Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL074-159	A. BUILDING: _____ B. WING _____	R 02/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS HOME	1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

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V 000	INITIAL COMMENTS An annual and follow up survey was completed February 22, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders	V 113	27G.0206 Client Records QP will update PCP QP will Provide Training To staff on goals and the Importance of documentation for Client#5 DHSR - Mental Health MAR 18 2019 Lic. & Cert. Section	3/22/19

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eddie Carman — TITLE: Owner/Director — (X6) DATE: 3-11-19

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V 113	Continued From page 1 diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain documentation of progress toward outcomes for one of three audited clients (#5). The findings are: Review on 2/21/19 of client #5's record revealed: - 49 year old male admitted to the facility 11/3/14. - Diagnoses included Mild Intellectual/Developmental Disability, Hypertension, Obstructive Sleep Apnea, Obesity, and Pre-Diabetes. - PCP dated 2/5/18 included goals for completing household tasks, learning about his medications, completing personal hygiene and grooming tasks, making purchases and counting change, recognizing and respecting boundaries when interacting with others, attending medical and dental appointments and taking medications, and practicing safety skills during unsupervised time in the community. - No documentation of progress toward goals. During interview on 2/21/19 the Owner/Director stated:	V 113		

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V 113	Continued From page 2 - Facility staff did not complete documentation of progress toward goals for client #5 because they did not contract with the Local Management Entity for his services. - She would ensure staff began completing progress notes for client #5. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are: Review on 2/21/19 of the facility's fire and disaster drill documentation from January 2018 -	V 114	27G-0207 Emergency Plans and Supplies 10A NCAC 27G.0207 Emergency Plans and Supplies Facility Director and QP will provide Training for all staff on Conducting Fire drills quarterly For All ~~sh~~ shifts and documentatin when The drill is completed. QP and Facility Director will monitor the staff to ensure the drills are being conducted and documentation is Made.	3-24-19

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V 114	Continued From page 3 February 2019 revealed: - No documented fire drill for the weekday 10:00 pm - 10:00 am shift for the 1st quarter (January - March) of 2018. - No documented fire drill for either weekend shift for the 1st quarter (January - March) of 2018. - No documented fire or disaster drills for the weekday 3:00 pm - 10:00 pm shift for the 3rd quarter (July - September) of 2018. - No documented fire drill for the weekend 10:00 am - 10:00 pm shift for the 4th quarter (October - December) of 2018. - No documented disaster drills for the weekday 10:00 pm - 10:00 am shift for the 2nd (April - June) or 4th (October - December) quarters of 2018. During interview on 2/21/19 the Owner/Director stated: - The facility's shifts were: 10:00 pm - 10:00 am, and 3:00 pm - 10:00 pm Monday - Friday. - No one was in the facility 10:00 am - 3:00 pm during the week, unless it was holiday or a client was not able to attend his/her day program. - Staff worked 12 hour shifts, 10:00 am - 10:00 pm and 10:00 pm - 10:00 am, on Saturday and Sunday. - She understood the requirement for fire and disaster drills to be completed at least quarterly and across all shifts. - She would review the fire and disaster drill schedule with staff and ensure drills were completed as required.	V 114		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:	V 118	27G.0209(c) medication Requirements 10A NCAC 27G.0209 Medication Requirements	3-24-19

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V 118	Continued From page 4 (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. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to keep the MARs current affecting 3 of 3 audited clients (#2, #3, and #5). The findings are: Review on 2/21/19 of client #2's record revealed: - 65 year old female admitted to the facility	V 118	Facility Director will review MAR To ensure that all PRN MEDs are Correct and in place Pharmacy Consultant (RN) will review MAR and Provide Staff training to ensure that staff understands the importance of following the medication Requirements as stated in the State Rules. QP and Facility Director Will monitor the MAR documentation. Monitoring will take Place on a monthly basis.	

