STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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, follow-up and complaint survey was completed on 2/1/19. The complaint was substantiated (Intake ID #s NC00147174 & NC00147091) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Children or Adolescents with Development Disabilities.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117	DHSR - Mental Health MAR 05 2019 Lic. & Cert. Section	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 117	Continued From page 1	V 117		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to ensure prescription drugs dispensed included a label with prescriber name, dispensing date, strength, quantity and expiration date of drug for 1 of 3 clients (Client #1). The findings are:

Review on 1/24/19 of Client #1's record revealed:
- Date of Admission 12/11/17
- 15 years of age
- Diagnoses: Autism, Post-Traumatic Stress Disorder, Attention Deficit Disorder combined type, Moderate Mental Retardation
- Person Centered Plan dated 9/1/18

Review on 1/24/19 of Client #1's MARs from 9/1/18 through 12/31/18 revealed the following medications:
Clonazepam 0.5 milligram (mg), ½ tablet three times a day, 8:00AM, 2:00PM & 8:00PM
Benztropin 1mg, 1 tablet twice daily, 8:00AM & 8:00PM
Propranolol 40mg, 1 tablet three times daily 8:00AM, 2:00PM & 8:00PM
Lamotrigine 150mg, 1 tablet twice daily 8:00AM & 8:00PM
Bupropion 75mg, 1 tablet twice daily 8:00AM & 8:00PM
Loratadine 10mg, 1 tablet daily 8:00PM
DOK 100mg, daily 8:00AM
Clonidine 0.1mg, daily 8:00AM

The agency has a therapeutic leave form in which includes all of the information needed. The agency will train staff on how to fill the form out and ensuring there is a signature from the responsible party taking the medications. The staff was not aware of therapeutic leave form because this form was done as a result of the

2/28/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 117	Continued From page 2 Interview on 1/23/19 with Client #1's Guardian revealed: - "I arrived at the group home (12/21/18) to pick up [Client #1] for a home visit over the holiday. - I had called ahead and spoke with [the Team Lead] that I would be there Saturday (12/22/18). But we came that Friday before (12/21/18). - That doesn't excuse the group home from doing their job and being prepared just the same. - [Staff #4] seemed like she wasn't too sure how to go about getting the medications packed so I could bring them with me. - [Staff #4] called another staff, I think [the Lead Staff]. It seemed a while before anyone called her back. I believe the Lead Staff was out of town. - I was in a hurry and I helped her (Staff #4) put the pills in baggies. There wasn't any direction of any kind in the baggies. - I have never signed a form with the medication listed. They (staff) just put the medications in baggies. I basically know what to give him. - I noticed that again the clonazepam medication wasn't going to be enough medications for the home visit. This happened in November (11/23/18) also. - Aren't the staff supposed to be trained, and able to handle stuff that comes up? - I take my [Client #1] home for a visit and I don't have enough meds (Clonazepam) and they call child protection on me because they (the staff) didn't get him to doctor visits to get his medication in the first place." Interview on 1/31/19 with Staff #4 revealed: - "I didn't know the [Guardian] was coming. - I called [Staff #1] no one answered. Then I called [the Lead Staff]. - The [Guardian] helped me pop the pills out of the packs and into baggies. He (the Guardian] was in a hurry.	V 117	incident in which transpired with Client #1. The Quota has inserviced all staff on how the form is to be completed. This will be ongoing.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 117	Continued From page 3 - There was no form to fill out for the medications. (Staff #4 was not aware of the 'Independent Living Group Home Therapeutic - Leave Medication Form') - I took out each pill for each day he (Client#1) was going to be on his home visit. - I didn't notice the Clonazepam was out. - If we are out of Clonazepam we are to call [the Lead Staff]." Interview on 1/24/19 with the Lead Staff revealed: - "I talked to the (Guardian) on Thursday (12/20/18). They (the Guardians) said they would leave Saturday (12/22/18) to pick up [Client #1] for a home visit. - They called Friday (12/21/18) and said they were an hour out (away from group home). I was out of town. - I called [Staff #4] and told her they were on their way. - I explained to her about the medications and how to pack them for a home visit. - If [the Guardian] came when he first said he was (12/22/18) we would have been ok." - Lead Staff was not aware of the Independent Living Group Home Therapeutic - Leave Medication Form. Interview on 2/1/19 with the Director revealed: - The facility can't tell a Guardian not to take their child. - That if the Guardian was aware Client #1 was out of medications (Clonazepam) then why would he have taken him. - There was a half bubble pack of Clonazepam in the medication closet for Client #1 and probably either didn't get seen by Staff #4 or fell behind the med container. - The Director reported she had recently developed the Independent Living Group Home	V 117		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 117	Continued From page 4 Therapeutic - Leave Medication Form staff would not be aware of it.	V 117		
