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
	mhl054-117	A. BUILDING: _____ B. WING _____	R 12/18/2018

DHSR - Mental Health
JAN 14 2019
Lic. & Cert. Section

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALTIMORE	1932 OLD COLONY ROAD KINSTON, NC 28501

(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 and follow up survey was completed on December 18, 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	V114 This is an issue we have faced in other facilities. We have put the following Procedures in Place, and they are working well. So we will implement these procedures in the baltimore house as well. To ensure fire/disaster drills are being conducted appropriately and on-time, the Ambleside Safety Officer will post Updated ~~Schedules~~ Calanders for Scheduled events (the drills) in the Baltimore home. The Safety Officer will monitor this Schedule and Communicate reminder of Scheduled events to the Baltimore House Leader. This will ensure that the staff on-shift	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 12/18/18 of facility fire and disaster drill documentation revealed: - No documented disaster drill for third shift (11:00 pm - 7:00 am) for the second quarter (April - June) 2018.	V 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Director of Operations (X6) DATE: 1/11/19

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V 114	Continued From page 1 - No documented disaster drills for first (7:00 am - 3:00 pm) or second (3:00 pm - 11:00 pm) shifts for the third quarter (July - September) 2018. - No documented fire drill for the third shift for the third quarter (July - September) 2018. During interview on 12/18/18 the Qualified Professional stated the facility operated with three shifts: 1st 7:00 am - 3:00 pm, 2nd 3:00 pm - 11:00 pm with a "split shift" 3:00 pm - 9:00 pm, and 3rd 11:00 pm - 7:00 am. The shifts ran 7 days a week. 2 staff were at the facility during the 1st and 2nd shifts and 1 staff was at the facility during the 3rd or overnight shift. She understood the requirement for fire and disaster drills to be conducted quarterly across all shifts.	V 114	is aware of Scheduled drill in advance as a back-up measure to the Posted Schedule. The Safety officer will follow-up and monitor to ensure Compliance @ least Quarterly to ensure that the drills are being Done.	1/15/19
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:	V 118	V118 This type of deficiency plagued our agency throughout 2018, and we have reaffirmed our commitment to our individuals and their medication Management. We have put steps in place to ensure we do not experience deficiencies such as this moving forward into 2019. Firstly is the implementation and daily Monitoring of the new Electronic Medication Administration record system (E-MAR). This System will be monitored daily by the Ambleside, Inc. CMA	

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V 118	Continued From page 2 (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 ensure medications were administered as ordered and recorded on each client's MARs immediately after administration affecting 3 of 3 audited clients (#1, #2, and #3) and failed to keep MARs current affecting 1 of 3 audited clients (#1). The findings are: Review on 12/13/18 and 12/18/18 of client #1's record revealed: - 78 year old female admitted to the facility 5/8/06. - Diagnoses included Severe Intellectual/Developmental Disability, Obsessive Compulsive Disorder, by history, Seizure Disorder, cardiomegaly, allergic rhinitis, chronic obesity, osteoporosis, osteoarthritis, dry skin, and pica. - Physician's orders signed 5/31/18 for phenytoin (anti-convulsant) 100 milligrams (mg) one tablet by mouth (po) twice daily (bid), furosemide (diuretic) 40 mg one tablet po every day, OsCal (a calcium supplement used to promote bone health) 200 mg, one tablet po bid, aspirin (may reduce the risk of heart attack) 81 mg, one tablet	V 118	to ensure all prescribed Meds are given each day. This daily Monitoring also ensures that if Meds are running low or "Out of facility", the issue can be resolved that day. Finally, this daily Monitoring will ensure that Doctor's orders are being followed, ensuring deficiencies such as the naproxen in the case of Client #3 do not happen Again. In addition to the daily Monitoring of the e-MAR System by the CMA, a procedure will be put in place where any time a Med Change occurs (either a new med is added or an old med is DC'd) Baltimore Staff will be made Aware by an "Alert" flyer Placed on the Home's Med Cart. This flyer will be published by the CMA who will ensure	1/17/19

