

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-029 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 03/08/2019 |
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| NAME OF PROVIDER OR SUPPLIER EASON COURT | STREET ADDRESS, CITY, STATE, ZIP CODE 113 EASON COURT YOUNGSVILLE, NC 27596 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 8, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>A sister facility is identified in this report. The sister facility will be identified as sister facility A. Staff and/or clients will be identified using the letter of the facility and a numerical identifier.</p> | V 000 | | |
| V 107 | <p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care | V 107 | | |

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| Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| V 107 | <p>Continued From page 1</p> <p>Personnel Registry.</p> <p>(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.</p> <p>(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.</p> <p>(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the governing body failed to ensure 1 of 4 Residential Counselors (RC #7) had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR). The findings are:</p> <p>Note: Staff #7 worked at Sister Facility A in 2018. During a survey dated 10/10/18, this provider was cited for this same situation at Sister Facility A.</p> <p>Review on 3/6/19 of RC#7's personnel record revealed: - hire date 3/7/17 - a HCPR check dated 3/8/18 with a</p> | V 107 | | |

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| V 107 | <p>Continued From page 2</p> <p>substantiated finding of "Abuse of a Resident" entered on 7/18/17</p> <ul style="list-style-type: none"> - a 2nd HCPR check dated 5/14/18 with a substantiated finding of "Abuse of a Resident" entered on 7/18/17 <p>During interviews on 3/6/19 and 3/7/19, 3 of 3 interviewed clients reported RC#7 was a very good staff person and had never mistreated them in any way.</p> <p>During an interview on 3/8/19, the AD reiterated what she had said during the survey for the sister facility (A) in October, 2018:</p> <ul style="list-style-type: none"> - RC#7 was not on the HCPR at her hire date but she had voluntarily disclosed the incident during the hiring process - RC#7 was closely monitored by the AD and the Qualified Professional (QP) for her first 3 or 4 months of her employment through observation and supervision - RC#7 was one of her top 3 employees. She went over and above board in working and engaging with the clients. -she was not aware of and had not received any complaints about RC#7 | V 107 | | |
| V 114 | <p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <ul style="list-style-type: none"> (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 | V 114 | | |

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| V 114 | <p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct fire and disaster drills at least quarterly on each shift. The findings are:</p> <p>During an interview on 3/4/19, the Residential Manager (RM) reported the shifts for fire and disaster drills were as follows: - 1st - 8:00am - 4:00pm - 2nd - 4:00pm - 12:00am - 3rd -12:00am - 8:00am.</p> <p>Review on 3/4/19 of the fire drill log revealed drills were not conducted on: - third shift during the 2nd and 4th Quarter (April - June, 2019 and October - December, 2019) - first shift during the 3rd and 4th Quarter (July - September, 2019 and October - December, 2019)</p> <p>Review on 3/4/19 of the disaster drill log revealed drills were not conducted on: - second shift during the 3rd Quarter - third shift during the 2nd and 3rd Quarters - first shift during the 4th Quarter</p> <p>During interviews on 3/6/19 and 3/7/19, 3 of 3 clients reported drills were done monthly.</p> <p>During an interview on 3/6/19, the Residential</p> | V 114 | | |

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| V 114 | Continued From page 4 Manager reported drills were expected to be done monthly on each shift. She would make the corrections and changes to the schedule immediately. This deficiency is cross referenced into 10A NCAC 27G .0303 Facility Grounds and Maintenance (V736) for a Type B and must be corrected within 45 days. | V 114 | | |
| V 119 | 27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge. | V 119 | | |

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| V 119 | <p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation record review and interview, the facility failed to ensure that all prescription and non-prescription medications were disposed of in a manner that guarded against diversion or accidental ingestion affecting. The findings are:</p> <p>Observation on 3/6/19 at 11:30am of the facility's medication cabinet revealed 2 plastic containers filled with a base of cat litter and an extensive amount and variety of pills and capsules. The pills were round or oblong shaped, red, yellow, green, white and there were capsules colored white/peach, white/blue and white and green. There was no documentation on the containers of what was contained in the container.</p> <p>A. Review on 3/6/19 of client #1's record revealed medication disposal sheets. These included: a. Date of Medication Disposal Sheet: 12/4/18 Medication: Seroquel 200mg - 1 pill Reason for disposal: Medication Discontinued b. Date of Medication Disposal Sheet: 11/23/18 Medication: Clonazepam 1mg 1 pill Reason for disposal: Medication Discontinued c. Date of Medication Disposal Sheet: 10/16/18 Medication: Savoy's 30mg 9 pills Reason for disposal: Medication Discontinued</p> | V 119 | | |

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| V 119 | <p>Continued From page 6</p> <p>d. Date of Medication Disposal Sheet: 10/16/18 Medication: Actors 30mg 9 pills Reason for disposal: Medication Discontinued</p> <p>e. Date of Medication Disposal Sheet: 9/19/18 Medication: Clonazepam 0.5mg 22 pills Reason for disposal: Medication Discontinued</p> <p>f. Date of Medication Disposal Sheet: 8/30/19 Medication: Clonazepam 0.5mg 34 pill Reason for disposal: Overstock</p> <p>f. Date of Medication Disposal Sheet: no date listed Medication: Clonazepam 0.5mg 59 pills Reason for disposal: Overstock</p> <p>f. Date of Medication Disposal Sheet: no date listed Medication: Clonazepam 0.5mg 30 pills Reason for disposal: Overstock</p> <p>B. Review on 3/6/19 of client #3's record revealed medication disposal sheets. These included:</p> <p>a. Date of Medication Disposal Sheet: 10/27/18 Medication: Depakote 500mg - 1 pill Reason for disposal: Overstock</p> <p>b. Date of Medication Disposal Sheet: 10/27/18 Medication: Trazadone 150mg 9 pills Reason for disposal: Overstock</p> <p>c. Date of Medication Disposal Sheet: 12/25/18 Medication: Clozapine 100mg 6 pills Reason for disposal: Medication Discontinued</p> <p>d. Date of Medication Disposal Sheet: 6/28/18</p> | V 119 | | |

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| V 119 | <p>Continued From page 7</p> <p>Medication: Tamsulosin 0.4mg 1 pill Reason for disposal: Medication Expired e. Date of Medication Disposal Sheet: 6/28/18</p> <p>Medication: Lamotrigine 25mg 2 pills Reason for disposal: Medication Expired f. Date of Medication Disposal Sheet: 6/28/18</p> <p>Medication: Lamotrigine 100mg 1 pill Reason for disposal: Medication Expired g. Date of Medication Disposal Sheet: 6/28/18</p> <p>Medication: Depakote 500mg 1 pill Reason for disposal: Medication Expired</p> <p>C. Review on 3/6/19 of client #4's record revealed medication disposal sheets. These included: a. Date of Medication Disposal Sheet: 5/16/18 Medication: Trazadone 50mg 14 pills Reason for disposal: Medication Discontinued</p> <p>b. Date of Medication Disposal Sheet: 4/2/18 Medication: Lorazepam 1mg 28 pills Reason for disposal: Medication Discontinued</p> <p>c. Date of Medication Disposal Sheet: 6/28/18 Medication: Clozapine 50mg 21 pills Reason for disposal: Medication Discontinued</p> <p>d. Date of Medication Disposal Sheet: 6/28/18 Medication: Lorazepam 1mg 8 pills Reason for disposal: Overstock</p> <p>Continued review on 3/6/19 revealed each of the above sheets were signed by the staff disposing of the medication into the jug and a staff witness.</p> | V 119 | | |

