STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-157	A. BUILDING: _____ B. WING _____	R 03/27/2019

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 27, 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 interviews and record reviews, the facility failed to hold disaster drills and fire drills that simulated fire emergencies at least quarterly on all shifts. The findings are: Interview on 3/25/19 Staff #2 stated: -The facility staff worked 12 hour shifts from 7 am - 7 pm, and 7 pm - 7 am. The shifts were the same on the week ends as week days. -Clients readily go outdoors for fire drills.	V 114		

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V 114	Continued From page 1 -For the other drills like utility failure, they will awaken the clients and tell them to be calm, and call the utility. -For a tornado drill they would have clients go into the hallway. -Client responses during the disaster drills depended on the type of drill. Review on 3/26/19 of the Fire Drill reports from 1/1/18 - 12/31/18 revealed: -Quarter #2, 4/1/18 - 6/30/18: Only 1 fire drill documented on 5/19/18 at 1 pm. Staff documented the smoke alarms were tested and there was no practice evacuation during the drill. -Quarter #3, 7/1/18 - 9/30/18: One (1) fire drill documented during the 7 pm - 7 am shift on 8/17/18 at 9:30 pm. Staff documented the smoke alarms were tested and there was no practice evacuation during the drill. -Quarter #4, 10/1/18 - 12/31/18: No fire dills documented during the 7 pm - 7 am shift. Review on 3/26/19 of the Disaster Drill reports from 1/1/18 - 12/31/18 revealed: -Quarter #1: 1/1/18 - 3/31/18: Bomb Threats were documented for disaster drills between 7 am - 7 pm on 1/1/18 at 6 pm and on 3/2/18 at 10 am. For each drill the documented actions taken were to "contact authorities." There was no documentation the clients were actively involved in a response to the simulated drill. There was no evacuation documented. Interview on 3/26/19 client #1 stated he could not say what they did during fire or disaster drills. Interview on 3/26/19 client #2 stated she could not recall doing a fire or disaster drill in the group home.	V 114		

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V 114	Continued From page 2 Interview on 3/26/19 the Licensee stated: -It would be her expectation for the clients to be evacuated during a bomb treat drill. -She would follow up to make sure staff knew fire drills must simulate a real fire and evacuation was required.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.	V 117		

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V 117	Continued From page 3 This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to insure all medication were labeled as required affecting 1 of 2 clients audited (client #2). The findings are: Review on 3/25/19 of client #2's record revealed: -58 year old female admitted in 2008. -Diagnoses included Paranoid Schizophrenia; Schizoaffective disorder, unspecified; Mild Intellectual Disabilities; Disorder of kidney and Ureter unspecified. -Order dated 1/3/19 for Ventolin HFA (hydrofluoroalkane) 90 mcg (micrograms) 4 times daily. -Order dated 1/3/19 for Flonase nasal spray 50 mcg twice daily. Observations on 3/25/19 at 5:38 pm of client #2's medications on hand revealed: -Flonase vial was inside a zip lock plastic bag. There was no label on either the vial or the bag. -Ventolin inhaler was inside a zip lock plastic bag. There was no label on either the vial or the bag. Interview on 3/25/19 Staff #2 stated: -The Flonase nasal spray and Ventolin inhaler were dispensed from the pharmacy in a labeled box for each medication. -She would follow up to make sure the medications retained a label.	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION	V 118		

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V 118	Continued From page 4 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. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews the facility failed to assure medications were administered as ordered by the physician and maintain accurate MARs affecting 2 of 2 clients audited (#1, #2). The findings are:	V 118		