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V 118	Continued From page 3 po daily, Senna (laxative) one tablet po every evening, melatonin (used to promote sleep) 5 mg one tablet po at 8:00 pm, diphenhydramine (antihistamine) 25 mg, two tablets po at 8:00 pm, Vimpat (anti-convulsant), 100 mg, one tablet po bid, phenobarbital (anti-convulsant) 64.8 mg, one tablet po at 4:00 pm, phenobarbital 16.2 mg, one tablet po at 4:00 pm, Refresh eye drops (artificial tears used to treat dry eye), instill 1 drop into each eye at bedtime, Eucerin Lotion (used to treat dry skin) apply to affected areas bid, magnesium citrate (laxative) one bottle by mouth 3 times a week on Monday, Wednesday and Friday; hydroxyzine (antihistamine) 50 mg, one capsule po bid. - Physician's order dated 10/25/18 to discontinue hydroxyzine. Review on 12/13/18 and 12/18/18 of client #1's MARs for October, November, and December 2018 revealed: - No transcribed entry for Eucerin Lotion; transcriptions for other medications as listed above. - No staff initials to signify administration of medications as follows: aspirin, diphenhydramine, phenobarbital 16.2 mg, phenobarbital 64.8 mg, Refresh eye drops, and Senna 10/13/18, 10/14/18, 10/18/18, 10/25/18, and 10/28/18; hydroxyzine 8:00 am and 8:00 pm 10/14/18, 10/18/18; melatonin and 8:00 pm doses of Vimpat, OsCal and phenytoin 10/14/18, 10/18/18, 10/25/18, 10/28/18. - No documented explanations for the medication omissions. - Circled staff initials for magnesium citrate on 10/24/18, 10/26/18, 10/29/18, and 10/31/18 and furosemide for 11/6/18 - 11/18/18; "Exceptions for [client #1]" with "out of facility" documented. - Staff initials signified administration of	V 118	that it is on location and on the Cart while on-site during the final Procedure Put in Place. Bi-Weekly Med Cart Audits Bi-Weekly Med Cart Audits Will be conducted at this location to ensure the following: 1) All Active Medications are Present in the home. 2) All DC'd Medications are removed 3) All Necessary supplies & topicals are present. These Audits will be conducted by the CMA and Reports will be submitted to the Director of Operations. We feel as though these Steps have already shown great Success, and by implementing them fully we will ensure these deficiencies remain a thing of the past	1/17/19

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V 118	Continued From page 4 hydroxyzine 8:00 am 10/27/18-10/30/18, and 8:00 pm 10/26/18 - 10/27/18 and 10/29/18. Review on 12/13/18 of client #2's record revealed: - 39 year old male admitted to the facility 3/1/10. - Diagnoses included Moderate Intellectual/Developmental Disability, Autism Spectrum Disorder, Schizoaffective Disorder, Cerebral Palsy, hyperlipidemia, hypothyroidism, Gastroesophageal Reflux Disease, asthma, and chronic kidney disease, stage 1. - Physician's orders signed 6/18/18 for quetiapine (antipsychotic), 400 mg 2 tablets (800 mg) po at bedtime, simvastatin (treats high cholesterol) 10 mg one tablet po at bedtime, Mucinex (cough medicine that thins mucous) 600 mg, one tablet bid, divalproex (treats seizures and bipolar disorder) 500 mg, one tablet po bid, divalproex 250 mg one tablet po bid, diphenhydramine (antihistamine) 50 mg, 2 tablets (100 mg) po at bedtime, haloperidol (anti-psychotic) 10 mg, one tablet three times daily (tid), chlorhexidine .12% (oral rinse used to treat gingivitis) apply a small amount on toothbrush with toothpaste and brush teeth bid, Sea Soft nasal spray (saline nasal spray used to treat dry nasal passages) instill 1 spray into each nostril bid, , Ventolin 90 micrograms, 2 puffs every 4 hours. - Physician's order, signed 7/31/18 for Albuterol/Proventil (bronchodilator) use 1 vial via nebulizer every 4 hours. - Undated physician's order for Symbicort 160/4.5 mg, inhale 2 puffs bid; physician's order dated 12/14/18 for Symbicort 160/4.5 mg inhale 2 puffs bid. - Client #2 was hospitalized for treatment of pneumonia 10/24/18 - 11/2/18.	V 118		

