STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WEST MARION GROUP HOME	145 LUKIN STREET MARION, NC 28752

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 25, 2018. The complaint was unsubstantiated (Intake #NC00143633). 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure at least one staff in the facility was trained in basic first aid and cardiopulmonary resuscitation for 1 of 3 sampled staff (#2). The findings are: Review on 10/16/18 of the record for Staff #2 revealed: -Hire date of 10/8/18. -No documentation of first aid or cardiopulmonary resuscitation training (CPR). Interview on 10/16/18 with Staff #2 revealed: -She indicated that her first aid and CPR training was scheduled for the current week. -She stated that she had been told by the Owner that she had 30 days upon hire to complete. Interview on 10/25/18 with the Owner revealed: -Staff #2 had prior training in first aid and cardiopulmonary resuscitation. She had been hired with the understanding that she had already completed this training. They thought she had 30 days to complete the training. -The training was expired and she was scheduled for the training on 10/17/18. -Staff #1 worked in the facility on shift alone.	V 108		
V 118	27G .0209 (C) Medication Requirements	V 118		

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V 118	Continued From page 2 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 interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 3 of 3 sampled clients (#1,#2,	V 118		

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V 118	Continued From page 3 #3). The findings are: Observation on 10/16/18 at 10:05am of the medications for Client #1 included: -Melatonin 3mg 1 tablet at night. -Olanzapine 5mg 1 tablet under tongue with supper. -Pantoprazole Sodium 40 mg 1 tablet daily. Observation on 10/16/18 at approximately 10:45am of the medications for Client #2 included: -Melatonin 10mg 1 capsule at bedtime. -Quetiapine Fumarate 25mg 2 times daily, 1 tablet at 7am and 1 tablet at 12pm. Observation on 10/16/18 at approximately 8:58am of the medications for Client #3 included: -Benztropine .5mg, 1 at bedtime. Review on 10/16/18 of the record for Client #1 revealed: -Admission date of 8/24/17 with diagnoses of Autism, Bipolar, Depression, Sleep Apnea, Gastro esophageal Reflux Disorder, Traumatic Brain Injury, Asthma, Constipation, Fetal Alcohol Syndrome, Craniosynosis and Cerebral Palsy. -Physician order to discontinue Topiramate on 9/14/18. Review on 10/16/18 of the record for Client #2 revealed: -Admission date of 5/12/18 with diagnoses of Moderate Intellectual Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder and Paranoid Schizophrenia. -Physician order for Melatonin 10mg 1 capsule at bedtime dated 9/5/18.	V 118		

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V 118	Continued From page 4 Review on 10/16/18 of the record for Client #3 revealed: -Admission date of 6/8/17 with diagnoses of Autism, Schizophrenia, Anxiety Disorder, and Borderline Intellectual Disability. -Physician's order dated 1/19/18 for Benztropine .5mg at bedtime. -Physician's order dated 5/4/18 to increase Benztropine to 1mg at bedtime. -Physician's order dated 9/14/18 to reduce the bedtime dose to .5mg. Review on 10/16/18 of the August, September, and October 2018 MARS for Client #1 revealed: -8/1/18 Melatonin 3 mg was not delivered from supplier, not administered. -8/27/18 Pantoprazole Sodium was not delivered from the supplier, not administered. -9/26/18 Olanzapine 5 mg, refused by client. -10/1/18 Topiramate 100mg was not delivered from the supplier. Medication was discontinued in September. -10/2/18 Topiramate 100mg resident refused. This medication was discontinued in September. Review on 10/16/18 of the August, September and October 2018 MARS for Client #2 revealed: -9/5/18-9/1818 No documentation of Melation 10mg being administered. -9/5/18 Quetiapine Fumarate 25mg 7am dose was not delivered from the supplier. -9/6/18 Quetiapine Fumarate 25mg 7am dose was not delivered from the supplier. -9/8/18 Quetiapine Fumarate 25mg 7am dose was not delivered from the supplier. Interviews with Client #1, Client #2, and Client #3 revealed no concerns regarding medications. Review on 10/16/18 of the August, September,	V 118		

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V 118	Continued From page 5 and October 2018 MARS for Client #3 revealed: -The August 2018 MAR indicated the Benztropine dose was .5mg instead of 1mg. -The entire month of September indicated the Benztropine dose was .5mg instead of the dose of 1mg prior to the change on 9/14/18. -The facility failed to reflect the change in Benztropine dose. Interview on 10/16/18 with the local pharmacy revealed: -The Pharmacist confirmed the change in orders for the Benztropine and confirmed that the correct milligram was dispensed to the facility as the order changes occurred. Interview on 10/25/18 with the Registered Nurse/Qualified Professional revealed: -She had recently started fulltime employment with the facility. -Prior to her fulltime employment she was not responsible for the oversight of medications. -She would now be the primary person reviewing the MAR and ordering the medications for all the client. -She would also be making any changes necessary in the electronic MAR system. Interview on 10/25/18 with the Owner revealed: -She was responsible for re-ordering the medications for the clients. -If the staff do no peel and stick the labels on the medications she had no way of knowing the medications were out. -They had an issue with the previous physician providing written prescriptions due to being out of the office, but now had arranged for a nurse practitioner to come to the facility and to write prescription for 1 year. -She was not made aware of any refusals by	V 118		