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V 118	Continued From page 5 Finding #1: Review on 3/25/19 of client #1's record revealed: -28 year old male admitted 6/2009. -Diagnoses included Unspecified Mood disorder; Oppositional Defiant Disorder; Intermittent Explosive Disorder; Moderate Intellectual disabilities; Impulse Control Disorder; Acne Vulgaris. -Order dated 1/28/19 for Ketoconazole 2% shampoo daily as needed. (antifungal, dandruff) -Order dated 1/28/19 for Lorazepam 2 mg every 4 hours as needed for agitation. Review on 3/25/19 and 3/26/19 of client #1's MARs for 1/1/19 - 3/25/19 revealed: -No documentation Ketoconazole 2% shampoo had been used. -Lorazepam 2 mg documented daily 1/4/19 - 1/18/19. The time the medication had been administered was not documented. Observations on 3/25/19 at 5:19 pm of client #1's medications on hand revealed no Ketoconazole 2 % shampoo on hand. Finding #2: Review on 3/25/19 of client #2's record revealed: -58 year old female admitted in 2008. -Diagnoses included Paranoid Schizophrenia; Schizoaffective disorder, unspecified; Mild Intellectual Disabilities; Disorder of kidney and Ureter unspecified. -Order dated 1/3/19 for Flonase nasal spray 50 mcg twice daily. (nasal symptoms, such as stuffy/runny nose, itching, and sneezing) Review on 3/25/19 and 3/26/19 of client #2's MARs for 1/1/19 - 3/25/19 revealed: -Flonase was scheduled to be administered at 8	V 118		

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V 118	Continued From page 6 am and 8 pm. -There was no Flonase documented as administered at 8 pm 2/1/19 -2/28/19. Interview on 3/25/19 Staff #2 stated: -The pharmacy had not sent Ketoconazole 2% shampoo for client #1; therefore, he apparently did not need the shampoo. Interview on 3/26/19 the Licensee stated: -Client #1's Ketoconazole Shampoo had been found in his bathroom. -There was no way to know when the Ketoconazole Shampoo had been administered to client #1. She understood client #1's medicated shampoo should have been secured. -There was no way to tell if client #2's Flonase had been administered, but not documented at 8 pm in February 2019. She was not aware of any reason it would not have been administered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients	V 367		

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V 367	Continued From page 7 to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of	V 367		

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V 367	Continued From page 8 Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a Level II incident reports on the form provided by the Secretary within 72	V 367		

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V 367	Continued From page 9 hours as required. The findings are: Review on 3/25/19 of the North Carolina Incident Response Improvement System (IRIS) revealed: -No Level II or Level III incident reports had been submitted by the facility between 3/21/18 - 3/26/19. -There were no Level II incident reports submitted for client #1 since 2013. Review on 3/26/18 of client #1's record revealed: -28 year old male admitted 6/2009. -Diagnoses included Unspecified Mood disorder; Oppositional Defiant Disorder; Intermittent Explosive Disorder; Moderate Intellectual disabilities; Impulse Control Disorder; Acne Vulgaris. -Individual Service Plan dated 3/1/19 documented a history of Level II incidents as follows: 3/7/17, 3/28/17, 4/4/17, 4/11/17, 8/8/17, 10/20/17. Review on 3/26/19 of internal incident reports revealed the following Level II incident: -9/14/18 client #1 eloped during Hurricane Florence. -Client #1 had been picked up by the police and transported to his mother's home. -Due to the area natural disaster curfew, the client did not return to the facility until the next day. Interview on 3/26/19 the Licensee stated: -She thought the Level II incident report had been submitted via IRIS. -She knew the MCO was aware because she had discussed the incident with them. -No reason was given for no Level II IRIS report for the incident cited during the last annual survey dated 3/21/18. -She would follow up with the MCO and	V 367		

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V 367	Continued From page 10 determine the status of the Level II incident report for the 9/14/18 incident. Interview on 3/27/19, Staff of IRIS stated: -There were several reports for client #1 that had been created in IRIS, but not submitted. -Until a report was submitted it was not viewable by the MCO. -A facility may be given an incident number prior to submission. This was not evidence the report had been submitted. Review on 3/27/19 of IRIS revealed the Level II incident dated 9/14/18 had been originally submitted on 3/26/19. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		