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V 118	Continued From page 5 Review on 12/13/18 and 12/18/18 of client #2's MARs for October - December 2018 revealed: - October MAR did not include a transcription for Ventolin 90 mcg. - November MAR included transcription for Ventolin 90 mcg, inhale 2 - 4 puffs by mouth every 4 hours, with administration times of 7:00 am, 11:00 am, 12:00 pm, 3:00 pm, 4:00pm, and 7:00pm, with staff initials to signify the medication was administered more frequently than every 4 hours as ordered 11/9/18, and only 3 times on 11/12/18; Ventolin was not documented as administered 11/3/18 - 11/5/18. - December MAR included transcription for Ventolin inhale 2 -4 puffs po every 4 hours, with administration times of 7:00 am, 11:00 am, 3:00 pm, and 7:00 pm - Transcriptions for other medications as listed above. - No staff initials to signify administration of medications as follows: 4:00 pm dose of Albuterol 10/13/18, 10/14/18, 10/18/18, 8:00 pm 10/14/18, and 10/18/18; 8:00 pm doses of diphenhydramine, chlorhexidine, divalproex 500 mg and 250 mg, haloperidol, Mucinex, quetiapine, Sea Soft nasal mist, and simvastatin 10/14/18, and 10/18/18; 2:00 pm doses of haloperidol 10/15/18, 11/8/18, 11/20/18, 11/28/18 and 12/6/18; - 8:00 am doses of Symbicort 11/3/18, 11/4/18 12/13/18; and 8:00 pm doses 11/3/18, and 11/4/18. - No documented explanations of the medication omissions. - Circled staff initials for Albuterol 4:00 pm and 8:00 pm 10/17/18, Sea Soft Nasal Mist 8:00 pm 10/13/18; "Exceptions for [client #2] Resident Refused." - Circled staff initials for Albuterol 8:00 pm 11/4/18, and 4:00 pm 11/7/18, "Exceptions for	V 118		

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V 118	Continued From page 6 [client #2] Out of Facility." - Circled staff initials for Symbicort 8:00 pm 12/12/18, and 8:00 am 12/13/18, and Ventolin 3:00 pm and 7:00 pm 12/12/18, and 7:00 am and 11:00 am 12/13/18; "Exceptions for [client #2] Out of Facility." Review on 12/13/18 of client #3's record revealed: - 37 year old female admitted to the facility 8/18/08. - Diagnoses included Moderate Intellectual/Developmental Disability, Impulse Control disorder, Seizure Disorder, obesity, hypertension, anemia, gastroesophageal reflux disease, hypokalemia, hypercholesterolemia, and hypothyroidism. - Physician's orders dated 6/18/18 for diazepam (a sedative) 2 mg, one tablet bid, carbamazepine (treats seizures) 200 mg one tablet every morning and 6:00 pm, divalproex 500 mg, three tablets (1500 mg) po every morning, cetirizine (antihistamine) 10 mg one tablet at bedtime, ferrous sulfate (iron supplement used in treatment of anemia) 325 mg one tablet bid, chlorpromazine (anti-psychotic) 100 mg two tablets at bedtime, naproxen (anti-inflammatory used to treat pain) 500 mg, one tablet po twice daily as needed, and carbamazepine 200 mg, two tablets at noon. - No signed order for Listerine Cool Mint Mouthwash, rinse mouth bid. Review on 12/13/18 and 12/18/18 of client #3's MARs for October - December 2018 revealed: - Transcription for naproxen 500 mg, "take one tablet by mouth twice daily with food for pain/cramping with period *start with onset of period and continue for 5 days each month*." - Transcription for Listerine "Orig (original)	V 118		

