

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-077	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2019
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NAME OF PROVIDER OR SUPPLIER STAMEY HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD MARION, NC 28752
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(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	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/4/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Group/ Intellectual Development Disabilities.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious</p>	V 108		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure each employee received training to meet the needs of the client for mental health and intellectual development disabilities as specified in the treatment plan for 1 of 3 sampled staff (#1). The findings are:</p> <p>Review on 12/18/18 of the personnel record for Staff #1 revealed: -Hire date of 2/21/18. -No documentation of client specific training based on the treatment plan for Client #1, #2, or #3.</p> <p>Interview on 12/18/18 with Staff #1 revealed: -He received training in 4 or 5 different classes when he was hired. -He also received an overview of clients but could not recall anything specific to the treatment plan.</p> <p>Interview on 12/19/18 with the Qualified Professional revealed: -She did not recall Staff #1 receiving any training on client specifics. -Staff #1 was employed by the Director and not the licensee. -It was the responsibility of the licensee and the qualified professional to ensure client specific training was completed with staff.</p>	V 108		

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V 111	Continued From page 2	V 111		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure an assessment was completed</p>	V 111		

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V 111	<p>Continued From page 3</p> <p>prior to providing services to include presenting problems, provisional or admitting diagnoses, needs and strengths, family and medical history for 2 or 3 clients. (#1, #3). The findings are:</p> <p>Review on 12/7/18, 12/18/18 and 12/19/18 of the record for Client #1 revealed: -Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors. -No facility assessment with diagnosis, presenting problems, strengths, needs, family or medical history.</p> <p>Review on 12/17/18 of the record for Client #3 revealed: -Admission date of 10/13/18 with diagnoses of Mild Intellectual Development Disability, Attention Deficit Hyperactivity Disorder, Unspecified Paraphilic Disorder, Self-Injurious Behavior, Asthma, Acid Reflux and Hiatal Hernia. -No facility assessment with diagnosis, presenting problems, strengths, needs, family or medical history.</p> <p>Interview on 12/19/18 with the Qualified Professional revealed: -The facility did an assessment which included personal preferences at the time of admission. -The assessment did not include diagnoses, problems, strengths, needs and family or medical history. -Some of the information was on the face sheet and client specifics. -The qualified professional was not always involved with the intake of new clients. -Some clients were admitted over the weekend</p>	V 111		

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V 111	Continued From page 4 on an emergency basis and the assessment was not completed until the following work week. -She would ensure assessments were completed to meet the rule.	V 111		
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. This Rule is not met as evidenced by:	V 112		

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V 112	<p>Continued From page 5</p> <p>Based on record review and interview the facility failed to ensure the treatment/service plan was updated and strategies were implemented for 2 of 3 sampled clients (#1). The findings are:</p> <p>Cross Reference 10A NCAC 27G .0209 Medication Requirements (V118) Based on observation, interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 2 of 3 sampled clients (#1,#2).</p> <p>Cross Reference 10A NCAC 27G .0209 Medication Requirements (V123) Based on record review and interview the facility failed to report drug administration errors/refusals immediately to a physician or pharmacist for 1 of 3 sampled clients (#1).</p> <p>Cross Reference 10A NCAC 27G .5603 Operations (V291) Based on record review and interview the facility failed to ensure coordination was maintained between the facility operator and the qualified professional who was responsible for the treatment plan for 1 of 3 sampled clients (#1).</p> <p>Review on 12/7/18, 12/18/18 and 12/19/18 of the record for Client #1 revealed: -Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors. -Treatment Plan dated 7/11/18 with no identified goals or strategies for medication management.</p>	V 112		

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V 112	<p>Continued From page 6</p> <p>Review on 12/19/18 and 1/4/19 of the Plan of Protection completed on 12/19/18 and updated on 1/4/19 by the Qualified Professional and Chief Executive Office revealed:</p> <p>"By December 28, 2018 the following will occur:</p> <ol style="list-style-type: none"> 1. All staff providing direct care services will receive re-medication training to specifically address client refusal of medications, reading medication labels & compare to original physician orders for correct dosage, route & time of day. Training will be implemented by CCHC [licensee] I RN/QP,[name]. 2. All MARS, physician orders, & medications will be reviewed by the attending QP & RN by 12/21/2018 for accuracy & correct dosage as prescribed. 3. Documentation will be gathered from the Marion RHA [mental health provider] as related to identified member who refuses his medication on a daily basis for appropriate interventions /strategies to promote positive outcome for member to willingly take medications as prescribed. 4. The attending QP will revise the current PCP to reflect goals, & strategies for identified individual to take medications as prescribed. In addition, QP will review all members living in the Stamey home for accurate goals & strategies for all identified problems. Beginning 12/20/2018, QP will physically observe strategies & interventions related to identify goals for each individual living in the home. QP will review all members current PCP's for all identified problems & strategies as related to the clients specific needs for overall health & safety. 5. To insure the above happens, the QP will do weekly observations in the home for a period of 6 weeks & then ongoing on a monthly basis. All visits/trainings will be documented. Updates & 	V 112		

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V 112	<p>Continued From page 7</p> <p>changes will be implemented as ongoing needs are assessed.</p> <p>6. Added 1/4/2019-Service Coordination will be maintained between the facility director, [name] & the qualified professional, [name], by implementing daily and or weekly updates for each residing member in the home in regards to but not limited to medication changes, doctor appointments, behavioral concerns, goals and overall well-being of each member. All updates will be documented & implemented as of 1/4/19. This will be an ongoing strategy to promote clear communication & care for each individual residing in the home."</p> <p>Client #1 had an extensive psychiatric background and received treatment for approximately 15 years to address Borderline Personality Disorder, Suicidal Ideations, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors. Prior to admission to the facility in July of 2018 he was institutionalized for a period of 2 years. From 10/6/18-10/31/18, the client refused his antipsychotic medication, his anti-depression medication, and his medication to prevent extreme mood swings, as well as refusing other medications for his thyroid and reflux. In November he continued to refuse his thyroid and reflux medications; and a missing page in the medication record meant we were unable to tell what other medications he took or didn't take. In December, he continued to refuse his thyroid and reflux medications, as well as refusing his anti depression and mood swing medication. On 12/4/18, he was placed on anti-psychotic injections after refusal of the anti-psychotic medication (invega), but no other actions were</p>	V 112		

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V 112	<p>Continued From page 8</p> <p>taken to address his refusals. The director and the registered nurse were aware of the continuous refusals but failed to communicate this to the qualified professional who did not address, develop or implement strategies for medication management. On 12/16/18, at supper time, the client informed staff that this was his last meal because he planned to go to the railroad tracks and kill himself. The client was admitted to the hospital on 12/17/18 through 1/3/19 to address his suicidal thoughts and plan.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance.</p>	V 112		
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</p>	V 118		

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V 118	<p>Continued From page 9</p> <p>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 observation, interview, and record review the facility failed to maintain the MAR current and ensure prescription drugs were administered as ordered by the physician for 2 of 3 sampled clients (#1,#2). The findings are:</p> <p>Review on 12/7/18, 12/18/18 and 12/19/18 of the record for Client #1 revealed: -Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum</p>	V 118		

