STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-124	A. BUILDING: _____ B. WING _____	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIAD HEALTHCARE SERVICES 2	915 SCOTT STREET BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual survey was completed on December 19, 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 112	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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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to: (a) have a Person Centered Plan with 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 affecting one of three audited clients (#1); and (b) develop a treatment plan within 30 days of admission affecting two of three audited clients (#2 and #3). The findings are: Review on 12/19/18 of Client #1's record revealed the following: -Admission date of 6/14/18. -Diagnoses of Catatonia; Psychosis; Aggression; Benign Essential Hypertension; Personal History of Urethral Stricture; Moderate Retardation; Overweight; Seborrhea Capitis; Vitamin D Deficiency; Testicular Hypofunction; Autism Spectrum Disorder. -Client #1 had a Person Centered Plan dated 6/14/18. -Client #1's Person Centered Plan had no written consent or agreement by the client. Review on 12/19/18 of Client #2's record revealed the following: -Admission date of 10/5/18. -Diagnoses of Schizoaffective Disorder; Obesity; Smoker; Intellectual Functioning Disorder. -Client #2 did not have a completed Person Centered Plan in chart. Review on 12/19/18 of Client #3's record revealed the following: -Admission date of 9/7/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type; Antisocial Personality Disorder; Alcohol Use Disorder, Moderate in Remission; Opioid	V 112		

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V 112	Continued From page 2 Use Disorder, Moderate in Remission; Stimulant Use Disorder, in remission in Controlled Setting; Amphetamine Type Substance Disorder, Moderate; Stimulant Use Disorder, Cocaine, Moderate in Remission. -Client #3 did not have a completed Person Centered Plan in chart. Interview on 12/19/18 with the Owner/ Qualified Professional revealed: -He was responsible for completing the Person Center Plans. -Person Center Plan for Client #1 had been completed, but had not been printed and signed by the client. -Person Center Plan for Client #2 had not been completed. -He believed Client #3 had already signed his Person Centered Plan. -He would have Person Centered Plan completed for Clients #1 and #2 and place them in their charts. -He would have Client #3 sign his Person Centered Plan. -He confirmed that the Person Centered Plans for Client #1 and #2 were not completed. -He confirmed that Client #3's Person Centered Plan had not been signed by the the client.	V 112		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth;	V 113		

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V 113	Continued From page 3 (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were complete for	V 113		

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V 113	Continued From page 4 two of three clients audited (#2 and #3). The findings are: Review on 12/19/18 of Client #2's record revealed the following: -Admission date of 10/5/18. -Diagnoses of Schizoaffective Disorder; Obesity; Smoker; Intellectual Functioning Disorder. -Client #2 did not have a completed emergency contact information sheet in chart. Review on 12/19/18 of Client #3's record revealed the following: -Admission date of 9/7/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type; Antisocial Personality Disorder; Alcohol Use Disorder, Moderate in Remission; Opioid Use Disorder, Moderate in Remission; Stimulant Use Disorder, in remission in Controlled Setting; Amphetamine Type Substance Disorder, Moderate; Stimulant Use Disorder, Cocaine, Moderate in Remission. -Client #3 did not have a completed emergency contact information sheet in chart. Interview on 12/19/18 with the Owner/Qualified Professional revealed: -He thought an orange emergency contact information sheet was placed on clients #2 and #3's charts. -He would place emergency contact information in clients #2 and #3's charts. -He confirmed there was no emergency contact information on file for client's #2 and #3.	V 113		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 118		

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V 118	Continued From page 5 (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 record reviews and interviews the facility failed to keep the MAR current affecting two of three current clients (#1 and #2). The findings are: Review on 12/19/18 of Client #1's record revealed	V 118		

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V 118	Continued From page 6 the following: -Admission date of 6/14/18. -Diagnoses of Catatonia; Psychosis; Aggression; Benign Essential Hypertension; Personal History of Urethral Stricture; Moderate Retardation; Overweight; Seborrhea Capitis; Vitamin D Deficiency; Testicular Hypofunction; Autism Spectrum Disorder. Review on 12/19/18 of Client #1's physician's order revealed the following: -Order dated 12/11/17 -Diphenhydramine 50 mg- one capsule as needed for sleep. Observation on 12/19/18 at 11:05 am of Client #1's medication packs revealed: -Medication pack containing Diphenhydramine 50 mg was available. -Medication pack containing Diphenhydramine 50 mg was dispensed 12/17/18 -Medication pack containing Diphenhydramine 50 mg had three empty bubbles. Review on 12/19/18 of Client #1's MARS for December 2018 revealed blanks on the following dates: -Diphenhydramine 50 mg- 12/1/18 through 12/19/18. Interview on 12/19/18 with Client #1 revealed: -He took his medication daily as given by staff. -He had never had any trouble receiving his medication. Interview on 12/19/18 with the Owner/Qualified Professional revealed: -He had administered Diphenhydramine 50 mg on 12/17/18, 12/18/18 and 12/19/18, but forgot to log it in the MAR.	V 118		

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V 118	Continued From page 7 -He confirmed staff failed to keep the MAR current for Client #1.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which	V 289		

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V 289	Continued From page 8 serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to meet the scope of a 5600C facility which serves adults whose primary diagnosis is a developmental disability for one of three current clients (#3). The findings are: Review on 12/19/18 of the facility license revealed the facility is licensed as a 5600C Supervised Living Facility. Review of the Rules for Mental Health Developmental Disabilities and Substance Abuse Facilities and Services	V 289		

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V 289	Continued From page 9 revealed "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses. Review on 12/19/18 of client #3's record revealed: -Admission date of 9/7/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type; Antisocial Personality Disorder; Alcohol Use Disorder, Moderate in Remission; Opioid Use Disorder, Moderate in Remission; Stimulant Use Disorder, in remission in Controlled Setting; Amphetamine Type Substance Disorder, Moderate; Stimulant Use Disorder, Cocaine, Moderate in Remission. -No diagnosis of a developmental disability was observed on client #3's record. Interview on 12/18/19 with the Owner/Qualified Professional revealed: -He thought that client #3 had a diagnosis of intellectual functioning disorder on record. -He would have a new Comprehensive Clinical Assessment made for client #3 reflecting diagnosis of Intellectual Disability. -He confirmed client #3 did not have a diagnosed developmental disability.	V 289		