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V 118	Continued From page 7 13-Nov-2018 Date Written: 13-Nov-2018." - Transcriptions for other medications as listed above. - No staff initials to signify administration of medications as follows: cetirizine, chlorpromazine, diazepam, 6:00 pm dose of carbamazepine and 8:00 pm dose of ferrous sulfate 10/13/18, 10/14/18, 10/18/18, 10/25/18, and 10/28/18; Listerine 8:00 am and 8:00 pm 11/13/18 - 11/17/18. No explanations for the omissions - Staff initials signified naproxen was administered daily at 8:00 am 10/14/18 - 10/31/18, 11/1/18 - 11/21/18, and 12/1/18 - 12/13/18 and at 8:00 pm 11/1/18 - 11/7/18, 11/9/18 - 11/14/18, 11/16/18 - 11/20/18, and 12/1/18 - 12/4/18, and 12/9/18 - 12/12/18. - Circled staff initials cetirizine 10/12/18, and divalproex 8:00 am 12/11/18 - 12/13/18; "Exceptions for [client #3] Out of Facility." During interviews on 12/13/18 and 12/18/18 the Licensee's Day Habilitation Program Manager, acting for the absent Medical Coordinator, stated circled staff initials on the MARs and "Exceptions . . . Out of Facility" indicated the medication was not available in the facility for administration. "If the staff initials are circled, the client didn't get the medication." Client #2 had been in the hospital for treatment of pneumonia from late October to early November, and Client #3 periodically went on home visits, particularly for holidays. During interview on 12/13/18 the Qualified Professional stated a new electronic medication administration system had begun in early October, Medications were scanned at the time of administration and the information was automatically uploaded to the Licensee's corporate office.	V 118		

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V 118	Continued From page 8 Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118	V123 & V366 Reporting any refused/Missed/unavaiable medication to the pharmacist or primary physician is extremely important to ensure that no harm comes to individuals from having missed that Medication. Likewise, reporting the missed med appropriately is extremly important to ensure it was reported to the pysician/Pharmacist & Qualified professional to ensure a trend is not forming. For that reason a new training has been developed Specific to incident reporting which must be conducted by an Ambleside QP. New employees Will go through this training at the time of hire. This training stresses the importance of reporting Medication errors to the pharmacist, the form to report on, and the time frame	
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and refusals affecting 3 of 3 audited clients (#1, #2, #3). The findings are: Refer to tag v118 for specific details. Review on 12/13/18 and 12/18/18 of client #1's MARs for October - December 2018 revealed: - 17 occasions of medications not being available for administration - 7 occasions of a medication (hydroxyzine) being administered after it was discontinued by the	V 123		

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V 123	Continued From page 9 physician. Review on 12/18/18 of client #1's record revealed no documentation of contact with a physician or pharmacist to report the medication errors. Review on 12/18/18 of level 1 incident reports regarding client #1 revealed: - Reports dated 10/24/18, 10/26/18, 10/29/18, and 10/31/18. - All 3 incident reports included "Description of the incident . . . Consumer did not get the citrate due to being out of the facility. Order was put in. . . . Supervisory Reivew . . . Preventive Action & Follow Up Needed: QP (Qualified Professional) spoke to staff about re-order procedure." Review on 12/13/18 and 12/18/18 of client #2's MARs for October - December 2018 revealed: - 8 occasions of medications not being available for administration. - 3 occasions of medication refusals Review on 12/18/18 of client #2's record revealed no documentation of contact with a physician or pharmacist to report the medication errors. Review on 12/18/18 of incident reports regarding client #2 revealed: - Reports dated 10/14/18, and 10/18/18 included "Description of the incident . . . Consumer did not get thick it due to it being out. Order was put in. . . . Supervisory reivew . . . Preventive Action & Follow Up Needed: QP talked to staff about med re-order procedure." - Report dated 12/13/18 included "Description of the incident . . . Consumer did not take medication due to being out. Order has been sent. . . . Supervisory Reivew . . . Preventive Action & Follow Up Needed: QP spoke with staff	V 123	to report the Missed med. In addition to the training upon hire, the CMA (During their daily MAR checks) Will ensure Staff ~~to~~ are turning in the ~~Level~~ incident reports if this occurs. If Staff prove lack of Competency in this area they will be required to Come in for Additional training. We feel as though this additional training as well as increased (daily) Monitoring of this to ensure Compliance will result in Long-Term Correction of Tags V123 & V366	2/14/19

