Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL042-037	A. BUILDING: _____ B. WING _____	11/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EASTER SEALS UCP NC HALIFAX GROUP HO	2202 ROANOKE AVENUE ROANOKE RAPIDS, NC 27870

(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	INITIAL COMMENTS An annual survey was completed on November 5, 2018. 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 118	27G .0209 (C) Medication Requirements 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.	V 118	DHSR - Mental Health NOV 29 2018 Lic. & Cert. Section	

Division of Health Service Regulation

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

Stephanie Camp QPBS | Program Manager | 11/26/2018

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V 118	Continued From page 1 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: Review on 11/5/18 of client #5's record revealed: - 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) Observation on 11/5/18 at 4:38pm of client #5's medications revealed: - an unopened Humalog insulin pen filled 7/19/18 Review on 11/5/18 of the facility's Diabetic log for client #5 revealed: - on 10/12/18 at 8pm the blood sugar reading was 313 - no documentation the blood sugar was rechecked in 2 hours Review on 11/5/18 of client #5's October 2018 MAR revealed: - staff initialed insulin was administered on 10/12/18	V 118	ESUCP's Health and Wellness RN will follow-up with Blue Ridge Pharmacy, ESUCP's contracted pharmacy, to request that all new physicians' orders, as well as all continued and changed physicians' orders, will be faxed to ESUCP's Health and Wellness RN for review. This will ensure that the Health and Wellness RN can set an alert on QuickMar, ESUCP's online MAR, for specific directions for physicians' orders. For example, in this case, the alert would prompt a follow-up by staff after 2 hours.	11/23/2018

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V 118	Continued From page 2 During interview on 11/5/18 staff #1 reported: - 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 During interview on 11/5/18 the Team Leader reported: - she, the Qualified Professional and the RN reviewed the MARs - the medication error was overlooked	V 118		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (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. (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.	V 119		

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V 119	Continued From page 3 (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. 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: 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..." Review on 11/5/18 of client #5's record revealed: - 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 - no physician's order for Humalog 100 units Kwikpen...inject 5 units if blood sugars >300	V 119	Monthly Medication Audit Form (see Attachment #1) will be completed by the Group Home Manager and submitted to the Program Manager and Health and Wellness RN, monthly, at least one week prior to the end of the month. Health and Wellness RN will use the QM Monitoring Medication Closet Monthly Audit Compliance (see Attachment #2) tracking log and will review the log for errors monthly.	12/1/2018

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V 119	Continued From page 4 Observation on 11/5/18 at 4:38pm of client #5's medications revealed: - "unopened Humalog 100 units Kwikpen filled 8/8/16...inject 5 units if blood sugars >300 During interview on 11/5/18 staff #1 reported: - 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 Kwikpen - the Humalog Kwikpen dated 8/8/16 should have been returned - she was not sure why the 8/8/16 Kwikpen was still in the medication box During interview on 11/5/18 the Team Leader reported: - client #5's 8/8/16 Humalog Kwikpen 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	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally	V 291		

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V 291	Continued From page 5 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. (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. 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: Review on 11/5/18 of client #5's record revealed: - 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].." Review on 11/5/18 of client #5's September & October 2018 MAR revealed: - client #5's Blood pressure was checked once	V 291	The Coordination of Care Log (See Attachment #3) will be reviewed with all staff. Health and Wellness RN will provide a training at the next regional Group Home Managers meeting on the Coordination of Care Log. Program Manager will train all staff at the Halifax Group Home on the Coordination of Care Log.	12/1/2018

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V 291	Continued From page 6 a week - September BPs 9/5/18= 89/47; 9/12/18= 91/44; 9/1918= 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 During interview on 11/5/18 staff #1 reported: - 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 During interview on 11/5/18 the Team Leader reported: - client #5's physician was contacted however the calls were not documented - she will develop a coordination of care form	V 291		
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 observation, record review and interview the facility failed to ensure the facility was maintained in a clean & attractive manner. The findings are: Record review on 11/5/18 of client #2's record	V 736	The Arc of North Carolina will be contacted about the replacement of the carpet. Quality Management will discuss with all Group Home Managers the importance of following up with the Arc of NC and/or Program Manager when there are maintenance issues that have not been addressed.	12/1/2018