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: (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.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 5 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to keep current the MAR and failed to dispense medications on the written order of a Physician effecting 1 of 3 clients (Client #1). The findings are: Cross Reference: 10A NCAC 27G (V291) Based on record reviews and interviews the facility failed to coordinate with other professionals to maintain medication management appointments and failed to coordinate with school and physician to maintain a scheduled medication pass for 1 of 3 clients (Client #1). Review on 1/24/19 of Client #1's record revealed: - Date of Admission 12/11/17 - 15 years of age - Diagnoses: Autism, Post-Traumatic Stress Disorder, Attention Deficit Disorder combined type, Moderate Mental Retardation - Person Centered Plan dated 9/1/18 Review on 1/24/19 of Client #1's MARs from 9/1/18 through 12/31/18 revealed the following medications: Clonazepam 0.5 milligram (mg), ½ tablet three times a day, 8:00AM, 2:00PM & 8:00PM Propranolol 40mg, 1 tablet three times daily 8:00AM, 2:00PM & 8:00PM - Clonazepam 0.5 mg was documented as given at 2:00 PM 9/1/2018 through 12/31/18 - Propranolol 40 mg was documented as given at 2:00 PM 9/1/2018 through 12/31/18 Interview on 1/25/19 with Client #1's school nurse revealed: - "No medication has ever been administered	V 118	2/18/19 The agency has an employee who does just client appts. The person ensures the clients get to all scheduled and/or as needed appt. We have an appt. log sheets which tracks all specialty appts., medication changes and if a follow-up appt is needed. The agency coordinated with other medical professionals to maintain a medication	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 6 here for [client #1]." Interview on 1/24/19 with the Lead Staff revealed: - "He (Client #1) started school in September (9/2018). - He was getting his two pm (2:00PM) med at four (4:00PM) after school until just recently. It was changed to four o'clock. Called the pharmacy and had it changed to four (4:00 PM)." Interview on 2/1/19 with the Qualified Professional (QP) when asked why this was documented as given at 2:00PM and why the facility had not sought out changing medication pass time revealed: - There was no reply. Interview with the Director on 2/1/19 when asked why the two medications were documented as given at 2:00PM and why the facility had not sought out changing medication pass time revealed: - Acknowledged the inappropriate documentation and had recently taken measures to correct. Finding 2: Request on 1/25/19 for a list of Physician appointments from 9/1/18 through 12/31/18 for Client #1 and compiled by the Assistant to the Director revealed: - 9/25/18 @4:45PM - 10/30/18 @11:10 AM - 11/14/18 @12:00 PM - 12/12/18 @ 3:20 PM - 1/1/19 @4:45 PM Confirmation on 1/25/19 with the Physician and Pharmacist's for Client #1 of the facility's list of Client #1's Physician appointments (medication management clinic appointments) revealed the	V 118	plan that would insure that client #1 received his medication according to the medication administration record. The QP will be responsible for checking to make sure that this is done. This will be ongoing.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 7 following medication appointments for Clonazepam: - 9/25/18 medication appointment and physician prescribed 30 day supply of Clonazepam 0.5, enough medication until 10/26/18. - 10/23/18 Client#1 is a no show for his medication appointment due to group home staff reported Client #1 had a home visit and rescheduled this appointment for 10/30/18. - 10/30/18 Client #1 is a no show for his medication appointment due to group home reported there was no transportation. - There is no medication appointment in October 2018 for the refill of Clonazepam. - Client #1 is without clonazepam from 10/27/18 through 11/15/18 and has a seizure 11/4/18 - 11/5/18 client #1 is a no show for his medication appointment - 11/8/18 client #1 is a no show for his medication appointment - 11/14/18 medication appointment and Physician prescribed a 30 day supply of Clonazepam 