STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-155	A. BUILDING: ______ B. WING ______	R 03/07/2019

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V 000	INITIAL COMMENTS An annual and follow-up survey was completed on March 7, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop and implement goals and strategies based on assessment affecting 1 of 3 audited clients (#2). The findings are: Review on 3/6/19 of client #2's record revealed: - 46 year old male admitted to the facility 10/29/13. - Diagnoses included Moderate Intellectual/Developmental Disability, Unspecified Mood Disorder, diabetes Type II, Sleep Apnea, Hypertension, Seizure Disorder, Allergies, Obesity, Constipation, and Scalp Eczema. - Individual Support Plan "Start Date 2/1/19 Meeting Date 12/7/18" included "My Support Needs . . . I take multiple medications. My Group Home Staff give me my medications and I take them. I stop breathing when I sleep sometimes, and I have a CPAP [Continuous Positive Airway Pressure] to wear at night when I am sleeping. My staff sticks my finger 3 x [three times] a week to make sure my blood sugar is ok. . . My staff needs to help me make my appointments, get my medicines, and tell me what the doctor says so I understand and sometimes tells the Doctor about me if I can't." - "Risk/Support Needs Assessment" completed 12/7/18 included: "Material and Caregiver Supports . . . Medical Devices (e.g. [for example], . . ., C-PAP machine, glucometer . . .). Describe: Member has severe Sleep Apnea and needs a CPAP at night while sleeping. He also needs monitoring throughout the night to ensure that he has the facemask on and that the device is working properly. Member also has Diabetes and needs his blood sugar checked 3 x per week with the Glucometer." - "Health and Wellness Supports . . . Requires	V 112		

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V 112	Continued From page 2 support to manage a medical or health condition (ex. [for example] Seizures, Diabetes, Sleep Apnea . . .) Describe: . . . Sleep Apnea, [client #2] has a C-PAP machine and headgear which is to be used each night. Staff monitor periodically throughout the night and if he is not wearing it or it is turned off, staff encourages member to wear the mask and use the machine. Member does know his right to refuse but he is reminded of the importance of keeping him safe and healthy. Diabetes Type II, [client #2] has a Glucometer and test strips for his blood sugar samples/readings. He has checks completed 3 x per week and takes medication to address effects of Diabetes." - Signed physician's orders for Metformin (used in the treatment of diabetes), Vascepa (used to lower triglycerides), benztropine (used to treat side effects of other medications), clonazepam (used in the treatment of seizure disorder and anxiety), losartan (used to treat hypertension), and risperidone (antipsychotic). - "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include goals or strategies to address management of client #2's medical conditions, the use of his CPAP machine, or medications. During interviews on 3/6/19 and 3/7/19 client #2 stated sometimes he didn't use his CPAP every night. He took his medications with staff assistance, but he did not know what medications he took. Staff did his finger stick blood sugar checks. He did not know any of his treatment goals. During interview on 3/7/19 Qualified Professional/Co-Owner #2 stated client #2 assisted staff to clean his CPAP machine weekly and he cooperated with his fingerstick blood	V 112		

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V 112	Continued From page 3 sugar checks. He would sometimes refuse to use his CPAP machine. She would discuss client #2's needs with his Care Coordinator and would ensure client #2's assessed needs were included in his treatment/habilitation plan.	V 112		
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		

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V 118	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer nutritional supplements as ordered for 1 of 3 audited clients (#1). The findings are: Review on 3/6/19 of client #1's record revealed: - 91 year old male admitted to the facility 2/1/11. - Diagnoses of Schizophrenia, Profound Intellectual/Developmental Disability, Primary Degenerative Dementia, enucleation of the right eye, blind left eye, Hypertension, status-post left hip fracture, and incontinence. - Physician's order dated 4/5/18 for Ensure (nutritional supplement for weight maintenance), chocolate, drink one can daily. Review on 3/6/19 of client #1's MARs for January - March 2019 revealed: - Transcription for Ensure chocolate to be given daily at 4:00 pm. - No staff documentation that Ensure had been given March 1 - March 5, 2019. Client #1 did not give meaningful response to attempted interview. During interview on 3/6/18, Qualified Professional/Co-Owner #2 stated client #1 received his Ensure as ordered. Due to the failure to accurately document administration of nutritional supplement, it could not be determined if clients received their supplements as ordered by the physician.	V 118		

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V 120	Continued From page 5	V 120		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to store all medications in a securely locked cabinet. The findings are: Observation of the facility on 3/6/19 revealed a bottle of Tussin Liquid (guaifenesin, an oral expectorant, used to treat coughs and congestion caused by the common cold, bronchitis, and other breathing illnesses) in an opened box on the kitchen counter beside the stove; there was no pharmacy label on the box or bottle.	V 120		

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V 120	Continued From page 6 During interview on 3/6/19 Qualified Professional/Co-Owner #2 stated she did not know who the medication belonged to or why it was on the counter. She would make sure the medication was stored securely in the medication cabinet.	V 120		
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 and interviews the facility was not maintained in a safe, clean, and attractive manner. The findings are: Observations on 3/6/19 at approximately 9:30 am of the facility revealed: - Breakfast cereal and other particulate matter on the floor under the dining room table. -1 dining table chair with torn green vinyl upholstery, with the foam cushion exposed. - No cover on the kitchen ceiling light fixture exposed 3 light bulbs and one empty light socket. - Multiple small rusty brown spots on the kitchen ceiling. - The control panel on the stove was sticky. - Dried food splatters inside the microwave. - The toaster was coated with crumbs. - Small sticky yellowed spots on the wall behind the stove.	V 736		

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V 736	Continued From page 7	V 736		

- Only 1 light bulb in the 5 bulb fixture over the hall bathroom sink worked.
- Damage to the hall bathroom ceiling with an approximately 2 inch hole at the door.
- Unfinished repairs to the wall by the shower.
- An non-working light bulb in client #5's light fixture.
- Particulate matter on client #5's bedroom floor.
- An approximately 3 inch circular brown stain on the floor beside client #5's bed.
- Broken slats in the the window blind in client #2 and #3's bedroom.
- Access to one window in client #2 and #3's bedroom was blocked by a bed and the other window would not open.
- A smoke detector in the hallway was missing, leaving a hole with wires exposed.
- One of the living room storm windows was broken and a shard of glass was in the in the space.

During interview on 3/6/19 Qualified Professional/Co-Owner #2 stated the carpet had been removed in the last year. The property owner/landlord was not very responsive to requests for repairs.

This deficiency has been cited 3 times since the original cite on March 9, 2017, and must be corrected within 30 days.