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V 736	Continued From page 7 revealed: - 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) Observation on 11/5/18 at 1:37pm of client #2's bedroom revealed: - dark red stain spots throughout the carpet - there was small, medium and large red stain spots in different areas near the bed During interview on 11/5/18 the Team Leader reported: - 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	Group Home Manager or designated staff will complete the Monthly Preventative Maintenance and Repair Report (See Attachment #4) monthly.	12/1/2018

Attachment #1

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MONTHLY MEDICATION
AUDIT FORM

Item	Yes	No	N/A
1. There is adequate security of drugs. All drugs are locked in a cabinet, cart, or closet.	☐	☐	☐
2. The person responsible for medication administration has keys in his/her possession.	☐	☐	☐
3. Any drugs stored in the refrigerator are in a locked container.	☐	☐	☐
4. Medications that require refrigeration are refrigerated and stored at appropriate temperatures. Daily refrigerator log maintained with the date, time, temperature verification and signature.	☐	☐	☐
5. All medications taken internally are stored separately from drugs taken externally.	☐	☐	☐
6. Stock (bulk) medications are stored separately from regularly administered meds.	☐	☐	☐
7. Toxic chemicals are locked and stored separately from nourishments and medications.	☐	☐	☐
8. If needles are used, they are not recapped after use and are discarded in a puncture proof, leak proof container.	☐	☐	☐
9. Check medication labels. Pharmacy labels are easily read and clean.	☐	☐	☐
10. Check expiration dates. All meds in date as noted on pharmacy label.	☐	☐	☐
11. All discontinued meds are disposed of or returned to pharmacy according to policy.	☐	☐	☐
12. There is general cleanliness and orderliness of medication area. All bottles, utensils, pill cutters, etc. are cleaned after each use and stored clean.	☐	☐	☐
13. All medications are in labeled containers. There are no unauthorized drug samples present.	☐	☐	☐
14. Floor stock is stored separately, labeled, organized (internal separate from external) and reasonable quantities on hand.	☐	☐	☐
15. Medication closet contains only items related to med administration.	☐	☐	☐
16. Items necessary for drug administration are available (pen, paper, gloves, straws, medical supplies, etc.)	☐	☐	☐
17. Medical equipment is stored clean and organized (gauze, gloves, glucose monitors, specimen collection supplies, etc.)	☐	☐	☐
18. Nourishments used with meds are clean and in date.	☐	☐	☐
19. Hand washing facilities with soap/towels are available or an antiseptic cleaner is in the immediate area.	☐	☐	☐
20. There is a current written order for every medication on hand; including PRNs. Orders are signed by the physician.	☐	☐	☐
21. Instructions on the MAR match the Physicians order.	☐	☐	☐
22. There is a current MAR for every client. All meds are charted to date and time. Initials are identified. All allergies are noted.	☐	☐	☐
23. There is a control drug count sheet for all controlled drugs. The count is correct and validated by policy.	☐	☐	☐
24. There is a medication disposal sheet available.	☐	☐	☐
Comments:			

Attachment #2

QM-MONITORING-	MEDICATION CLOSET MONTHLY AUDIT COMPLIANCE							
Instructions: Please complete the Medication Closet Audit form and document below who completed each month in th								
2019	January	February	March	April	May	June	July	August
Ashcraft Home								
Greene County Group Home								
Greensboro Group Home								
Halifax Group Home								
Ashlynn Group Home								
Bass Lane Group Home								
Bragg GH, Wilson County Group Home #1								
Brentwood Group Home								
Camelot Supervised Living								
Commonwealth Group Home								
Edgewood Group Home								
EL Ogden								
Elizabeth Group Home								
Gold St. GH, Wilson County Group Home #3								
Greystone								
Halifax PSR								
Holly Ridge								
Lee County Group Home								
Lithia Inn Group Home								
North Ridge Group Home								
Northwood Group Home								
Park Vista Group Home								
Pineview GH, Wilson County Group Home #4								
Raleigh Group Home								
Salem House								
Shady Grove								
Spring View Group Home								
Tilghman GH, Wilson County Group Home #2								
Union County Group Home								
Waverly House								
Willow Place Group Home								
Wimbledon Supervised Living								
Zebulon Group Home								

