports on any and all use of restrictive interventions, including:<br>(A) a regular review by a designee of the governing body, and review by the Client Rights Committee, in compliance with confidentiality rules as specified in 10A NCAC 28A;<br>(B) an investigation of any unusual or possibly unwarranted patterns of utilization; and<br>(C) documentation of the following shall be maintained on a log:<br>(i) name of the client;<br>(ii) name of the responsible professional; | V 525         |   |                    |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL078-279</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/30/2018</b> |
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|   |   |
|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROBESON #2</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>104 EAST GERTRUDE STREET<br/>FAIRMONT, NC 28340</b> |
|---|---|

| (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 525              | <p>Continued From page 10</p> <p>(iii) date of each intervention;<br/>(iv) time of each intervention;<br/>(v) type of intervention;<br/>(vi) duration of each intervention;<br/>(vii) reason for use of the intervention;<br/>(viii) positive and less restrictive alternatives that were used or that were considered but not used and why those alternatives were not used;<br/>(ix) debriefing and planning conducted with the client, legally responsible person, if applicable, and staff, as specified in Parts (e)(9)(F) and (G) of this Rule, to eliminate or reduce the probability of the future use of restrictive interventions; and<br/>(x) negative effects of the restrictive intervention, if any, on the physical and psychological well-being of the client.</p> <p>This Rule is not met as evidenced by:<br/>Based on record reviews and interviews, the facility failed to maintain documentation in a log of restrictive interventions to include all required information. The findings are:</p> <p>Finding #1:<br/>Review on 10/26/18 of client #2's record revealed:<br/>- 30 year old female admitted 8/20/18.<br/>- Diagnoses included intellectual developmental disorder-moderate; adjustment disorder; diabetes type 2; hypertension.<br/>- Staff documented on 10/10/18 client #2 was placed in 3 "holds" because of destructive behaviors.</p> <p>Finding #2:<br/>Review on 10/26/18 of client 4's record revealed:<br/>- 28 year old male admitted 7/1/11.<br/>- Diagnoses included Intellectual Disability Moderate; Bipolar, Mood Disorder; Psychosis,</p> | V 525         |   |                    |

Division of Health Service Regulation

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ROBESON #2</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>104 EAST GERTRUDE STREET<br/>FAIRMONT, NC 28340</b> |   |   |
| (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 525   | <p>Continued From page 11</p> <p>Stress Seizure, unspecified blood disease.<br/>-8/31/18 staff documented client #4 became aggressive and destructive requiring 4 a restrictive interventions.<br/>-9/19/18 staff documented client #4 became aggressive and destructive requiring a restrictive intervention.</p> <p>Interview on 10/30/18 Staff #3 stated he had put client #4 in a "hold" the prior week because the client was hitting the sofa and lunged at Staff #3.</p> <p>Interview on 10/30/18 Staff #1 stated she had put client #4 had in a "hold" within the past 90 days because he was destroying the house and van.</p> <p>Interview on 10/30/18 the Qualified Professional stated the facility did not maintain a log to document required information for restrictive interventions.</p> | V 525   |   |   |