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	MHL040006	A. BUILDING: _____ B. WING _____	R 03/20/2019

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HOPEWELL	292 DOGWOOD LANE SNOW HILL, NC 28580

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 20, 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 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 have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 03/19/19 of facility records from April 2018 thru present revealed: -April 2018-June 2018 no 1st or 3rd shift fire drill and no 1st or 3rd shift disaster drill documented. -July 2018-September 2018 no 2nd or 3rd shift	V 114		

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V 114	Continued From page 1 fire drill and no 1st and 2nd shift disaster drill documented. -October 2018-December 2018 no 1st shift disaster drill documented. During interview on 03/20/19 client #1 and #3 stated they participated in fire and disaster drills. Interview on 03/20/19 the Qualified Professional stated safety drills would be discussed with staff in the facility.	V 114		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 2	V 115		

This Rule is not met as evidenced by:
Based on record reviews and interview the facility failed to provide supervision to ensure the safety and welfare for two of three audited clients (#1 and #4). The findings are:

Review on 03/19/19 of client #1's record revealed:
-37 year old male.
-Admission date of 10/11/11.
-Diagnoses of Schizophrenia Disorder, Bipolar Type, Mild Mental Retardation, Insomnia, Seizure Disorder, and Vitamin D Deficiency.

Review on 03/19/19 of client #1's Individual Support Plan dated 03/01/19 revealed the following:
-"[Client #1] continues to need support and supervision to manage his anger and anxiety. [Client #1] requires 24 hour individual one on one monitoring to assist him with maintaining his health/safety due to his history of vehicle thefts, self-injurious behaviors, starting fire, and frequent elopement attempts."
-"[Client #1] is more successful individual and responds better with one on one staff."

Review on 03/19/19 of client #4's record revealed:
-25 year old male.
-Admission date of 03/05/12.
-Diagnoses of Autism, Episodic Mood Disorder, Moderate Mental Retardation, Incontinence, Insomnia, Constipation, Allergic Rhinitis,

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V 115	Continued From page 3 Seizures, Organic Affective Disorder. Review on 03/19/19 of client #4's Individual Support Plan dated 12/01/18 revealed: -"I must be supervised in the home and community to ensure my safety." -"I do require close supervision due to risk of wandering away." -"Elopement: running away from staff at home, day program, or in public." -"[Client #4 slapped a two-year old child while in the grocery store. He was on a group outing and staff was attending the behaviors of another consumer. [Client #4] ran off, and slapped the child at that time. Thus, from this point forward, [Client #4] should have one-on-one staff with him at all times, with a hand on his arm or shoulder in order to be able to keep him from running off and engaging in aggressive behaviors." -"Supervision 24/7." Review on 03/19/19 of a Physician order dated 02/14/19 for client #4 revealed: -"Needs close supervision." Review on 03/20/19 of the facility schedule for March 2019 revealed: -Monday-Friday only one staff worked the 3rd shift which was 11:00pm-7:00am. -Saturday-Sunday only one staff in the facility from 11:00pm to 7:00am. During interview on 03/20/19 the Qualified Professional (QP) #1 revealed: -She had just started as the QP on 02/04/19. -The facility had 2 staff during the day shifts and only 1 staff at night. During interview on 03/20/19 the QP #2 revealed: -The facility was supposed to have two staff on all	V 115		

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V 115	Continued From page 4 shifts. -She was aware of the Individual Support Plans and the Care Coordinators stated they did not mean one to one support during sleep hours. -It had been requested to get the Individual Support Plans undated and corrected but the Care Coordinator would not change the wording to indicate the level of supervision. This deficiency is a re-cite and must be corrected within 30 days.	V 115		
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	V 118		

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V 118	Continued From page 5 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 and interviews the facility failed to keep the MARs current affecting two of three audited clients (#3 and #4). The findings are: Finding #1 Review on 03/19/19 of client #3's record revealed: -40 year old male. -Admission date of 02/04/11. -Diagnoses of Intermittent Explosive Disorder, Moderate Mental Retardation, Seizures, Gastroesophageal reflux disease, Vitamin D Deficiency, Fragile X Chromosome, Hypercholesterolemia and Tachycardia. Review on 03/19/19 of client #3's Physician orders revealed: 10/24/18 -Omeprazole 40mg Take 1 capsule by mouth twice daily. Review on 03/19/19 of client #3's February 2019 MAR revealed the following blank: -Omeprazole 40mg-02/16/19 at 5:00pm. During interview on 03/20/19 client #3 stated he received his medication daily.	V 118		

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V 118	Continued From page 6 Finding #2 Review on 03/19/19 of client #4's record revealed: -25 year old male. -Admission date of 03/05/12. -Diagnoses of Autism, Episodic Mood Disorder, Moderate Mental Retardation, Incontinence, Insomnia, Constipation, Allergic Rhinitis, Seizures, Organic Affective Disorder. Review on 03/19/19 of client #4's Physician orders revealed: 12/07/18 -Olanzapine 10mg Take 1 tablet by mouth everyday at 6:00pm -Olanzapine 20mg Take 1 tablet by mouth everyday at 6:00pm Review on 03/19/19 of client #4's February-March 2019 MAR's revealed the following blanks. -Olanzapine 10mg-02/19/19-02/28/19, 03/01/19-03/10/19 at 6pm. -Olanzapine 20mg-02/19/19-02/28/19. During interview on 03/20/19 the Certified Medical Assistant stated: -All the facilities are using the electronic MAR. -The computer system does not always record the initials. -The electronic MAR records the date and time and the staff that administered the medication. -Client #4 received all of his medication and she did not understand why the initials were not showing on the printing electronic MAR. -She was going to contact the pharmacy to get the issues corrected. Due to the failure to accurately document medication administration it could not be determined if clients received their medications	V 118		

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V 118	Continued From page 7 as ordered by the physician.	V 118		
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 observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observation on 03/20/19 at approximately 10:30am revealed: -The dishwasher in the kitchen had a layer of dirt/grease. -The stove in the kitchen had burnt appearance under each eye of the stove and a layer of dirt/grease was present. -The floor in the kitchen was scattered with debris and dirt. -The wall behind a couch in the sitting area had a large patched area with sheetrock putty. -The hallway in the facility had approximately 6-8 patched areas with white sheetrock putty. -The first bathroom's shoe molding around the walls was molded and pieces were broken. -Client #4's bedroom had a urine odor and the linoleum floor was peeling in several areas near the window. -The second bathroom had patched areas by the toilet and the area next to the mirror was peeling	V 736		

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V 736	Continued From page 8 paint. -Client #2's bedroom had several patched areas with sheet rock putty and the beside table had a damaged surface. -Client #3's bedroom had 4-5 patched areas on the walls and doors in the bedroom. -The carpet was soiled and dirty throughout the facility. Interview on 03/20/19 the Qualified Professional #2 stated she would follow up on issues identified during the exit with the Director of Operations. This is a re-cited standard level deficiency and must be corrected within 30 days.	V 736		