e prospective month below															
September	October	November	December												

Attachment #3

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COORDINATION OF CARE

Log

Individual Name: _____

Medical Record #: _____

Date & Time	Person Contacted	Reason	Staff Completing Form	Staff Reviewing Form
	☐ Regional RN ☐ All Medical Professionals to include: doctor, nurses, therapists, ER staff, Urgent care Staff, Specialists, and EMS etc. ☐ Care Coordinators, Case Managers ☐ Pharmacy Staff ☐ Day support Programs, PSR, ADVP, ACTT ☐ Families/Guardians/Natural Supports ☐ Adaptive Equipment provider including , but not limited to oxygen, Blood Glucose Monitors, and C-Pap machines			
	☐ Regional RN ☐ All Medical Professionals to include: doctor, nurses, therapists, ER staff, Urgent care Staff, Specialists, and EMS etc. ☐ Care Coordinators, Case Managers ☐ Pharmacy Staff ☐ Day support Programs, PSR, ADVP, ACTT ☐ Families/Guardians/Natural Supports ☐ Adaptive Equipment provider including , but not limited to oxygen, Blood Glucose Monitors, and C-Pap machines			

Attachment #4

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MONTHLY PREVENTATIVE
MAINTENANCE & REPAIR REPORT

For the month of: _____ **Date:** _____

ARC/HDS Group Home Name: _____

Address: _____
(Street) (City) (Zip)

Please provide completion dates in the spaces provided

I. Mechanical Systems

Air Filters Changed: _____
Monthly for all systems

Water Heater Drained: _____
4-5 gallons should be drained off once every other month to prevent build-up of particulates

Plumbing Visual Check: _____
All visible pipes, drains, and fixtures are to be inspected monthly for leaks or other problems

Exhaust Fans Check: _____
All exhaust fans in the kitchen , laundry room, and bathrooms should be inspected and cleaned monthly

Appliance Check: _____
All major appliances should be checked monthly for proper operation

II. Interior Items

Carpets: _____
Spot clean as needed, professionally clean every other year

Mechanical Rooms: _____
Sweep out every other month

Laundry Room: _____
Space behind washer and dryer should be inspected monthly; dryer should be kept free of lint build-up

Fire Alarm Test: _____
System should be tested monthly

Fire Extinguisher: _____
Check to make certain needle is in green area

Caulking: _____
Should be inspected monthly and caulked as needed

Bed Bugs: _____
Inspect mattress and other upholstered furniture for signs of bed bug activity

III. Exterior Items

Trash Areas: _____
Monthly for all systems

Exterior Visual Inspections: _____
4-5 gallons should be drained off once every other month to prevent build-up of particulates

Clean Guttering: _____
All visible pipes, drains, and fixtures are to be inspected monthly for leaks or other problems

IV. Contracted Items

Heating System: _____
Checked by qualified service people in September

Air Conditioning: _____
Checked by qualified service people in May

Pest Control: _____
Scheduled quarterly

Fire Alarm System: _____
Scheduled annually by Life Safety

Yard Maintenance: _____
Per contract

Route completed document to regional Quality Management Director.
Refer to ESUCPs Protective Devices Policy 348.1 and Restrictive Intervention Policy 341.1

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MONTHLY PREVENTATIVE
MAINTENANCE & REPAIR REPORT

V. Other Items

List below non-recurring repairs and the date of completion. Include repairs to major appliances. If necessary, detail these repairs on a separate sheet of paper. Be sure to attach all service tickets or invoices for contracted work.

_____

_____

_____

_____

_____

I hereby certify that the above information provided by me is correct and factual.

_____

Signature, Group Home Administrator

Route completed document to regional Quality Management Director.
Refer to ESUCPs Protective Devices Policy 348.1 and Restrictive Intervention Policy 341.1

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November 26, 2018

Rhonda Smith
Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Easter Seals UCP NC Halifax Group Home, MHL #042-037

Dear Ms. Smith,

Attached please find the Plan of Correction noted on the Statement of Deficiencies resulting from the recent Annual Survey completed on November 5, 2018 at the Easter Seals UCP NC Halifax Group Home at 2202 Roanoke Avenue, Roanoke Rapids, NC.

I sincerely hope that this satisfactorily addresses the issues from the survey. Should you have questions or require additional information, please contact me by phone at (704) 924-0028 or through e-mail at stephanie.camp@eastersealsucp.com.

Respectfully submitted,

Stephanie K. Camp, QP, BS
Residential Program Manager
Easterseals UCP

DHSR - Mental Health
NOV 29 2018
Lic. & Cert. Section