

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/27/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>INDIANHEAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1003 INDIANHEAD CIRCLE</b> <b>SNOW HILL, NC 28580</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 27, 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><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/26/18 of the facility fire drills documented from 10/1/17 - 9/30/18 revealed: - 3rd quarter (4/01/18 - 6/30/18): There were no fire drills documented on the 3rd shift (11pm - 7am), or weekend shift.</p>	V 114		

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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>- 4th quarter (7/01/18 - 9/30/18): There were no fire drills documented on the 1st shift (7am - 3pm), 2nd shift (3pm - 11pm), 3rd shift (11pm - 7am), or weekend shift.</p> <p>Review on 11/26/18 of the facility disaster drills documented from 10/1/17 - 9/30/18 revealed:</p> <p>- 2nd quarter (01/01/18- 03/31/18): There were no disaster drills documented on the 1st shift (7am - 3pm), 2nd shift (3pm - 11pm), 3rd shift (11pm - 7am), or weekend shift.</p> <p>- 3rd quarter (4/01/18 - 6/30/18): There were no disaster drills documented on the 1st shift (7am - 3pm), or 3rd shift (11pm - 7am).</p> <p>- 4th quarter (7/01/18 - 9/30/18): There were no disaster drills documented on the 1st shift (7am - 3pm), 2nd shift (3pm - 11pm), 3rd shift (11pm - 7am), or weekend shift.</p> <p>Interview on 11/26/18 House Manager stated:</p> <p>- The facility shifts were as follows:</p> <ul style="list-style-type: none"> <li>- 1st shift = 7am - 3pm, Monday - Friday</li> <li>- 2nd shift = 3pm - 11pm, Monday - Friday</li> <li>- 3rd shift = 11pm - 7am, Monday - Friday</li> <li>- 4th shift = 7am - 7pm, Saturday - Sunday</li> </ul> <p>- He was not certain if fire and disaster drills had been completed prior to his employment. He stated he was employed in October, 2018.</p> <p>- He had completed fire and disaster drills for the months of October and November, 2018.</p> <p>- Fire and disaster drills were now being completed on a monthly basis.</p> <p>Interview on 11/27/18 the Director of Residential Services stated:</p> <ul style="list-style-type: none"> <li>- He had new management team in place to address deficiencies.</li> <li>- He would work with management team to monitor drills moving forward.</li> </ul>	V 114		

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V 118	Continued From page 2	V 118		
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> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>facility failed to ensure 1 of 3 audited clients (#2) had a physician's order to administer finger stick blood sugar checks. The findings are:</p> <p>Review on 11/26/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 37 year old male.</li> <li>- Diagnoses of Schizoaffective Disorder Depressive Type, Moderate Intellectual and Developmental Disability, Epilepsy, Hemophilia, Hyperthyroidism, Diabetes, and Hypertension.</li> <li>- Physician's order dated 5/06/16 to check blood sugar twice a day (BID).</li> <li>- Physician's order dated 9/27/18 to check and record fasting blood sugar every day. No parameters for blood sugar established in order.</li> <li>- No physician's order for fasting blood sugar checks prior to 9/27/18.</li> </ul> <p>Review on 11/26/18 of client #2's September, 2018 through November, 2018 blood sugar tracking form and MARs revealed:</p> <ul style="list-style-type: none"> <li>-Blood Sugar readings recorded daily between the dates of 9/01/18 through 11/26/18. Readings recorded one time per day.</li> <li>-9/01/18: Blood Sugar (BS) reading of 243</li> <li>-9/04/18: BS reading of 265</li> <li>-9/05/18: BS reading of 288</li> <li>-9/10/18: BS reading of 328</li> <li>-9/11/18: BS reading of 288</li> <li>-9/22/18: BS reading of 253</li> <li>-10/04/18: BS reading of 252</li> <li>-11/03/18: BS reading of 60</li> </ul> <p>Interview on 11/26/18 client #2 stated:</p> <ul style="list-style-type: none"> <li>-Staff assist with medications and finger stick daily.</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>Interview on 11/27/18 with Medical Coordinator stated:</p> <ul style="list-style-type: none"> <li>-She asked staff to start fasting blood sugars after being hired in July, 2018. She stated she noticed blood sugar readings were already being recorded in the mornings with varying readings and believed consistent readings would be achieved through fasting. Medical Coordinator was not a licensed medical professional.</li> <li>-Following the purchase of a new Glucometer, she spoke with Physician's office in September, 2018 to request blood sugar readings be included on MAR's. Physician's office verbalized to record blood sugar levels in the AM and stated they had notified pharmacy.</li> <li>-She was not aware that a Physician's order would be needed for fasting blood sugar checks.</li> <li>-She monitored electronic MAR recording daily and notified physician's office if blood sugar reading was above "140-145."</li> <li>-She will contact Physician's office to gain clarity on desired parameters and documentation for blood sugar request.</li> </ul> <p>Interview on 11/27/18 the Director of Residential Services stated:</p> <ul style="list-style-type: none"> <li>- He would work with Medical Coordinator to ensure clarity on orders.</li> <li>- No additional questions at exit interview.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p>	V 736		

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V 736	<p>Continued From page 5</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 and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are:</p> <p>Observation on 11/26/18 at approximately 11:30am revealed:</p> <ul style="list-style-type: none"> <li>- The doorbell on front porch was broken.</li> <li>- The threshold extending from Client #1's room into the hall bathroom was broken</li> <li>- The hallway bathroom (#1) had cracks in tile floor extending 12-24 inches beyond toilet base. Cracks extended to the left and right in front of the toilet. The light located above the stand up shower had paint peeling around perimeter of light. Dead insects were located in center of the bathtub. The floor vent located along back wall was rusted.</li> <li>- There was a soccer ball sized hole on far left wall upon entry into Client #4's room. There were no blinds or curtains on window for privacy.</li> </ul> <p>Interview on 11/27/18 the Director of Residential Services stated:</p> <ul style="list-style-type: none"> <li>- He would follow up with his maintenance team regarding repairs.</li> <li>- He had no questions regarding items identified at exit for repair.</li> </ul> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 736		