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V 123	Continued From page 10 about re-order procedure and about following up with QP." Review on 12/18/18 of client #3's MARs for October - December 2018 revealed: - 4 occasions of medications not being available for administration. - 78 occasions of a medication (naproxen) being administered more frequently than ordered by the physician. Review on 12/18/18 of client #3's record revealed no documentation of contact with a physician or pharmacist to report the medication errors. Review on 12/18/18 of level 1 incident reports revealed: - Reports dated 12/11/18, 12/12/18, and 12/13/18. - All 3 incident reports included "Description of incident . . . consumer medicine was order but had not came in. Therefore consumer did not take the medicine. . . . Supervisory Reivew . . . Preventive Action & Follow Up Needed: QP let staff know that missed meds must be reported immediately and pharmacy must be called." During interview on 12/18/18 staff #4 stated there were times when medications were not readily available for administration. If they ran out of a medication, an order was put in to have them refilled. The House Lead would place the order with the pharmacy. During interview on 12/18/18 the House Lead stated if a medication was not available for administration, she would call the pharmacy to re-order the medication, but did not talk with the pharmacist or the physician about the medication error.	V 123		

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	mhl054-117	A. BUILDING: ______ B. WING ______	R 12/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALTIMORE	1932 OLD COLONY ROAD KINSTON, NC 28501

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V 123	Continued From page 11 During interview on 12/18/18 the Director of Operations stated contact with the pharmacist or physician was made anytime a medication error was reported. During that conversation, the possible adverse effects of the medication error were discussed.	V 123	V290 | The Plan of Protection is fully implemented and Two Staff are at this home 24/7 to ensure Quick and safe response to any emergency. Both the Scheduling Coordinator & House Leader of Baltimore have been instructed to ensure this Staffing Pattern Stays in Place. Unless an Alternative is put in place which Provides Rapid response of emergencies or provides the ability to exit the home in a safe & timely fashion, this Staffing Pattern will remain in Place, therefore resolving this deficiency & Penalty. This Staffing Pattern will be	1/1/19
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or	V 290		

Division of Health Service Regulation

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V 290	Continued From page 12 more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs affecting 2 of 3 audited clients (#1, and #2). The findings are: Review on 12/13/18 of client #1's record revealed: - 78 year old female admitted to the facility 5/8/06. - Diagnoses included Severe Intellectual/Developmental Disability, Obsessive Compulsive Disorder, by history, Seizure Disorder, cardiomegaly, allergic rhinitis, chronic obesity, osteoporosis, osteoarthritis, dry skin, and pica. - Risk/Support Needs Assessment dated 9/15/17 included client #1 required 24 hour, awake supervision due to fall risk and pica; "Requires support to evacuate home in event of fire. . . . She gets up in the middle of the night to go to the	V 290	Monitored by the QP to ensure Compliance with this procedure.	1/1/2019

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V 290	Continued From page 13 bathroom and is unsafe on her feet. She has fallen when trying to walk without asking for help. . . . [Client #1] cannot yell for help." Review on 12/18/18 of Licensee form "Patient Vital Sign Sheet for December 4, 2018" revealed client #1's documented weight was 230.1 pounds. Observation on 12/18/18 at approximately 10:30 am of client #1 revealed her to be seated in a wide wheelchair equipped with an unfastened seatbelt, assisted by a support staff who seemed to have difficulty maneuvering the wheelchair. Interview with client #1 was attempted on 12/18/18, however, she was unable to answer questions due to limitations in expressive communication. Review on 12/13/18 of client #2's record revealed: - 39 year old male admitted to the facility 3/1/10. - Diagnoses included Moderate Intellectual/Developmental Disability, Autism Spectrum Disorder, Schizoaffective Disorder, Cerebral Palsy, hyperlipidemia, hypothyroidism, Gastroesophageal Reflux Disease, asthma, and chronic kidney disease, stage 1. - Risk/Support Needs Assessment dated 2/15/18 included client #2 used a walker for ambulation support, required 24 hour awake supervision due to unsteady gait and required assistance with safe evacuation. Observation on 12/18/18 at approximately 11:45 am of client #2 revealed he used a rolling walker for ambulation with support staff walking behind him. His short steps were unsure and unsteady.	V 290		

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V 290	Continued From page 14	V 290		

During interview on 12/18/18 client #2 stated:
- They did fire drills at the facility.
- He didn't like it when staff awakened him for fire drills.
- They went outside for fire drills.
- There were 2 or 3 staff at the facility when they had drills.

