

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2018
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NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP NC HALIFAX GROUP HO	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 ROANOKE AVENUE ROANOKE RAPIDS, NC 27870
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 5, 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>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 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: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for one of three audited clients (#5). The findings are:</p> <p>Review on 11/5/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted on 2/18/16 - diagnoses of Diabetes Mellitus II; Benign Hypertension; Chronic Kidney Disease (stage 3); Hypercholesterolemia & Severe Intellectual Developmental Disorder - a physician's order dated 9/6/18 "Humalog 100 units Kwikpen...inject 3 units if blood sugars >300 - recheck in 2 hours, if still high, repeat 3 units" (can treat Diabetes) <p>Observation on 11/5/18 at 4:38pm of client #5's medications revealed:</p> <ul style="list-style-type: none"> - an unopened Humalog insulin pen filled 7/19/18 <p>Review on 11/5/18 of the facility's Diabetic log for client #5 revealed:</p> <ul style="list-style-type: none"> - on 10/12/18 at 8pm the blood sugar reading was 313 - no documentation the blood sugar was rechecked in 2 hours <p>Review on 11/5/18 of client #5's October 2018 MAR revealed:</p> <ul style="list-style-type: none"> - staff initialed insulin was administered on 10/12/18 	V 118		

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V 118	<p>Continued From page 2</p> <p>During interview on 11/5/18 staff #1 reported:</p> <ul style="list-style-type: none"> - she and the Team Leader reviewed MARs twice a month - the facility's registered nurse (RN) recently started and has reviewed the MARs - she could not locate where staff rechecked client #5's blood sugar after the reading of 313 - she could not be sure staff administered insulin after the 313 blood sugar check - staff overlooked the medication error <p>During interview on 11/5/18 the Team Leader reported:</p> <ul style="list-style-type: none"> - she, the Qualified Professional and the RN reviewed the MARs - the medication error was overlooked 	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of a medication that guards against diversion or accidental ingestion for one of three audited clients (#5). The findings are:</p> <p>Review on 11/5/18 of the facility's policy revealed: "...unwanted, out-dated, improperly labeled, damaged, adulterated or discontinued prescription medication shall be disposed....following prioritized means of disposal...return to the pharmacy..disposal of unused medications into the trash if return to the pharmacy is not possible..."</p> <p>Review on 11/5/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted on 2/18/16 - diagnoses of Diabetes Mellitus II; Benign Hypertension; Chronic Kidney Disease (stage 3); Hypercholesterolemia & Severe Intellectual Developmental Disorder - a physician's order dated 9/6/18 "Humalog 100 units Kwipen...inject 3 units if blood sugars >300 - no physician's order for Humalog 100 units Kwipen...inject 5 units if blood sugars >300 	V 119		

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V 119	<p>Continued From page 4</p> <p>Observation on 11/5/18 at 4:38pm of client #5's medications revealed:</p> <ul style="list-style-type: none"> - "unopened Humalog 100 units Kwipen filled 8/8/16...inject 5 units if blood sugars >300 <p>During interview on 11/5/18 staff #1 reported:</p> <ul style="list-style-type: none"> - she currently used Humalog 100 units...inject 3 units if blood sugars >300 - she sent one back to the pharmacy and evidently it was the wrong Kwipen - the Humalog Kwipen dated 8/8/16 should have been returned - she was not sure why the 8/8/16 Kwipen was still in the medication box <p>During interview on 11/5/18 the Team Leader reported:</p> <ul style="list-style-type: none"> - client #5's 8/8/16 Humalog Kwipen should have been sent back to the pharmacy - she checked the client's medication box once a month for expired medications - she was not sure why the 8/8/16 medication was still in the medication box 	V 119		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally</p>	V 291		

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V 291	<p>Continued From page 5</p> <p>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.</p> <p>(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 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: Based on record review and interview the facility failed to coordinate with other professionals who are responsible for treatment/habilitation for one of three audited clients (#5). The findings are:</p> <p>Review on 11/5/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - admitted on 2/18/16 - diagnoses of Diabetes Mellitus II; Benign Hypertension; Chronic Kidney Disease (stage 3); Hypercholesterolemia & Severe Intellectual Developmental Disorder - a physician's order dated 8/30/18 revealed "for only blood pressure <90 (systolic blood pressure (BP) or <60 (diastolic BP)... please notify [physician's office].." <p>Review on 11/5/18 of client #5's September & October 2018 MAR revealed:</p> <ul style="list-style-type: none"> - client #5's Blood pressure was checked once 	V 291		

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V 291	<p>Continued From page 6</p> <p>a week</p> <ul style="list-style-type: none"> - September BPs 9/5/18= 89/47; 9/12/18= 91/44; 9/19/18= 101/55 & 9/26/18= 105/53 - October BPs 10/3/18= 86/50; 10/10/18=112/59; 10/17/18= 84/46; 10/24/18= 102/52 & 10/31/18= 133/67 <p>During interview on 11/5/18 staff #1 reported:</p> <ul style="list-style-type: none"> - she felt staff contacted the physician's office when client #5's blood pressure was low - the staff did not document the calls - it was posted in staff's office to call the physician if client #5's BP was low - she planned to develop a call log <p>During interview on 11/5/18 the Team Leader reported:</p> <ul style="list-style-type: none"> - client #5's physician was contacted however the calls were not documented - she will develop a coordination of care form 	V 291		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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: Based on observation, record review and interview the facility failed to ensure the facility was maintained in a clean & attractive manner. The findings are:</p> <p>Record review on 11/5/18 of client #2's record</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>revealed:</p> <ul style="list-style-type: none"> - admitted 8/18/14 - diagnoses of Hypertension; Hyperthyroidism; Severe Intellectual Developmental Disorder and Anemia - a discontinue physician order for Castellani Paint dated 10/24/18 (topical treatment of minor fungal skin and nail infections) <p>Observation on 11/5/18 at 1:37pm of client #2's bedroom revealed:</p> <ul style="list-style-type: none"> - dark red stain spots throughout the carpet - there was small, medium and large red stain spots in different areas near the bed <p>During interview on 11/5/18 the Team Leader reported:</p> <ul style="list-style-type: none"> - staff applied the medication (Castellani Paint) to client #5's feet - the medication was red in color and evidently staff did not place anything on the floor prior to applying the medication - the carpet has been like that for approximately a month - the health department recently fined them for the carpet - they tried to have the carpet professionally cleaned but it did not remove the red stains - she has not submitted an estimate to the company but plan to do so 	V 736		