

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL007-056</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/04/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WOODED ACRES #4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3650 CHERRY ROAD</b> <b>WASHINGTON, NC 27889</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on April 4, 2019. The complaint was substantiated (intake #NC00150120). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three audited clients (#3). The findings are:</p> <p>Review on 04/04/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 38 year old male.</li> <li>- Admission date of 12/26/18.</li> <li>- Diagnoses of Mild Intellectual Developmental Disability, Pre-Diabetes and Schizoaffective Disorder.</li> <li>- Treatment plan dated 12/27/18.</li> <li>- No strategies to address client #3's Pre-Diabetes to include blood sugar checks and diabetic diet.</li> </ul> <p>Review on 04/04/19 of a signed FL-2 for client #3 dated 12/13/18 revealed:</p> <ul style="list-style-type: none"> <li>- Diagnosis of Pre-Diabetes.</li> <li>- Medication- Metformin (treats Diabetes) XR 24 tablet 500 milligrams - take with breakfast.</li> </ul> <p>Review on 04/04/19 of client #3's signed Physician Assistant orders dated 01/10/19 revealed:</p> <ul style="list-style-type: none"> <li>- "ADA (American Diabetes Association) Diet"</li> <li>- Accu-check meter with strips (used to check blood sugar values).</li> </ul> <p>Interview on 04/04/19 client #3 stated:</p> <ul style="list-style-type: none"> <li>- He had recently been diagnoses with diabetes.</li> <li>- Staff checked his blood sugar values daily.</li> </ul> <p>Interview on 04/04/19 the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- He would include information regarding client</li> </ul>	V 112		

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V 112	Continued From page 2  #3's diabetes in the treatment plan.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 112		
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 04/04/19 of facility records from January 2019 thru April 4, 2019 revealed the following: Fire Drills - 03/06/19 1st shift at 4:15pm.  Disaster Drills	V 114		

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V 114	Continued From page 3  - No documented drills.  Interview on 04/04/19 the Qualified Professional and Administrator stated: - They understood the frequency fire and disaster drills should be completed at the facility. - They would ensure fire and disaster drills were completed as required.  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 114		
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	<p>Continued From page 4</p> <p>drug.</p> <p>(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, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#2, #3 and #4). The findings are:</p> <p>Finding #1: Review on 04/04/19 of client #2's record revealed: - 32 year old male. - Admission date of 01/26/17. - Diagnoses of Mild Intellectual Developmental Disability (IDD) and Recurrent Major Depression.</p> <p>Review on 04/04/19 of a signed FL-2 for client #2 dated 01/17/19 revealed: - Check blood pressure once daily. - Celexa (antidepressant) 20 milligrams (mg) once daily.</p> <p>Review on 04/04/19 of a signed physician order dated 02/25/19 revealed: - Temazepam (treats insomnia) 15mg - take one tablet at bedtime.</p> <p>Review on 04/04/19 of client #2's March 2019 MAR revealed: - No blood pressure documented from 03/19/19 thru 03/25/19.</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- Celexa - no initials for 03/02/19 and 03/24/19.</li> <li>- Temazepam - no initials 03/24/19 and "No refills" handwritten from 03/28/19 thru 03/31/19.</li> </ul> <p>Finding #2: Review on 04/04/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 38 year old male.</li> <li>- Admission date of 12/26/18.</li> <li>- Diagnoses of Mild IDD, Pre-Diabetes and Schizoaffective Disorder.</li> </ul> <p>Review on 04/04/19 of a signed FL-2 for client #3 dated 12/13/18 revealed:</p> <ul style="list-style-type: none"> <li>- Diagnosis of Pre-Diabetes.</li> <li>- Medication- Metformin (treats Diabetes) XR 24 tablet 500 milligrams - take with breakfast.</li> </ul> <p>Review on 04/04/19 of client #3's signed Physician Assistant orders dated 01/10/19 revealed:</p> <ul style="list-style-type: none"> <li>- Accu-check meter with strips (used to check blood sugar values) use as directed.</li> </ul> <p>Review on 04/04/19 of client #3's signed physician orders dated 01/10/19 revealed:</p> <ul style="list-style-type: none"> <li>- Haldol Decanoate (anti-psychotic) 100mg - inject every 4 weeks.</li> <li>- Cogentin (treats Parkinson's disease symptoms) 2mg - take one tablet twice daily.</li> </ul> <p>Review on 04/04/19 of client #3's March 2019 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Haldol Decanoate - no staff initials the medication was administered.</li> <li>- Cogentin - 03/25/19 at 8am.</li> <li>- 03/21/19 thru 03/25/19 - no documented blood sugar values.</li> </ul> <p>Interview on 04/04/19 client #3 stated:</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>- He received his medication daily.</li> <li>- Staff check his blood sugar values once daily.</li> </ul> <p>Finding #3: Review on 04/04/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> <li>- 55 year old male.</li> <li>- Admission date of 10/21/87.</li> <li>- Moderate IDD, Urology Problems, Anxiety Disorder, Chronic Urinary Tract Infection and Attention Deficit Hyperactivity Disorder.</li> </ul> <p>Review on 04/04/19 of a signed FL-2 dated 01/28/19 revealed the following medication order:</p> <ul style="list-style-type: none"> <li>- Ativan (antianxiety) 0.5mg - take twice daily.</li> </ul> <p>Review on 04/04/19 of client #4's March 2019 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Ativan 03/27/19 thru 03/30/19 at 8pm.</li> </ul> <p>Interview on 04/04/19 the Administrator stated:</p> <ul style="list-style-type: none"> <li>- She had recently addressed medication issues with the facility staff.</li> <li>- She was aware the MARs were to be kept current.</li> <li>- She would continue to monitor staff and medication administration concerns.</li> </ul> <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> <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]</p>	V 118		