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V 118	Continued From page 5 6/15/07. - Diagnoses included Schizoaffective Disorder, Depression, Mild Intellectual/Developmental Disability, Hypertension, Hyperlipidemia, and Chronic Kidney Disease. - Physician's order signed 10/22/18 for Crestor (used to treat high cholesterol) 20 mg (milligrams), one tablet at bedtime, and Risperdal (antipsychotic) 3 mg, one tablet at bedtime, and acetaminophen (used to treat minor pain and fever), 325 mg two tablet (650 mg) every 6 hours prn (as needed) for pain or fever. Review on 2/21/19 of client #2's February 2019 MAR revealed staff documentation that Crestor and Risperdal had been administered prior to the prescribed time. Observation on 2/21/19 at 1:50 pm of client #2's medications on hand revealed a stock supply of 500 mg acetaminophen; no 325 mg acetaminophen readily available. During interview on 2/21/19 client #2 stated she took her medicine every day with staff assistance. Review on 2/21/19 of client #3's record revealed: - 55 year old female admitted to the facility 3/7/11. - Diagnoses included Severe Intellectual/Developmental Disability, Kleptomania, Impulse Control Disorder, Seizure Disorder, and heart murmur. - Physician's order signed 5/1/18 for Omega 3 Fish Oil (may help prevent heart attack) 1000 mg, one tablet daily, and ibuprofen (used to treat fever and mild to severe pain) 200 mg every 8 hours prn . Review on 2/21/19 of client #3's February 2019 MAR revealed no transcribed strength for Omega	V 118		

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V 118	Continued From page 6 3 Fish Oil and no transcribed entry for ibuprofen. Observation on 2/21/19 at 1:45 pm of client #3's medications on hand revealed a stock supply of 500 mg acetaminophen; no 200 mg ibuprofen on hand. During interview on 2/21/19 client #3 stated she she took her medicine every day. Review on 2/21/19 of client #5's record revealed: - 49 year old male admitted to the facility 11/3/14. - Diagnoses included Mild Intellectual/Developmental Disability, Hypertension, Obstructive Sleep Apnea, Obesity and Pre-Diabetes. - Physician's order signed 9/6/18 for acetaminophen 325 mg, two tablets every 6 hours prn. Observation on 2/21/19 at 1:55 pm of client #5's medications on hand revealed a stock supply of acetaminophen 500 mg; no 325 mg acetaminophen on hand. During interview on 2/21/19 client #5 stated he took his medications every day. During interview on 2/21/19 the Owner/Director stated the audited clients had not needed to take their prn medications. They did not have the appropriate strength of acetaminophen or ibuprofen on hand and she had "no explanation for that." Each client would be given the acetaminophen on hand if they needed something for pain or fever. She was probably the staff who documented administration of client #2's Crestor and Risperdal prior to the prescribed time. She would be more careful when documenting medication administration. She	V 118		

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V 118	Continued From page 7 understood the requirement for medications to be available and administered as ordered by the physician and to keep the MARs current. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
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 interview the facility failed to ensure medications were securely locked for 2 of 6 clients (#1 and #4). The findings are: Observation on 2/21/19 at approximately 12:15	V 120	27G.0209 (E) Medication Requirements. 10A NCAC 27G.0209 Medication Requirements Facility Director will review MAR Rules with Staff. Training will be Provided to all staff as a Reminder to store Medication as Stated in the rules. Facility Director will monitor to assure this rule is being Followed.	

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V 120	Continued From page 8 pm of the facility's dining room table revealed: - A small labeled bottle at a place card with client #1's initials. - A bottle of Flonase nasal spray at a place card with client #4's initials. During interview on 2/21/19 the Owner/Director stated the small bottle was client #1's eye drops and the Flonase belonged to client #4. Each client received the respective medications in the morning before going to their day activity programs. She understood the requirement for medications to be stored securely in a locked cabinet or box.	V 120		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor	V 290	27G.5602 Supervised living staff. 10A NCAC 27G.5602 STAFF Facility Director and QP will revise all client Treatment/Habilitation Plan to include evidence that he/she is capable of remaining in the community for the time needed to participate in community activities, Church and other community activities without Supervision.	