0.5. Pharmacy dispensing documentation revealed a 17 day supply is filled 11/15/18 for enough medication until 12/2/18. - Then on 11/29/18 Pharmacy dispensing documentation revealed a 23 day supply is dispensed and is enough until 12/22/18 (this 30 day supply is split in to 2 dispensing episodes and is at the pharmacy's discretion) - 12/12/18 client #1 is a no show for his medication appointment - Client #1 is without clonazepam from 12/22/18 through 1/7/18 and has a seizure on 12/23/18 - 1/7/18 Physician prescribes a 24 day supply of clonazepam 0.5. Pharmacy dispensing documentation revealed dispenses 24 day supply and will last until 1/31/19. Interview on 1/25/19 with Client #1's Physician	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 8 revealed: -"If the medication (Clonazepam 0.5mg) is not administered, immediate withdrawal begins." - Would include tremors, sweeting, hypertension symptoms, behavioral changes and possible seizures. -"I'm not aware of any previous mention of seizures by the group home." Interview on 1/24/19 with the Lead Staff revealed: - Not aware of any missed medication appointments - Day Program staff usually transport him to doctor's appointment. - Not aware of medications (clonazepam) not available. - Did not review the medication - Was not sure of who reviewed the MARS. Possibly the Director who holds a Registered Nurse (RN) License Interview on 1/29/19 with Staff #1 revealed: - "He (Client #1) was sitting in a chair and was jerking. Saw him jerk and I asked him if he was ok? He said he didn't feel well. I can't remember the date, maybe September or October (2018). - I was working with [Staff #4]. I saw him do it again and I put him on the floor. First time I ever saw that. I never seen him have a seizure before but I have heard from other staff about it. - I called [the Director] and she asked us how many minutes it lasted and how did he look? She (the Director) said if longer that two to three minutes I was to call EMS (emergency medical services). It (the seizure) could have been in September or October (2018). - [Staff #4] documented it. - [Client #1] always has his medications. - I have been at the group home when his [Guardian] picks him up but I'm never the one	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 9 who bags his medications for the visit." Interview on 1/29/19 with Staff #2 revealed: -" Clonazepam was missing (not in the bubble pack) only when the pharmacy didn't have them in the bubble pack. Pharmacy said they would have them in a couple of days." -Staff #2 did not recall dates of when the medication was not available in the bubble pack. Interview on 1/31/19 with Staff #4 revealed: - "I never noticed the medication missing (Clonazepam) that night. (12/21/18, Client #1 leaves for his home visit). Interview on 1/31/19 with Staff #5 revealed: - "Clonazepam is always in the bubble pack. I've never seen them run out (of clonazepam). -No, I don't pass medications myself." Interview on 2/1/19 with the Director revealed: - There may have been extra meds from when he was admitted, he came with extras. - Reported she will start reviewing the MARs. - The Director reported only knowing about the December's missed appointment due to inclement weather. Review on 2/1/19 of the facility Plan of Protection, dated 2/1/19 and written by the Director revealed: - "Provider will ensure all residents attend all scheduled appointments. Provider will coordinate with the school and/or pharmacy to ensure that the scheduled medications are given at the appropriate time. The Director will work with the team lead and assist as needed to ensure that medications are given timely and the residents are attending doctor's appointments as scheduled.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 118	Continued From page 10 Client #1 was admitted 12/11/17 with the current diagnoses of Autism Spectrum Disorder, PTSD, ADHD combined Type, Encephalopathy, Moderate Mental Retardation and is currently age 15. Client #1 requires that the facility staff make sure he gets to all his monthly medical appointments for his Clonazepam (Clonazepam can only be dispensed for a thirty day supply). Doctor appointments were missed in October 2018 and again in December 2018 for a total of 5 days. Client #1 did not have the medication Clonazepam from 10/27/18 through 11/15/18 and again 12/22/18 through 1/7/19 for a total of 27 days. This resulted in at least two documented incidents of Client #1's jerking and tremoring movements/seizures. Interview with the prescribing Physician revealed that withdrawal from Clonazepam is immediate and would include tremors, sweeting, hypertension symptoms and possible seizures. Facility Staff failed to coordinate medication management appointments and failed to follow their policy on Seizure Management. Staff reported they had not been directed by the Director to seek medical care after Client #1's seizure type activity. 