During interview on 12/18/18 staff #1 stated:
- She typically worked third shift, the overnight shift.
- There was only one staff on third shift at a time.
- During evacuation drills, staff got the clients up, put client #1 in her wheelchair, and everyone went out the back door.
- "You have to walk behind [client #2]. [Client #3] is a big help, she pushes [client #1]."
- Client #1 would get out of bed and stand up.
- Client #1 couldn't raise or lower her bedrails independently.
- Client #3 frequently pushed client #1's wheelchair.
- The clients worked with staff and helped staff as much as possible, "if you talk them through things."
- Evacuations would be faster if there was a second staff working third shift.
- Someone came to the facility last year and trained staff how to evacuate clients.
- Staff were timed during a drill by the previous Qualified Professional and another administrative staff.
- If something happened on third shift and she needed assistance, she would call the "on-call" staff.

During interview on 12/18/18 staff #4 stated:
- He was hired approximately 6 months ago and usually worked second shift.
- There were typically two staff in the facility on

Division of Health Service Regulation

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V 290	Continued From page 15 second shift. - During evacuation drills, client #3 took the wheelchair to client #1's room while staff assisted client #2; staff would assist client #1 to her wheelchair and then everyone evacuated the facility. - Client #1 had fallen once since he was hired. - He had never used the mechanical lift; there was "no back" on the lift sling and if client #1 leaned back, she would "flip herself out" of the sling. - If client #1 fell to the floor, two staff would physically lift her; because of her weight, it was easier to lift client #1 if there were 3 staff available. During interview on 12/18/18 the "House Lead" stated: - She had been acting as "House Lead" since October 2018. - There were usually two staff present in the facility during waking hours and one staff overnight. - Client #1 could transfer from her bed to her wheelchair with little assistance. - Client #1 used her bedrails, but could not lower or raise them independently. - One staff would be able to safely and quickly evacuate all clients from the facility in the event of an emergency; clients #2 and #3 walked and client #1 transferred herself to her wheelchair. - If client #1 fell to the floor two staff would be needed to help her get up. - A mechanical lift was available for staff to use. - Client #1 didn't like the lift and was not always cooperative when it was used. - Staff were trained in the use of the lift by a representative from the company who provided the lift. - It took two staff to operate the lift safely though	V 290		

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V 290	Continued From page 16	V 290		

the trainer stated one staff could operate it.
- The training was last year, and new staff had been trained but she wasn't sure by whom.

During interview on 12/13/18 the Qualified Professional stated:
- Client #1 had rails on her bed and they were raised when client #1 was in bed but she was not able to raise or lower her bedrails independently.
- Client #1 could transfer to and from her wheelchair with assistance from staff.
- Client #1 could walk, but was very unsteady on her feet and it was safer for her to use her wheelchair for mobility.
- There were usually two staff at the facility during first and second shifts, and only one staff on third shift.
- Fire drills were done on all three shifts; one staff was able to assist the clients to evacuate in a safe and timely manner on third shift.
- The mechanical lift was available for use with client #1 if needed, but staff did not use it because it was manually operated and difficult to use.
- The Licensee was in the process of getting a battery powered lift for the facility.

Review on 12/18/18, of the Plan of Protection written and signed by the Director of Operations on 12/18/18 revealed:
- "What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately 2 staff will be on shift 24 hours daily in order to assist in emergency situations."
- "Describe your plans to make sure the above happens: We will coordinate w/ (with) scheduling coordinator to facilitate the additional staff effective immediately."

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V 290	Continued From page 17 Client #1 is a 77 year old, essentially non-ambulatory, obese female with a history of falls. Though she is able to transfer from surface to surface and can stand for short periods, her gait is very unsteady and she is at high risk for falls. She has bedrails that are in the "up" position anytime she is in bed; she cannot independently raise or lower the rails. Staff reported they had physically lifted client #1 from the floor following a fall from her wheelchair, despite the availability of a mechanical lift. Client #2 is a 39 year old male who relies on a walker and staff for ambulation support due to a very unsteady gait. Both clients #1 and #2 require staff assistance to safely evacuate in the event of an emergency. By staff report, client #3 often assists staff during evacuation drills and at other times by pushing client #1's wheelchair. The facility's staffing pattern of one staff on duty on third, overnight, shift does not allow for timely and safe evacuation of the clients and places the clients at substantial risk for harm. This deficiency constitutes a Type A2 rule violation for substantial risk for harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 290	V366 | This deficiency is Corrected through the Same Procedure as Tag V123 (See pg. 10 of 28)	2/14/19
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:	V 366		

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V 366	Continued From page 18 (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal	V 366		

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V 366	Continued From page 19 review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different;	V 366		

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V 366	Continued From page 20 (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document their response to level 1 incidents. The findings are: Refer to tags v118 and v123 for specific details. Review on 12/18/18 of level 1 incident reports regarding client #1 revealed reports dated 10/24/18, 10/26/18, 10/29/18, and 10/31/18; no other incident reports regarding medication errors. Review on 12/18/18 of level 1 incident reports regarding client #2 revealed reports dated 10/14/18, 10/18/18 and 12/13/18, no other incident reports regarding medication errors. Review on 12/18/18 of level 1 incident reports regarding client #3 revealed reports dated 12/11/18, 12/12/18, and 12/13/18, no other incident reports regarding medication errors. During interview on 12/18/18 the House Lead stated if a medication was not available for	V 366		

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V 366	Continued From page 21 administration, a level 1 incident report would be completed. She would call the pharmacy to re-order the medication, but did not talk with the pharmacist or the physician about the medication error. It was company policy that level 1 incident reports were completed for all medication errors. During interview on 12/18/18 the Director of Operations stated contact with the pharmacist or physician was made anytime a medication error was reported. During that conversation, the possible effects of the medication error were discussed. A level 1 or level 2 incident report was completed as appropriate based on information received from the pharmacist or physician.	V 366	V736 The Group Home Leader & Maintenance Supervisor will work in tandem to ensure these deficiencies are remedied in the most expeditious fashion possible. The Maintenance Supervisor will ensure all unneeded furniture is removed from the location & only necessary furniture remains. The Maintenance Supervisor will also be responsible for repairs of Appliances & Household items. The Group Home Leader will ensure the home is free of dust & Clutter. The director of Operations will follow up Before the Identified	
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 observations, record reviews, and interviews, the facility was not maintained in a clean manner. The findings are: Observation of the facility on 12/13/18 at approximately 10:30 am revealed: - 2 metal garden style chairs and one wooden chair at the kitchen table; the seats of the chairs were too low for the table top. - The refrigerator and freezer door handles were loose.	V 736		

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V 736	Continued From page 22 - Dark gray dust build up around the edge of the dishwasher. - The vent hood over the stove was a dirty, grayish color and was sticky. - The stove control panel had dark gray stains. - The oven door handle was loose. - Dried food splatters and rust inside the microwave. - The sun porch used as the main point of entry by the clients was used for storage of a custom wheelchair, 2 stacking metal chairs, 2 dining room chairs, 2 vacuum cleaners, 2 box fans, and one folding camp chair. - The air return grate in the living room had a heavy, fuzzy dark gray coat of dust. - Scuff marks on the wall by client #2's bed. - No globe on the ceiling light fixture in client #3's bedroom. - The finish on the back of the mirror in the hall bathroom was peeling. - The air return grate in the hallway was rusty. Review on 12/13/18 of medication records for clients #1, #2 and #3 revealed all had physician's orders for medications to promote respiratory health and to treat allergies. During interview on 12/13/18 the House Lead stated she could not remove the air return grate to clean it. She had asked the maintenance staff to remove the grate. During interview on 12/13/18 the Qualified Professional stated the custom wheelchair on the sun porch belonged to a client who passed away approximately 2 years ago. They did not know what the deceased client's family wanted to do with the chair.	V 736	"Complete date" to ensure all parties have fulfilled their responsibilities	1/31/19