

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/03/2019
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NAME OF PROVIDER OR SUPPLIER THE LOVING HOME, INC #2	STREET ADDRESS, CITY, STATE, ZIP CODE 2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on April 3, 2019. 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>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</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		

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 clients (#3). The findings are:</p> <p>Review on 03/28/19 of client #3's record revealed: - 40 year old female. - Admission date of 03/21/19. - Diagnoses included Intellectual Developmental Disorder Moderate, Depressive Disorder, Polydipsia Disorder (excessive thirst), Diabetes Type II Disorder, Obesity, Herpes Simplex, Polysubstance Dependence, and Schizophrenia Disorder. - No documentation of a daily fluid intake schedule.</p> <p>Review on 03/28/19 of client #3's Individual Support Plan dated 11/01/18 revealed: - Staff to follow "prescribed limits for fluid intake and needs to be monitored." - No strategies to address the specific daily fluid intake parameters.</p> <p>Interview on 03/28/19 client #3 stated: - She had resided at the facility for approximately one week but had lived at another group home by the same provider for "several" years. - She attended a local day program. - She would drink approximately three or four cups a water per day. - She had been treated at the hospital for Hyponatremia/Low Sodium.</p> <p>Interview on 03/28/19 the Group Home Manager stated: - Client #3 was admitted into the facility within the</p>	V 112		

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V 112	Continued From page 2 last week. - She had been told by other staff from the prior group home that client #3 was on a fluid restriction and could only use the small plastic cups that came with her from the former group home. - The staff did not monitor/document client #3's fluid intake and was not aware of how much fluid client #3 should have each day. Interview on 04/03/18 the Qualified Professional (QP) stated: - She was aware of client #3's fluid restriction and would follow up with client #3's doctor to clarify and specify the amount of fluid appropriate for client #3 and ensure staff had the medical recommendations for the fluid restriction for client #3.	V 112		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.	V 121		

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V 121	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain a drug regimen review every six months for three of three audited clients (#1, #2 and #3) who received psychotropic drugs. The findings are:</p> <p>Finding #1 Review on 03/28/19 of client #1's record revealed: - 30 year old male admitted on 11/28/07. - Diagnoses included Intellectual Developmental Disorder, Borderline Personality Disorder, Obsessive-Compulsive Disorder, Schizophrenia Disorder and History of legal problems, destruction of property. - