Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
MHL033-052		B. WING		R 12/07/2018				
NAME OF I				STATE ZID CODE	1 12/0	1/2010		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
SOMEON	SOMEONE DOES CARE 601 WEST WALNUT STREET TARBORO, NC 27886							
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENT	-S	V 000					
	12/7/18. Deficiencie This facility is licens category: 10A NCA	sed for the following service C 27G .5600C Supervised						
V 112	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.		V 112					

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	COMPLETED		
					F	}		
		MHL033-052	B. WING			7/2018		
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE				
NAIVIL OI I	TROVIDER OR SUFFEIER		Γ WALNUT S	•				
SOMEON	IE DOES CARE		D, NC 27886					
	OLIMANA DV. OTA		· ·		DN1	0.4-1		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE		
				DEFICIENCY)				
V 112	Continued From pa	ge 1	V 112					
	·							
	This Rule is not me	et as evidenced by:						
		view and interview the facility						
		e of three audited clients (#2)						
		reviewed annually and						
	revised. The finding							
		of client #2's record revealed:						
	- admitted 5/15/1							
	Intelluctual Develop	chizophrenia & Moderate						
		plan was dated June 2017						
		ment plan to update his health						
	status							
	- a 11/20/18 physician consultation "urology							
	colonscopy5 pound weight gainnext study							
	2028will continue to monitor"							
	During interview on	12/7/19 stoff #1 reported:						
	- client #2 has lo	12/7/18 staff #1 reported:						
	 his physicians are aware of his weight lost and client #2 being unstable 							
		off balance for the last month						
	- he has only fall	en one time						
		ient #2 at all times						
		his bedroom and pull clothes						
	out of his closethe fell yesterday in his bedroom							
	 she currently worked with him on not pulling clothes out of his closet 							
	CIOTHES OUT OF THE CI	0361						
	During interview on	12/7/18 the Licensee						
	reported:							
	- client #2 had lo							
	- he has a good							
		s been off since October						
		n only one time and that was						
	yesterday	as ran several test and has not						
	found anything hea							
		e Qualified Professional						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
MHL033-052		B. WING		R 12/07/2018				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	•			
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SOMEON	NE DOES CARE), NC 27886					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 112	Continued From pa	ge 2	V 112					
	complete & revise of	client #2's treatment plan						
V 118	27G .0209 (C) Med	ication Requirements	V 118					
	10A NCAC 27G .02 REQUIREMENTS	209 MEDICATION						
	(c) Medication adm	inistration:						
		non-prescription drugs shall						
		ed to a client on the written uthorized by law to prescribe						
	drugs.							
	(2) Medications shall be self-administered by							
	clients only when a client's physician.	uthorized in writing by the						
		cluding injections, shall be						
	administered only b	y licensed persons, or by						
		trained by a registered nurse,						
		legally qualified person and eand administer medications.						
	(4) A Medication Ad	Iministration Record (MAR) of						
		red to each client must be kept						
		s administered shall be ely after administration. The						
	MAR is to include the							
	(A) client's name;							
		and quantity of the drug; administering the drug;						
		ne drug is administered; and						
	(E) name or initials of person administered, and 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.							

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Division of Health Service Regulation

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MHL033-052 B. WING	R 12/07/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
SOMEONE DOES CARE 601 WEST WALNUT STREET TARBORO, NC 27886		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPHED DEFICIENCY)	D BE COMPLETE	
This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of three audited clients (#2) medications were administratered on the written order of a physician and failed to ensure medications administered were recorded immediately after administration for two of three audited clients (#1 & #5). The findings are: Review on 12/7/18 of client #1's record revealed: - admitted to the facility on 3/8/17 - diagnoses of Intermittent Explosive Disorder; Moderate Intellectual Developmental Disability & Anxiety Disorder - a physician's order dated 10/24/18: Ativan 1mg; 1 tab under the tongue three times (TID) a day (can treat seizure and anxiety disorder) Review on 12/7/18 of client #2's record revealed: - admitted 5/15/19 - diagnoses of Schizophrenia & Moderate Intellectual Developmental Disability - a FL2 dated 4/6/18: Diphenhydramine 50mg bedtime - a 10/9/18 physician consultation: discontinue Diphendydramine (can treat pain and itching caused by insect bitesinsomnia) Review on 12/7/18 of client #5's record revealed: - admitted to the facility on 5/2/14 - diagnosis of Schizoaffective Disorder; Mild Intellectual Developmental Disability, Obesity; Hypertension and Obstructive Sleep Apnea - a physician order dated 5/29/18: Dicyclomine 20mg (can treat irritable syndrome) & a physician order dated Ativan .5mg TID (can treat seizure and anxiety disorder) 1. The following is an example of how a physician's order was not followed:		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R		
MHL033-052		B. WING		12/0	7/2018	
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			D, NC 27886			
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V 118	Continued From pa	ge 4	V 118			
	Review on 12/7/18 of client #2's October, November and December 2018 MARs revealed: - the Diphendydramine was administered daily all three months from 10/9/18 to current 2. The following are examples of how staff failed					
	to record immediately after administration: A. Review on 12/7/18 of client #1's November 2018 MAR revealed: - Ativan was to be administered TID a day: 8am; 12pm and 8pm - the Ativan was initialed at 8am & 8pm but not at 12pm for the entire month					
	Review on 12/7/18 of client #5's December 2018 MAR revealed: - Ativan was to be administered TID a day: 8am; 12pm and 8pm - the Ativan was initialed at 8am & 8pm but not at 12pm for the entire month - at 12:20pm the Dicyclomine had already been initialed by staff for the 4pm dose					
	 she reviewed the 	12/7/18 staff #1 reported: ne MARs daily peing initialed was an oversight				
	reported: - she has a facilimonth to review the - the nurse came - the staff are for for the client's medi - staff that take the appointments are re-	e last week getting to sign the noon dose				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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MHL033-052		B. WING 12/07/2018			7/2018		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SOMEO	NE DOES CARE		「WALNUT S D, NC 27886				
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V 118	appointment, staff a discontinue on the large state of the staff and staff and staff appointment. The staff are staff and staff and staff are staf	are suppose to write MARs iewed any notes from the ne has not reviewed any notes rember 2018 o accurately document ration it could not be s received their medications	V 118				

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DM3R11

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