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| V 119 | <p>Continued From page 8</p> <p>During an interview on 3/6/19, staff #1 reported:</p> <ul style="list-style-type: none"> - when a medication was changed or discontinued, staff would empty the pills from the blister pack into one of the above containers. <p>This same staff person would complete the Medication Disposal Form (MDF) and sign it. If it was a controlled medication 2 staff needed to be present when the medications were put in the containers and both staff needed to sign the MDF.</p> <ul style="list-style-type: none"> - the containers were kept in the locked medication cabinet - the Residential Manager (RM) would take discontinued medications to the landfill for disposal. She did not know if the container was thrown away or the container was emptied at the landfill - she understood the concern about possible diversion of the medications <p>During an interview on 3/6/19, the RM reported:</p> <ul style="list-style-type: none"> - all staff had access to the medication cabinet - when a client's dose had changed or a medication had been discontinued, staff #1 would take the pills/capsules off the blister pack and put them in the plastic container - it was the Qualified Professional (QP) who would take discontinued medications to the landfill for disposal. She did not know if the container was thrown away or the container was emptied at the landfill - 2 staff needed to be present and sign for the disposal of controlled medications <p>During an interview on 3/7/19, the QP reported:</p> <ul style="list-style-type: none"> - they had changed their method of disposal after a previous surveyor told them to put expired/discontinued medications in something like cat litter or coffee grounds to dissuade | V 119 | | |

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| V 119 | Continued From page 9 diversion - prior to that they had been leaving the medications in the blister pack and returning them to the pharmacy - felt they were given conflicting information about the disposal of medications During an interview on 3/8/19, the Assistant Director reported: - they disposed of discontinued medications in this manner after being cited for the same at Sister Facility A - acknowledged that anyone with access to the medication cabinet could take the pills out without anyone being aware - they would immediately change their method of disposal to ensure there was no risk of diversion | V 119 | | |
| 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 governing body failed to maintain the facility in a safe manner. The findings are: Cross Reference: 10A NCAC 27G .0207 Emergency Plans and Supplies (Tag V114). Based on record review and interview, the facility | V 736 | | |

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| V 736 | <p>Continued From page 10</p> <p>failed to conduct fire and disaster drills at least quarterly on each shift.</p> <p>Observation on 3/6/19 at 3:30pm revealed:</p> <ul style="list-style-type: none"> - a sliding door in client #1's bedroom which could not be opened - a keyed lock secured on the slider on the outside. This door could not be unlocked from the inside. - a window in the adjoining bathroom was chest high and could not be easily be opened or exited in the case of an emergency <p>During an interview on 3/6/19, client #1 reported:</p> <ul style="list-style-type: none"> - she would not be able the climb out of the bathroom window in case of a fire - she would just "burn up and die" if there was a fire outside her bedroom door and she could go out the sliding door <p>During an interview on 3/7/19, staff #2 reported he did not know how long the lock had been on the outside of the slider in client #1's bedroom. He could not say how client #1 would exit if there was a fire outside her bedroom door. He had not used that exit but thought it was able to be opened.</p> <p>During an interview on 3/6/19, staff #1 reported she did not realize the sliding door could not be open. Client #1 always used the front or back doors during drills. She could not say how client #1 would exit if there was a fire outside her bedroom door. She thought the bathroom window might be used.</p> <p>During an interview on 3/8/9, the Assistant Director reported their maintenance contractor was there the day before (3/7/19) and informed her that the outside lock just needed to be</p> | V 736 | | |

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| V 736 | <p>Continued From page 11</p> <p>unlocked which he did. The slider door could still be manually locked from inside so client #1 was able to access the outside in the case of an emergency.</p> <p>Review on 3/7/19 of a Plan of Protection written/signed and submitted by the Qualified Professional on 3/7/19 revealed: "This plan of protection ensures (1) the master bedroom of 113 Eason Court Youngsville, NC 27596 will have two exits per requirements (2) the sliding door in the master bedroom of 113 Eason Court Youngsville, NC 27596 will not be obstructed in any manner. An independent contractor will remove all obstructions from the sliding door, in the master bedroom, on today March 7th allowing safe exiting."</p> <p>"The governing body failed to maintain a safe environment at the facility by locking the second means of egress from the master bedroom. There were sliding glass doors in the master bedroom which had an exterior lock which prevented the door from being opened from the inside. In addition the facility failed to maintain the required number of fire drills which would have allowed clients to practice different ways to exit the facility in case of a fire. The failure of the governing body in allowing this to continue without correction was detrimental to clients health and safety. This deficiency 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.</p> | V 736 | | |