

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
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NAME OF PROVIDER OR SUPPLIER M & M SPECIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 GRIMSLEY STREET GREENSBORO, NC 27403
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(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
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 3/21/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults whose Primary Diagnosis is a Developmental Disability.	V 000	Director immediately requested employee to leave job site. Employee complied with leaving understanding the requirements of having a High School Diploma or GED to Deliver services and to meet the job description. Physically in Personnel file. Employee reassured Director he will produce a physical copy of his High School Diploma and he could be return to work once confirmed.	4/2-19
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (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. (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: (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 Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a	V 107	On March 26, 2019 Employee presented High School Diploma and matter has been resolved.	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Oliver Smith BS DPH

TITLE *Director*

(X6) DATE *4-2-19*

APR 08 2019

Lic. & Cert. Section

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V 107	<p>Continued From page 1</p> <p>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 facility failed to ensure a complete personnel file was maintained on persons who provided care or services to clients of the facility for 1 of 3 audited staff (staff #2). The findings are:</p> <p>Review on 3/21/19 of staff #2's personnel record revealed: -A hire date of 3/19/19; -No documentation that indicated staff #2 met the minimum level of education, competency, work experience, skills and other qualifications for the position.</p> <p>Interview on 3/21/19 with staff #1 revealed staff #2 had been shadowing her for approximately a week.</p> <p>Interview on 3/21/19 with staff #2 revealed:</p>	V 107	<p><i>No employee will be allowed to work until all requirements and benchmarks are met before working with residents. Annually once PHN records ^{employees'} will be reviewed and received their training to get on. Keep personnel records current and accurate.</i></p>	4-21-19

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V 107	Continued From page 2 -"I am shadowing but I've had them twice by myself at the facility;" -Even though he had provided a medical note to the Owner writing him out of work today, he had requested to work; -He and staff #1 had fun with the clients at the park earlier in the day; -He had emailed and requested verification of his high school diploma but hadn't received a response yet. Interview on 3/21/19 with the Owner revealed: -Staff #1 and staff #2 were currently with the clients in the community; -"I thought we had 30 days to have verification;" -Staff #2 graduated from high school in another state and had requested verification; -"I kept telling him I needed it."	V 107	<i>NO employee without</i>	
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	V 118	<i>Peer review will be required daily to ensure and heighten accuracy when documenting observations of the MARs.</i>	<i>4-2-19</i>

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V 118	<p>Continued From page 3</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration for 1 of 2 clients (client #1). The findings are:</p> <p>Review on 3/21/19 of client #1's record revealed: -An admission date of 3/1/17; -Diagnoses included Autism Spectrum Disorder, Insomnia, and Intellectual Developmental Disability; -Physician's orders signed 2/26/19 for Divalproex (for manic episodes) 125 milligrams (mg) 4 capsules by mouth twice daily; Fluoxetine (antidepressant) 20mg/5 milliliters (ml) 5 ml by mouth daily; Clonazepam (for aggression) .5 mg 1 tablet by mouth twice daily; Olanzapine (for aggression) 10mg 1 tablet by mouth twice daily.</p> <p>Review on 3/21/19 at 1:42 pm of client #1's MARs for March 2018 revealed: -Transcribed entries for medications as ordered;</p>	V 118	<p><i>Peer review will be performed daily and Quin will check to ensure accuracy when documenting the MARs.</i></p> <p><i>Employees will continue receive education about MAR through training, education & research, and generally alternate ways to deficit in to avoid errors and to heighten the wellness of members.</i></p>	4-2-19

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V 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -No staff documentation that Divalproex was administered on 3/21/19 at 8:00 am; -No staff documentation that Fluoxetine was administered on 3/21/19 at 8:00 am; -No staff documentation that Clonazepam was administered on 3/21/19 at 8:00 am; -No staff documentation that Olanzapine was administered on 3/20/19 at 8:00 pm and 3/21/19 at 8:00 am; -No documented explanation for the omission of the medications. <p>Client #1 was nonverbal and unable to be interviewed.</p> <p>Interview on 3/21/19 with the Owner revealed:</p> <ul style="list-style-type: none"> -She administered client #1's 8:00 pm medications on 3/20/19 and 8:00am medications on 3/21/19; -Client #1 was very excitable and on the go from the time he woke up until he fell asleep; -It was very difficult to document client #1's medications as they were administered; -She was positive she had administered medications as ordered. <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL041-689	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/21/2019
NAME OF FACILITY M & M SPECIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2621 GRIMSLEY STREET GREENSBORO, NC 27403	

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	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 27G .0201 (A) (1-7)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/21/2019	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Shori Spicer</i>	DATE 3/25/19
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/28/2018		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		