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V 000	INITIAL COMMENTS An annual and complaint survey was completed on February 22, 2019. The complaint was substantiated (Intake #NC147473). 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 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	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure that all medications administered were ordered by a person authorized by law to prescribe drugs, and failed to ensure MARs were current for 2 of 3 audited clients (#1, #3). The findings are: Observation on 2/19/19 at 10:38am of the medications for Client #1 revealed; -Lamotrigine, 25mg, dispensed 1/16/19. Record review on 2/19/19 for Client #1 revealed: -Admitted on 4/13/05 with diagnoses of Severe Intellectual Disability, Downs Syndrome, Eczema, Gout, Major Depressive Disorder, Anxiety Disorder, and Prader Willie Syndrome. -Physician's order dated 6/29/18 for Lamotrigine 25mg, 2 daily. Physician's order dated 1/3/19 to decrease the Lamotrigine to one daily. Review on 2/19/19 of the December 2018-February 2019 MARs for Client #1 revealed: -The January 2019 MAR was not updated to reflect the decrease in dosage of Lamotrigine on 1/3/19. Observation on 2/19/19 at 10:57am of the medications for Client #3 revealed; -Escitalopram, 20mg, dispensed 1/16/19. -Prednisolone 1% eye drops, dispensed 7/16/18. -Over the counter Soothe XP eye drops.	V 118		

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V 118	Continued From page 2 Record review on 2/19/19 for Client #3 revealed: -Admitted on 11/9/07 with diagnoses of Mild Intellectual Disability, Hypothyroidism, Depression, Constipation, Downs Syndrome, reflux, and Glaucoma. -Physician's order dated 1/9/19 for Escitalopram 20mg, one at bedtime. No physician's order dated earlier. -No physician's order for the Soothe eye drops. -Physician's order dated 4/25/18 for Prednisolone eye drops, one drop both eyes daily. Physician's order dated 10/17/18 for Prednisolone drops to be changed to daily administration PRN (as needed). Review on 2/19/19 of the December 2018-February 2019 MARs for Client #3 revealed: -Escitalopram 20mg administered daily for the entire sample period. -Soothe eye drops administered 1 drop both eyes twice daily during the sample period. -The Prednisolone eye drops were documented as a routine daily administration and as a PRN administration during the month of December 2018. Interview on 2/20/19 with the House Manager revealed: -Client #1 was given only 1 Lamotrigine during the month of January after the order was changed. -She or the Administrative Assistant were responsible for updates to the MAR, however, this change was overlooked. -They failed to show that the routine administration of the eye drop had been changed to PRN for Client #3 on the MAR. She believed that staff just decided to document in both places. -She could not locate the orders for Client #3.	V 118		

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V 118	Continued From page 3 She had been on these medications for a long time. Their records were kept current and those orders had not been kept in the current record.	V 118		
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to	V 139		

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V 139	Continued From page 4 clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on interviews the facility failed to submit written notification to DHSR about a change in the location of the facility. The findings are: Interview on 2/21/19 with Habilitation Technician #1 revealed: -In December the power had gone out in the facility. She had been in contact 5-6 times with the power company. They had been under the impression that the power would be restored within a reasonable amount of time but when that didn't happen they made a last minute decision to move the clients for the night to her home. She lived close by. She indicated that it was getting cold in the group home. The clients spent one night in her home and returned to the group home	V 139		

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V 139	Continued From page 5 the next day. -She maintained contact with the House Manager during the event. She asked the House Manager for permission before she moved the clients. Interview on 2/20/19 with the House Manager revealed: -There had been a snow/ice storm and the facility lost power. The decision was made in conjunction with the Residential Coordinator to move the clients to the home of Habilitation Technician #1 for the night due to the declining temperature in the home. It was a last minute decision. Interview on 2/20/19 with the Residential Coordinator revealed: -She was informed about the power outage and approved for the clients to be relocated to the home of Habilitation Technician #1. -This was a last minute decision because the temperature was dropping in the home. The power company had indicated during the day that the power would be restored but it didn't come back on. The decision was made to move the clients for their safety and comfort. -She was not aware of the requirement to notify DHSR about a temporary relocation.	V 139		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (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.	V 291		

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V 291	Continued From page 6 (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 review and interviews the facility failed to coordinate with all qualified professionals who are responsible for treatment for 1 of 1 former clients (FC #4). The findings are: Record review on 2/19/19 for FC #4 revealed: -Admitted on 11/1/18 with diagnoses of Moderate Intellectual Disability, Depressive Disorder, Downs Syndrome, and Oppositional Defiant Disorder. -December goal progress charting indicated that FC #4 was on therapeutic leave after 12/20/18. -Discharged on 1/14/19. -FC #4's mother had limited Guardianship. FC #4	V 291		