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 beyond the 23rd day.	V 118		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 11 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. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (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. (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. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to coordinate with other professionals to maintain medication management appointments and failed to coordinate with school and physician to maintain a scheduled medication pass for 1 of 3 clients (Client #1). The findings are:	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 12 Finding 1 Below shows how the facility did not coordinate with school/physician or Guardian to have 2:00 PM Clonazepam given at 2:00 PM. Facility was administering the 2:00 PM clonazepam at 4:00 PM after school. Review on 1/24/19 of Client #1's record revealed: - Date of Admission 12/11/17 - 15 years of age - Diagnoses: Autism, Post-Traumatic Stress Disorder, Attention Deficit Disorder combined type, Moderate Mental Retardation Review on 1/24/19 of Client #1's Medication Administration Record (MAR)s from 9/1/18 to 12/31/18 revealed the following medications: Clonazepam 0.5 milligram (mg), ½ tablet three times a day, 8:00AM, 2:00PM & 8:00PM Propranolol 40mg, 1 tablet three times daily 8:00AM, 2:00PM & 8:00PM - Medication Clonazepam 0.5 mg was documented as given at 2:00 PM during the months of September 2018, October 2018, November 2018 and December 2018 - Medication Propranolol 40 mg was documented as given at 2:00 PM during the months of September 2018, October 2018, November 2018 and December 2018 Interview on 1/25/19 with Client #1's school nurse revealed: - "No medication has ever been administered here for [client #1]. - It would be easy enough to do. The group home could have the Guardian simply fill out the form and the physician signs it and the pharmacy can package medications for school days. - No one from the group home has ever inquired	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 13 about giving [client #1] medications here at school. - [Client #1] has been in school since September (9/1/18)." Finding 2 Below shows how there was no coordination of follow up medical care per facility policy for client #1's two documented seizures (11/4/18 & 12/23/18 and a seizure in the months of 9/18 or 10/18. The specific date of the seizure was unknown per staff.) Review on 1/24/19 of the facility's Policy on Seizure Management revealed: - "Should I call a doctor or emergency medical care?... Deciding whether or not to call for medical personnel depends-upon the person's seizure history, if the person has recurring seizures, if a person experiences a seizure that is not typical to him/her (i.e. lasts longer than usual, ...person has never had a seizure..,) seek emergency medical care immediately ..." Review on 1/31/19 of Client #1's incident report form dated 11/4/18 and signed by Staff #4 revealed: - "[Client #1's] day went pretty good. Around 2PM I noticed he was having jerking movements. I asked if he was alright he said he wasn't sure. - I proceeded to tell him to lay on the couch. Once he laid down the jerking movements began again for about 2-3 minutes. I continued to monitor him for the reminder of the shift. My TL (Team Lead) was notified." Review on 1/29/19 of Client #1's medical hospital record dated 12/23/18 revealed: - Admission date: 12/23/18 - (Client #1 was on a home visit from 12/21/18 through 1/1/19)	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 14 - Admission Type: urgent - 7:30 PM - Patient (Client #1) presents with: recurrent jerking motions, headaches and dizziness over the past month. There is no loss of consciousness during jerking motions - Patient History: chief complaint of dizziness. Patient was picked up from his group home on Friday (12/21/18). Since then patient has had intermittent episodes of jerking ..."I (attending Physician) did speak directly with [Team Lead] at the group home and she (Team Lead) states that the patient (Client #1) has had intermittent episodes of 'jerking over the last little while'". Patient is on seizure medications. - ED (Emergency Department) course: Patient needs to follow up with neurologist. Interview on 1/25/19 with Client #1's Physician revealed: -"If the medication (Clonazepam 0.5mg) is not administered, immediate withdrawal begins." - Would include tremors, sweating, hypertension symptoms, behavioral changes and possible seizures. -"I'm not aware of any previous mention of seizures by the group home staff." Interview on 1/31/19 with Staff #1 revealed: - "I worked with [Staff #4] when he (Client #1) had a seizure. I think [Staff #4] documented that one. This (Client #1's seizure) was maybe in September or October (9/2018 & 10/2018). I'm not sure. - I'm not sure of any doctor appointments. - We are supposed to call [Team Lead], then [the Director] and then [the Qualified Professionsl (QP)] when something like this happens (Client #1's jerking and tremor activity)."	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 15 Interview on 1/31/19 with Staff #4 revealed: - "I have witnessed a seizure by [Client #1]. I didn't document any seizure. Don't remember the date of the seizure. - I don't know about any doctor appointment for it (the seizure)." Interview on 2/1/19 with Client #1's Guardian revealed: - "[Client #1] has had seizure type activity since possibly September or October (2018). - There has been no attempt to get a neurologist appointment. - [The QP] says he is going to get an appointment and has been saying this since November (11/2018). - We were told we had paperwork to fill out and that's where it ended. - They [the Director] and [QP] said something about the Medicaid being changed. They had a whole year to do that and just got it changed two weeks ago. (Changing Medicaid from home county to servicing county) so they could get a primary to make referral to neurologist. I'm still unsure of whether there is a referral for a neurologist appointment for [Client #1]. - No one there seems to know who is doing what half the time." Interview on 1/24/19 with the Lead Staff revealed: -"I'm not sure of the date of the seizure (Client #1's seizure in the facility). - I'm not aware of any other seizures. I think he had something happen over his home visit but we wouldn't have done an incident report on that. - I'm only aware of the one seizure. No we wouldn't track them. (Just the one seizure). - I don't think he went to hospital. I know he (Client #1) had a doctor appointment."	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 16 Interview on 2/1/19 with the Director revealed: - There has been problems with getting referral/appointments (neurologists) - Paperwork was needed by the Guardians. (*was unclear exactly what the delay had been) - Could have been more than the two seizures. Staff #1 and Staff #4 recalled the date of the seizure with Client #1 as being in either September or October of 2018. Staff #5 recalled the seizure she documented for 11/4/18 - The staff would have told the doctor at his appointments about any seizure activity. Finding 3 Below shows how there was no coordination of medication management and follow through with physician appointments for Client #1's Clonazepam Confirmation on 1/25/19 with the Physician and Pharmacist's for Client #1 of the facility's list of Client #1's Physician appointments (medication management clinic appointments) revealed the following medication appointments for Clonazepam: - 9/25/18 medication appointment and physician prescribed 30 day supply of Clonazepam 0.5, enough medication until 10/26/18. - 10/23/18 Client#1 is a no show for his medication appointment due to group home staff reported Client #1 had a home visit and rescheduled this appointment for 10/30/18. - 10/30/18 Client #1 is a no show for his medication appointment due to group home reported there was no transportation. - There is no medication appointment in October 2018 for the refill of Clonazepam. - Client #1 is without clonazepam from 10/27/18 through 11/15/18 and has a seizure 11/4/18 - 11/5/18 client #1 is a no show for his medication	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-309	A. BUILDING: _____ B. WING _____	C 02/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING AT RANSOM RD	355 RANSOM ROAD WINSTON SALEM, NC 27106

(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 291	Continued From page 17 appointment - 11/8/18 client #1 is a no show for his medication appointment - 11/14/18 medication appointment and Physician prescribed a 30 day supply of Clonazepam 0.5. Pharmacy dispensing documentation revealed a 17 day supply is filled 11/15/18 for enough medication until 12/2/18. - Then on 11/29/18 Pharmacy dispensing documentation revealed a 23 day supply is dispensed and is enough until 12/22/18 (this 30 day supply is split in to 2 dispensing episodes and is at the pharmacy's discretion) - 12/12/18 client #1 is a no show for his medication appointment - Client #1 is without clonazepam from 12/22/18 through 1/7/18 and has a seizure on 12/23/18 - 1/7/18 Physician prescribes a 24 day supply of clonazepam 0.5. Pharmacy dispensing documentation revealed dispenses 24 day supply and will last until 1/31/19. Interview on 2/1/19 with the Director revealed: - The month of December there was snow and bad weather that week (12/12/18). This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule Violation and must be corrected within 23 days.	V 291		