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V 118	Continued From page 6 clients or medications not being delivered on time. -There was a system in place for daily MAR review, however, the errors had not be identified. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (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; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (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. This Rule is not met as evidenced by: Based on observation and interview the facility failed to store medications separately for 2 of 3 sampled clients (#1, #3). The findings are:	V 120		

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V 120	Continued From page 7 Observation on 10/16/18 at 9:02am of the medication storage revealed: -Current medications administered to clients were all stored in separate compartments inside of the medication cart. -The extra bubble packs of Sertraline and Trazodone for Client #1 and the extra bubble pack of Benztropine for Client #3 were stored together with extra medications for another client (not included in the sample) in the bottom drawer of the medication cart. Interview on 10/16/18 with the Owner revealed: -He knew that the current medications administered to clients had to be stored separately, however, he did not know that the overstock medications had to be separate as well. He indicated this had never been a problem in previous surveys.	V 120		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure drug errors were reported to a	V 123		

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V 123	Continued From page 8 pharmacist of physician immediately for 2 of 3 sampled clients (#1 and #2). The findings are: Review on 10/16/18 of the record for Client #1 revealed: -Admission date of 8/24/17 with diagnoses of Autism, Bipolar, Depression, Sleep Apnea, Gastro esophageal Reflux Disorder, Traumatic Brain Injury, Asthma, Constipation, Fetal Alcohol Syndrome, Craniosynosis and Cerebral Palsy. - Review on 10/16/18 of the record for Client #2 revealed: -Admission date of 5/12/18 with diagnoses of Moderate Intellectual Developmental Disability, Autism, Attention Deficit Hyperactivity Disorder and Paranoid Schizophrenia. -Physician order for Melatonin 10mg 1 capsule at bedtime dated 9/5/18. Review on 10/16/18 of the August, September, and October 2018 MARS for Client #1 revealed: -8/1/18 Melatonin 3 mg was not delivered from supplier, not administered. -8/27/18 Pantoprazole Sodium was not delivered from the supplier, not administered. -9/26/18 Olanzapine 5 mg, refused by client. -10/1/18 Topiramate 100mg was not delivered from the supplier. Medication was discontinued in September. -10/2/18 Topiramate 100mg resident refused. This medication was discontinued in September. Review on 10/16/18 of the August, September and October 2018 MARS for Client #2 revealed: -9/5/18-9/1818 No documentation of Melation 10mg being administered. -9/5/18 Quetiapine Fumarate 25mg 7am dose was not delivered from the supplier. -9/6/18 Quetiapine Fumarate 25mg 7am dose	V 123		

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V 123	Continued From page 9 was not delivered from the supplier. -9/8/18 Quetiapine Fumarate 25mg 7am dose was not delivered from the supplier. Interview on 10/25/18 with the Owner revealed: -She was not aware an incident report should be completed for any med errors. -She was not aware that a pharmacist or physician should be notified of any med errors or missed medications.	V 123		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or	V 290		

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V 290	Continued From page 10 (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure that one staff was present at all times when any adult client is on the premises. The findings are: Observation on 10/15/18 at 10:30am revealed that the 5 current clients were spending the day at the sister facility. Interviews on 10/15/18 with Client #1 and Client #3 revealed that they were transported daily to the sister facility where they stayed during the day. Interview on 10/16/18 with Staff #1 revealed: -The clients went to the sister facility every day, 7 days per week.	V 290		

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V 290	Continued From page 11 -She indicated that the clients enjoyed it more at the sister facility because there were more activities at that site. -She also stated that it was hard to stay "staffed up" and that scheduling was part of the reason that the clients spent the day at the sister facility. Interview on 10/25/18 with the Owner revealed: -They had combined clients of this facility with their sister facility at the location of the sister facility. -They had staffing issues at one time. She also stated that the sister location had more room and activities that they all could participate in. -They felt that the clients enjoyed being with the clients of the sister facility. -They had stopped combining the homes during the course of the survey. -They now had staff for each facility. -They were in the process of lowering the capacity for each facility.	V 290		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or	V 536		

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V 536	Continued From page 12 property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior;	V 536		

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V 536	Continued From page 13 and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course;	V 536		

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(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 536	Continued From page 14 (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-071	A. BUILDING: _____ B. WING _____	R-C 10/25/2018

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V 536	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff received training annually on alternatives to restrictive intervention for 2 of 3 sampled staff (#1 and Registered Nurse/Qualified Professional). The findings are: Review on 10/16/18 of the record for Staff #1 revealed: -Hire date of 6/13/14. -Training on alternatives to restrictive intervention expired on 4/12/18. Review on 10/16/18 of the record for the Registered Nurse/Qualified Professional revealed: -Hire date of 3/28/17. -Training on alternatives to restrictive interventions expired on 4/13/18. Interview on 10/25/18 with the Owner revealed: -They had experienced difficulty finding a trainer for this training. -She located a new alternative to NCI which was for de-escalation only. She believed that the training had been approved by the state. -She had failed to have the staff identified re-certified timely. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 536		