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V 291	Continued From page 7 could participate in decisions related to her health care, however, the guardian made the ultimate decisions. Review on 2/19/19 of the "PRN (as needed) Medication Sheet" for FC #4 revealed: -On 12/14/18 one administration of Robitussin was documented for a sore throat/cough and documented to have "helped". - On 12/15/18 one administration of Robitussin was documented and indicated to have "helped". - On 12/16/18 two administrations of Robitussin were documented and indicated to have "helped". - On 12/17/18 two administrations of Robitussin were documented and indicated improvement and FC #4 was "a lot better". - On 12/18/18 two administrations of Robitussin were documented for a mild cough and indicated to have "helped a lot" and FC #4 was "better". Review on 2/20/19 of the documentation provided by the guardian of FC #4's visit to the local Orthopedist on 12/21/18 revealed: -Physical Therapy referral made on this date for Patellofemoral Stress Syndrome. -No fracture indicated. Review on 2/21/19 of the service notes from the local medical provider for FC #4 revealed: -" ...Date of Service: 12/21/19 ..." -" ...The patient ...presents with a stye. Symptoms include eyelid pustule, swelling and eyelid pain. The lesion is located in the left lateral upper lid. Onset was sudden 3 days ago ..." -" ...Upper Respiratory Symptoms is described as the following: The onset of symptoms has been acute and has been occurring for 3 days. The course has been worsening ...associated runny nose, nasal obstruction/blockage, sore throat, cough and increased volume of sputum ..."	V 291		

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V 291	Continued From page 8 -" ...The physical exam findings are as follows: ...HEENT(head, eyes, ears, nose, throat) ...LEFT UPPER LID W 2MM STYE ..." -" ...Assessment and Plan ...LRTI (Lower Respiratory Tract Infection) ...Started Doxycycline Hyclate 100 mg Oral Capsule, 1 (one) Capsule two times daily ..." -" ...Date of Service: 12/26/18 ...STILL COUGHING ..." Interview with FC #4 attempted on 2/20/19, however, FC #4 only deferred to her mother when asked any questions. Interviews on 2/18/19 and 2/20/19 with the Guardian for FC #4 revealed: -She talked to her daughter on 12/18/18. "She had no voice." After speaking to her daughter on the phone she immediately contacted the doctor to make her an appointment to be seen when she got home. She scheduled with the facility to pick up her daughter on 12/20/18. -An advocate with the local LME was with her when she picked up her daughter on 12/20/18. -FC #4 had a "huge stye" on her eye. She indicated that the facility was using a warm compress on her eye. -FC #4 was seen by the primary care physician and an orthopedist on 12/21/18. -FC #4 was prescribed an antibiotic on 12/21/18. FC #4 was referred for physical therapy for her knee. -When the orthopedist examined her he removed her wig and saw that her left ear was "crusted with pus". She used oil and warm water to clean FC #4's ear and after 4-5 days it looked better. There was no ear infection diagnosed. -FC #4 had bronchitis and had not been seen by a physician. -FC #4 had fallen and hurt her knee but was not	V 291		

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taken to the doctor. An Orthopedist saw FC #4 on 12/21/18. She had not broken any bones nor had any tears to ligaments. Her knee was swollen.

Interview on 2/18/19 with the Family Partner of the local LME that worked with FC #4 revealed:
-On 12/20/18 she met the guardian of FC #4 at the facility to pick up FC #4 for therapeutic leave.
-FC #4 had a "heavy cough and sounded terrible."
-The outside of her ear "was crusty, green, brown and there were sores down inside the ear".
-FC #4 had a "huge stye." Her eye was swollen and "oozing."
-FC #4 was coughing, her breathing was shallow and had a deep voice. FC #4 "was saying I'm sick."
-The facility indicated that they had checked her temperature and she never developed a fever. They stated that she was checked but had not taken FC #4 to the doctor. They indicated to her that they would have taken her if they had known she was sick. They also stated that they check client's skin.
-She was aware that the facility had experienced a power outage and that clients had been temporarily moved. She stated that FC #4's guardian had not been made aware of that move.
-She felt that they facility did not taken the concerns expressed by the guardian seriously.
-She stated that she was very surprised by all that had occurred with FC #4.

Interview on 2/21/19 with Habilitation Technician #1 revealed:
-FC #4 never experienced a fall either in the facility or whenever FC #4 was visiting her home.
-FC #4 had a goal to walk daily. FC #4 did not like daily walks and complained that her legs hurt.

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V 291	Continued From page 10 -She never observed any "crustiness" with FC #4's ears but did indicate that FC #4 had dry skin. She did not observe any issues with her eyes but also stated that she was not working the week that FC #4 went home on 12/20/18. -In December the power had gone out in the facility. She had been in contact 5-6 times with the power company. They had been under the impression that the power would be restored within a reasonable amount of time but when that didn't happen they made a last minute decision to move the clients for the night to her home. She lived close by. She indicated that it was getting cold in the group home. The clients spent one night in her home and returned to the group home the next day. Interview on 2/20/19 with the House Manager revealed: -FC #4 experienced cold symptoms. Staff administered over the counter Robitussin. -She felt that the Robitussin worked well. -FC #4 sounded stuffy and had a mild cough. By the time FC #4 left on 12/20/19 the cough had almost subsided completely. -FC #4 would rub her eye and it would be red. She did not observe a stye. -FC #4 was not taken to the doctor for this condition. She felt the over the counter medication worked and FC #4 did not need to see the doctor. -She indicated that the over the counter medication "dried her up" and the cough stopped. FC #4 never had a temperature. -FC #4 never complained about a problem with her ear. At admission she examined the condition of all client's ears and then would do random checks thereafter. This was completed at bath time. -There had been a snow/ice storm and the facility	V 291		

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V 291	Continued From page 11 lost power. The decision was made in conjunction with the Residential Coordinator to move the clients to the home of Habilitation Technician #1 for the night due to the declining temperature in the home. It was a last minute decision. She did not contact guardians about this temporary move. Interview on 2/20/19 with the Residential Coordinator revealed: -She stated that she saw FC #4 for the last time during the second week of December 2018. -FC #4 complained at that time of getting soap in her eye and her eye was red. She did not observe a stye at that time. She did not see FC #4 right before she left the home. -FC #4 left with her guardian on 12/20/18 for Christmas and no return date was given at that time. FC #4 did not ever return to the facility. -The guardian for FC #4 called her after FC #4 went home and said that FC #4 was sick and had been taken to the doctor. During that conversation the guardian also mentioned the condition of FC #4's ear and an alleged fall. -FC #4 did not fall while in their facility. She was unaware of any injury to her knee. -She did not observe any "crust" on her ear. -She talked to the facility staff who reported that FC #4 had been administered over the counter medication for cold symptoms and seemed fine. -Protocol for any sickness is to first try treatment with over the counter medication and if that isn't working then take clients to their doctors. -They tried to maintain open communication with their doctors. Review on 2/22/19 of the Plan of Protection signed and dated on 2/22/19 by the Residential Coordinator and the House Manager revealed: -"If any client complains or shows signs of	V 291		

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sickness the group home manager will be contacted for instructions. Should it be a minor ailment that is treatable by OTC (over the counter) medications and is approved on the six month drug review signed by the physician. The indicated medication will be provided to the client for the time until a physician can be contacted and an appointment made within 24 hours. If illness needs immediate attention the group home manager with transport to ER (emergency room) or and ambulance will be called. Instructions will be posted on February 22, 2019. A staff meeting will be held on February 26, 2019 at 10am to discuss these instructions. Turning Point Services' nurse will be contacted and asked to do additional training on, symptoms, illnesses, reasons for doctors visits and any other suggestions."
-"These instructions will be written up and posted as well as provided to all staff members. A copy will also be place in the Medication Administration Record notebook. These instructions will also be discussed in our monthly staff meeting where all staff members attend."

FC #4 experienced respiratory symptoms for 5 days. The documentation indicated that she received doses of over the counter cough medication over the course of 5 days with doses increased during that time period. Administration of the medication stopped two days prior to leaving the facility for a home visit on 12/20/18. When her guardian and advocate picked her up on 12/20/18 they indicated she was sick and needed to be seen by a physician. On 12/21/18 FC #4 was diagnosed and treated with a course of antibiotics for a Lower Respiratory Tract Infection. The physician also confirmed a 2MM lesion on her eye. The facility failed to contact the physician regarding the ongoing symptoms

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAROLINE MCNAIRY GROUP HOME	713 SEVERT CIRCLE LENOIR, NC 28645

(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 experienced by FC #4. Failure to coordinate for the medical care needed by FC #4 was detrimental to her health, safety, and welfare and constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 291		