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V 118	<p>Continued From page 10</p> <p>Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors.</p> <p>Observation at approximately 11am on 12/7/18 of the medications for Client #1 revealed: -Naltrexone HCL 50mg (opiate antagonist) 1 tablet daily. -Levothyroxine 25mcg (thyroid condition) 1 tablet daily. -Omeprazole 40mg (stomach acid) 1 capsule daily. -Seroquel 25mg (for agitation and mood symptoms) 1 tablet 3 times daily as needed. -Cetirizine 10mg (allergies) 1 tablet daily. -Lithium Carbonate Extended Release 300mg (mood symptoms) 4 tablets in the morning and 4 tablets at bedtime. -Lamotrigine 100mg ½ tablet (mood symptoms) 2 times daily. -Benzotropine 1 mg, 1 tablet as needed for stiffness.</p> <p>Review on 12/7/18 and 12/18/18 of the record for Client #2 revealed: -Admission date of 7/21/18 with diagnoses of Autistic Disorder, Moderate Intellectual Development Disability and Oppositional Defiant Disorder. -Physician order dated 8/6/18 for Vistaril Pamoate (Hydroxyzine) 25 mg 3 times daily as needed. -Physician order dated 11/15/18 for Hydroxyzine 50mg 1 tablet at night.</p> <p>Observation at approximately 10:25am on 12/7/18 of the medications for Client #2 included: -Hydroxyzine Pamoate 25mg (anxiety) 1 tablet 3 times daily as needed.</p> <p>Review on 12/18/18 of the physician orders for</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>Client #1 revealed:</p> <ul style="list-style-type: none"> -Physician order dated 9/14/18 for Naltrexone HCL 1 tablet each day, Lithium Carbonate Extended Release, 300mg 4 tablets in the morning and 4 tablets at bedtime, Invega 6mg 1 tablet each morning, Lamotrigine 100mg ½ tablet 2 times each day and Seroquel 25mg 1 tablet 3 times daily as needed. -Levothyroxine 25mcg 1 tablet daily, order dated 7/20/18. -Famotidine 20mg 1 tablet 2 times daily. -Cetirizine 10mg 1 tablet daily, order dated 11/14/18. -Benzotropine 1 mg 2 times daily as needed for stiffness, dated 12/4/18. -Invega Sustenna 234mg (mood) Intramuscular 12/4/18 then Q21-28day. -Physician order dated 12/4/18 to discontinue Invega 6mg , Naltrexone, Lamotrigine, and Lithium. <p>Review on 12/7/18 and 12/18/18 of the October, November and December 2018 MAR for Client #1 revealed:</p> <ul style="list-style-type: none"> -October 2018 - Invega, Lithium, Lamotrigine, Naltrexone, Levothyroxine, Omeprazole and Famotidine was refused 10/6/18-10/31/18. -November 2018 - Naltrexone HCL, Levothyroxine, Omeprazole were refused 11/1/18-11/30/18. -November 2018 was missing page 2 of the MAR. -December 2018 -Invega 6mg documented as refused from 12/1/18-12/16/18, order was discontinued on 12/4/18 and placed on injection. -Cetirizine, Famotidine, Lithium, Lamotrigine, Naltrexone, Levothyroxine, Omeprazole refused from 12/1/18-12/16/18. -Note on the back of the October-November MAR indicated the guardian was notified. The 	V 118		

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V 118	<p>Continued From page 12</p> <p>December MAR indicated the pharmacy was notified for all missed medications. -The October MAR was signed off by the facility registered nurse as being reviewed.</p> <p>Review on 12/7/18 and 12/18/18 of the October, November and December 2018 MAR for Client #2 revealed: -Hydroxyzine was not listed on the MAR for October. -Hydroxyzine 25mg take one 3 times daily as needed, administered at 6am and 10pm daily 11/1/18-11/30/18. -Documentation on the "PRN Results ..." of November MAR indicated 50mg of Hydroxyzine was administered 2 times each day 11/1/18-11/30/18. -December MAR listed Hydroxyzine 50mg 1 tablet at night as needed for anxiety and administered 1 tablet at night. Administered correctly but listed as needed.</p> <p>Interview on 12/7/18 with Client #1 revealed: -He reported no problems with medication and said he had not missed any medication.</p> <p>Interview on 12/7/18 with Client #2 revealed: -He took his medication every morning and night. -He had never missed any of his medication.</p> <p>Interview on 12/19/18 with the Guardian for Client #1 revealed: -He was aware Client #1 was refusing medications. -He visited the client once each month. -The director maintained good communication with him. -Client #1 did not exhibit any change in mood or behaviors from refusal of medications.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER STAMEY HOME 1	STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD MARION, NC 28752
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V 118	<p>Continued From page 13</p> <p>Interview on 12/18/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -When a client refused a medication he put an "R" on the MAR. -He understood this was all he needed to do with a refusal of medication. -He did not notify the physician or pharmacist when a client refused a medication. -Client #1 had refused his medications for 1-2 months. -He administered the Hydroxyzine for Client #2 according to the MAR, he was not sure why he documented 50mg each time it was administered. -He thought this was a documentation error for Client #2. -Staff #1 also reported Client #1 was hospitalized on 12/16/18 due to suicidal ideations. -Client #1 came to him on 12/16/18 and asked what they were having for supper that evening, then further stated it would be his last meal because he planned to go down to the railroad tracks to kill himself. -Staff notified the director who took Client #1 to hospital for evaluation and he was admitted due to the suicidal ideations. <p>Interview on 12/18/18 and 1/4/19 with the Director revealed:</p> <ul style="list-style-type: none"> -He was aware Client #1 was refusing his medications. -He directed the staff to document the refusal of medications on the MAR. -The director notified the guardian of the refusals and the guardian informed him to continue to document the refusals. -The nurse practitioner and the therapist were aware Client #1 was refusing his medication. -No changes in the client behavior had been observed with his refusal of medications. -He was placed on an invega injection 12/4/18 and the physician had discontinued most of his 	V 118		

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V 118	<p>Continued From page 14</p> <p>oral medications due to the continued refusals.</p> <ul style="list-style-type: none"> -Client #1 was hospitalized on 12/16/18 - 1/3/19 due to suicidal ideations. -He was not aware the physician or pharmacist should be notified with any refusal of medication. -He was not aware of the inaccuracy on the MAR for Client #2 with the Hydroxyzine, he should have made sure the MAR was correct. <p>Interview on 12/20/18 with the facility Registered Nurse (RN) revealed:</p> <ul style="list-style-type: none"> -She did not go to the facility for oversight of medications. -She reviewed the facility MAR every month. -If she noted any errors or questions regarding the MAR she would follow up with the staff. -The staff should document "R" on the MAR for any refusal and explain what the R indicated. -For any continued refusal she would discuss with staff what could be done differently with the client. -She did not recall anything specific about Client #1's continued refusal of medication, therefore she had no discussion with staff on what could be done differently. -She could not recall anything specific about the hydroxyzine for Client #2. If she noted the discrepancy with the MAR, she would have gone to the facility to verify the order. <p>Interview on 12/19/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -It was the responsibility of the RN to review the MAR for clients. -She visited the clients and staff at the day program and office 2-3 times each month. -She was not aware of the ongoing medication refusals by Client #1. -Since she did not review the MAR, she was not aware of the error with the hydroxyzine for Client #2. 	V 118		

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V 118	<p>Continued From page 15</p> <p>Interview on 1/3/19 and 1/4/19 with the Therapist for Client #1 revealed: -She was aware Client #1 was refusing medication. -She did not observe any changes in mood or behavior related to the medication refusal. -He had a history of medication refusals. -He recently re-started the invega injection. -Prior to re-starting the invega injection he was on oral medications, which gave him more control over the day to day refusal. -Client #1 was institutionalized for 2 years prior to his admission to the current facility. -She met with the client 1 time each week and he was also involved with community support 2 times each week. -In the event of a crisis visits would be increased.</p> <p>Interview on 12/19/18 with the assistant for the Nurse Practitioner revealed: -The nurse practitioner recently discontinued the medications for Client #1 because he was refusing to take the medication. -He agreed to take the invega injection on 12/4/18. -All of the oral medications were discontinued on 12/4/18. -Client #1 was seen by the nurse practitioner on 8/1/18, 8/8/18, 8/16/18, 8/31/18, 9/14/18, 10/4/18, 12/4/18 and 12/11/18. -Not taking his medication had no effect on his mood or behavior.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected with 23 days.</p>	V 118		

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V 123	Continued From page 16	V 123		
V 123	<p>27G .0209 (H) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to report drug administration errors/refusals immediately to a physician or pharmacist for 1 of 3 sampled clients (#1). The findings are:</p> <p>-Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors.</p> <p>Review on 12/7/18 and 12/18/18 of the October, November and December 2018 MAR for Client #1 revealed:</p> <p>-Refusal of all routine medications, naltrexone, levothyroxine, omeprazole, lamotrigine, cetirizine, lithium, from 10/6/18-12/16/18, notation on the back of the MAR's "refused medication, notified guardian."</p> <p>-Invega 6mg was refused from 10/6/18-12/4/18, with the same documentation, "refused"</p>	V 123		

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V 123	<p>Continued From page 17</p> <p>medication, notified guardian."</p> <p>Interview on 12/18/18 with Staff #1 revealed: -When a client refused a medication he put an "R" on the MAR. -He understood this was all he needed to do with a refusal of medication. -He did not notify the physician or pharmacist when a client refused a medication. -Client #1 had refused his medications for 1-2 months.</p> <p>Interview on 12/18/18 and 1/4/19 with the Director revealed: -He was aware Client #1 was refusing his medications. -He directed the staff to document the refusal of medications on the MAR. -The director notified the guardian of the refusals and the guardian informed him to continue to document the refusals. -The nurse practitioner and the therapist were aware Client #1 was refusing his medication. -He was not aware the physician or pharmacist should be notified with any refusal of medication.</p> <p>Interview on 12/19/18 with the Qualified Professional revealed: -She was not aware of the medication refusals by Client #1.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected with 23 days.</p>	V 123		

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V 291	Continued From page 18	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally 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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure coordination was maintained between the facility operator and the qualified professional who was responsible for the</p>	V 291		

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V 291	<p>Continued From page 19</p> <p>treatment plan for 1 of 3 sampled clients (#1). The findings are:</p> <p>Review on 12/7/18, 12/18/18 and 12/19/18 of the record for Client #1 revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors. -MAR from October to December 2018 indicated Client #1 had refused all routine medications from 10/6/18-12/4/18. <p>Interview on 12/18/18 with Staff #1 revealed:</p> <ul style="list-style-type: none"> -When a client refused a medication he put an "R" on the MAR. -He understood this was all he needed to do with a refusal of medication. -Client #1 had refused his medications for 1-2 months. -The director was aware of the medication refusals. <p>Interview on 12/18/18 and 1/4/19 with the Director revealed:</p> <ul style="list-style-type: none"> -He was aware Client #1 was refusing his medications. -He directed the staff to document the refusal of medications on the MAR. -The director notified the guardian of the refusals and the guardian informed him to continue to document the refusals. -The nurse practitioner and the therapist were aware Client #1 was refusing his medication. -He handled the refusals and at the time believed this was sufficient. -He did not make the Qualified Professional aware of the ongoing refusals by Client #1. 	V 291		

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V 291	<p>Continued From page 20</p> <p>-He should have communicated this issue to the QP.</p> <p>Interview on 12/20/18 with the facility Registered Nurse (RN) revealed:</p> <p>-She did not go to the facility for oversight of medications.</p> <p>-She reviewed the facility MAR every month.</p> <p>-If she noted any errors or questions regarding the MAR she would follow up with the staff.</p> <p>-The staff should document "R" on the MAR for any refusal and explain what the R indicated.</p> <p>-For any continued refusal she would discuss with staff what could be done differently with the client.</p> <p>-She did not recall anything specific about Client #1's continued refusal of medication.</p> <p>Interview on 12/19/18 with the Qualified Professional revealed:</p> <p>-The MARS were reviewed by the nurse.</p> <p>-She did not recall being informed by the nurse or the director Client #1 was refusing his medications.</p> <p>-She was not aware of the medication refusals by Client #1, but she should have known this information.</p> <p>-The treatment plan should have been updated to include medication management.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112) for a Type A1 rule violation and must be corrected with 23 days.</p>	V 291		
V 366	<p>27G .0603 Incident Response Requirments</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR</p>	V 366		

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V 366	<p>Continued From page 21</p> <p>CATEGORY A AND B PROVIDERS</p> <p>(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:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(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</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(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.</p> <p>(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:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p>	V 366		

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V 366	<p>Continued From page 22</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal 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:</p> <p>(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;</p> <p>(B) gather other information needed;</p> <p>(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</p> <p>(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</p> <p>(3) immediately notifying the following:</p>	V 366		

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V 366	<p>Continued From page 23</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to level I incidents. The findings are:</p> <p>Review on 12/7/18, 12/18/18 and 12/19/18 of the record for Client #1 revealed: -Admission date of 7/13/18 with diagnoses of Borderline Personality Disorder, Suicidal Ideation, Major Depressive Disorder, Autism Spectrum Disorder, Impulse Control Disorder vs Obsessive Compulsive Disorder and Chronic Non-Suicidal Self Harming Behaviors.</p> <p>Review on 12/7/18 and 12/18/18 of the October, November and December 2018 MAR for Client #1 revealed: -October 2018 - Invega, Lithium, Lamotrigine, Naltrexone, Levothyroxine, Omeprazole and</p>	V 366		

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V 366	<p>Continued From page 24</p> <p>Famotidine was refused 10/6/18-10/31/18. -November 2018 - Naltrexone HCL, Levothyroxine, Omeprazole were refused 11/1/18-11/30/18. -November 2018 was missing page 2 of the MAR. -December 2018 -Invega 6mg documented as refused from 12/1/18-12/16/18, order was discontinued on 12/4/18 and placed on injection. -Cetirizine, Famotidine, Lithium, Lamotrigine, Naltrexone, Levothyroxine, Omeprazole refused from 12/1/18-12/16/18.</p> <p>Review on 12/18/18 of the facility incident reports revealed: -No level 1 incident reports were completed for any of the medication refusals for Client #1.</p> <p>Interview on 12/19/18 with the Director revealed: -He did not notify the qualified professional of the refusals and was not aware of the requirement for incident reports.</p> <p>Interview on 12/19/18 with the Qualified Professional revealed: -She was not made aware of the refusals and level 1 incident reports were not completed.</p>	V 366		