

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074223</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MOSLEY DRIVE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3330 A MOSLEY DRIVE GREENVILLE, NC 27834</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on February 21, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></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 and communicable diseases of personnel and</p>	V 108		

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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>clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure three of four audited paraprofessional staff (#1, #4 and Residential Director (RD)) received diabetic training to meet the needs of a client. The findings are:</p> <p>See Tag V118 for specifics.</p> <p>Review on 02/20/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 46 year old female.</li> <li>- Admission date of 01/13/10.</li> <li>- Diagnoses of Mild Intellectual Developmental Disabilities, Major Depressive Disorder, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disorder, Edema and Hypertension.</li> </ul> <p>Review on 02/20/19 of client #1's Individual Support Plan (ISP) dated 08/01/18 revealed:</p> <ul style="list-style-type: none"> <li>- "What Others Need To Know To Best Support Me...When I am away from my home without supervision I get candy and cakes to eat. I am being encouraged to eat better, which includes foods more appropriate for a Diabetic to include a decrease in sugar and starches. The drops in my blood sugar levels occur most often in the afternoon and in the morning. It is important that people that support me have an understanding and knowledge of Diabetes and Diabetic meal planning, meal preparation and Diabetic skin care. People need to know the symptoms that I exhibit if my blood sugar levels are too high or too</li> </ul>	V 108		

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V 108	<p>Continued From page 2</p> <p>low. If my blood sugar levels are too low; I will become sweaty, lethargic and begin to shake. I may act confused. I have to eat something to bring up my blood sugar levels. So it is important that I have items readily available to consume if my blood sugar levels are too low..."</p> <p>Review on 02/21/19 of staff #1's personnel record revealed: - Date of hire: 01/04/16. - Job title: Direct Care Professional (DCP). - Medication training effective 12/13/18. - No documented Diabetic training to meet the needs of client #1.</p> <p>Review on 02/21/19 of staff #4's personnel record revealed: - Date of hire: 12/13/14. - Job title: DCP. - Medication training effective 11/08/16. - No documented Diabetic training to meet the needs of client #1.</p> <p>Review on 02/21/19 of the RD's personnel record revealed: - Date of hire: 12/11/17. - Job title: RD - Medication training effective 01/25/19. - No documented Diabetic training to meet the needs of client #1.</p> <p>Interview on 02/20/19 staff #4 stated: - She had worked at the facility for approximately 3 years. - She primarily worked 3rd shift, 12 midnight to 8am.</p> <p>Interview on 02/21/19 the Administrative Staff indicated they were aware of the need for training to meet the needs of client #1 as specified in the</p>	V 108		

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V 108	Continued From page 3 treatment/habilitation plan.	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of two clients (#1). The findings are:</p> <p>Review on 02/20/19 of client #1's record revealed: - 46 year old female. - Admission date of 01/13/10. - Diagnoses of Mild Intellectual Developmental Disabilities, Major Depressive Disorder, Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Gastroesophageal Reflux Disorder, Edema and Hypertension.</p> <p>A. Review on 02/20/19 of a medication order for client #1 signed by a Nurse Practitioner and dated 02/14/19 revealed: - "2/14/19 Starting 2/15/19 decrease Losartan (treats high blood pressure) 25mg (milligrams) to 1/2 tab (tablet) (12.5mg) PO (by mouth) qd (every day)...(discontinue previous dose)."</p> <p>Review on 02/19/19 of client #1's February 2019 MAR revealed the following transcribed entry: - "Starting 2-15-19 decrease Losartan 25mg to 1/2 tablet 12.5mg by mouth everyday. - Staff initials to indicate the Losartan was administered as ordered 02/16/19 thru 02/19/19.</p> <p>Observation on 02/19/19 at approximately 2:08pm of client #1's medications revealed: - A bubble pack of Losartan 25mg with 11 tablets remaining. - No Losartan 12.5mg available for administration.</p> <p>Interview on 02/19/19 the Residential Director</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>stated:</p> <ul style="list-style-type: none"> <li>- She was not able to locate any Losartan 12.5mg for client #1.</li> <li>- She was not aware client #1 had been given the incorrect dosage of Losartan.</li> </ul> <p>B. Review on 02/19/19 of client #1's physician orders revealed check Finger Stick Blood Sugar (FSBS) values 4 times daily.</p> <p>Review on 02/20/19 of client #1's November 2018 thru January 2019 MARs revealed the following blanks for the documentation of FSBS values:</p> <p>November 2018</p> <ul style="list-style-type: none"> <li>- 11/19/18 at 8pm, 11/20/18 at 8am and 8pm, 11/22/18 at 6:30pm and 8pm, 11/23/18 at 6:30pm and 8pm, 11/24/18 thru 11/25/18 at 8am, 6:30pm and 8pm, 11/26/18 at 8am and 6:30pm, 11/27/18 thru 11/29/18 at 6:30pm and 11/30/18 at 8am, 6:30pm and 8pm.</li> </ul> <p>December 2018</p> <ul style="list-style-type: none"> <li>- 12/07/18 thru 12/08/18 at 6:30pm and 8pm, 12/14/18 at 6:30pm and 8pm, 12/16/17 thru 12/17/18 at 8am, 12/21/18 at 6:30pm and 8pm, 12/22/18 at 8am, 12/25/18 at 6:30pm, 12/28/18 at 6:30pm and 8pm and 12/30/18 at 6:30pm and 8pm.</li> </ul> <p>January 2019</p> <ul style="list-style-type: none"> <li>- 01/04/19 thru 01/06/19 at 6:30pm and 8pm, 01/12/19 at 8pm, 01/13/19 at 6:30pm and 8pm, 01/18/19 at 6:30pm and 8pm, 01/20/19 at 6:30pm and 8pm, 01/25/19 thru 01/26/19 at 8pm and 01/27/19 at 6:30pm and 8pm.</li> </ul> <p>C. Review on 11/08/18 of a signed physician order for client #1 revealed Trulicity (treats Diabetes) 0.5 milliliters - weekly.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 02/20/19 of client #1's November 2018 and December 2018 MARs revealed the following blanks:</p> <p>November 2018 - Trulicity - 11/21/18.</p> <p>December 2018 - Trulicity - 12/19/18.</p> <p>Interview on 02/20/19 the facility Registered Nurse stated she would follow up on client #1's Losartan and FSBS.</p> <p>Interview on 02/21/19 the Administrative Staff indicated they were aware the MARs needed to be kept current.</p> <p>Due to the failure to accurately document medication administration and FSBS values it could not be determined if clients received their medications or labs as ordered by the physician.</p>	V 118		