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V 290	Continued From page 9 clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the community without supervision for specified periods of time affecting three of three audited clients (#2, #3 and #5). The findings are: Review on 2/21/19 of client #2's record revealed: - 65 year old female admitted to the facility 6/15/07. - Diagnoses included Schizoaffective Disorder, Depression, Mild Intellectual/Developmental	V 290	QP will review the Plan as needed, but NOT Less Than annually, to ensure the Clients Continue his/her ability to remain In the Community With out ~~Staff~~ Supervision for specified Periods of time. QP will review Plans annually	

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V 290	Continued From page 10 Disability, Hypertension, Hyperlipidemia, and Chronic Kidney Disease. - "Consent for Unsupervised Time" signed by the guardian and dated 7/24/14 included "For going to and from Church on the church van." - Person Centered Profile, completed on 8/2/17 and signed by client #2's guardian on 2/23/18 included "What's important to . . . Going to church, [local church] is important to [client #2]." - No goal or strategies for unsupervised time. During interview on 2/21/19 client #2 stated there was always someone with her. Review on 2/21/19 of client #3's record revealed: - 55 year old female admitted to the facility 3/7/11. - Diagnoses included Severe Intellectual/Developmental Disability, Kleptomania, Impulse Control Disorder, Seizure Disorder, and heart murmur. - Person Centered Profile, completed 4/27/18 included "Short Range Goal 9. [Client #3] will practice good safety skills during unsupervised time in the community/church/Amtrak train ride to visit family with zero incidents of unsafe practice for 6 consecutive months." - No specified periods of time client #3 could be unsupervised while in the community. During interview on 2/21/19 client #3 stated she enjoyed visits with her family. Review on 2/21/19 of client #5's record revealed: - 49 year old male admitted to the facility 11/3/14. - Diagnoses included Mild Intellectual/Developmental Disability, Hypertension, Obstructive Sleep Apnea, Obesity and Pre-diabetes. - Person Centered Profile dated 2/5/18 included "What's Important To . . . It's important to [client	V 290		

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V 290	Continued From page 11 #5] to sing with his male chorus at church. [Client #5's] Pastor is very important to him and to attend church regularly. . . Short Range Goal 7. [client #5] will practice good safety skills during unsupervised time in the community/Church/or visiting family with zero incidents of unsafe practices." - No specified periods of time client #5 could be unsupervised in the community. During interview on 2/21/19 client #5 stated he liked to go places like church, bowling, and to basketball and track practice. During interviews on 2/21/19 and 2/22/19 the Owner/Director stated all of the clients had unsupervised time to attend church services included in their person centered plan. She would consult with the Qualified Professional and make sure specified periods of time for unsupervised time in the community were included in each client's person centered plan. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
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:	V 736	27G.0303(c) Facility and Grounds maintenance 10A NCAC 27G.0303 Location and exterior Requirements Facility Director/Owner has hired a Contractor(who was working in the house when the Inspector came in)	4-23-19

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V 736	Continued From page 12 Based on observation and interview the facility was not maintained in a safe, and orderly manner. The findings are: Observation of the facility on 2/21/19 at approximately 12:15 pm revealed: - No cover on the light fixture inside the men's hall shower; no light bulb, the empty socket was exposed to water and steam from the shower. - 2 of 4 light bulbs in the fixture above the men's bathroom sink were not working. - The exhaust fan cover in the men's bathroom was dusty. - One drawer in a chest of drawers in client #4 and #5's bedroom was broken. - The walls in client #4 and #5's bedroom were scuffed. - The dresser and bedside tables in client #1 and #5's bedroom had a heavy coat of dust. - Damage to the ladies bathroom wall at the shower. - 2 of 4 light bulbs in the fixture above the ladies bathroom sink were not working. - The overhead light fixture in the ladies bathroom did not work. - Unfinished repairs to the hall walls. - No cover on the ceiling light fixture in the kitchen. During interviews on 2/21/19 and 2/22/19 the Owner/Director stated the light fixture inside the men's shower did not work. The house was "still settling" causing cracks in the walls that were being repaired. She would have new light bulbs placed in the light fixtures as needed. She had a contractor to make repairs to the ladies bathroom wall and to paint.	V 736	The contracter IS making repairs and painting The house. Facility Director/owner and the contraetor who is making the repairs, will monitor the Situatron to ensure that It will not occur agqin The Contractor will Monitor the repairs annually one all repairs are completed, * Contractor was working in the house while inspection was being Conducted.	

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL074-159 Y1	A. Building B. Wing Y2	2/22/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
EVANS HOME	1200 OLD FIRETOWER ROAD WINTERVILLE, NC 28590

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0105 Reg. # 27G .0201 (A) (1-7) LSC	Correction Completed 02/22/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 2/22/19
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/27/2018	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO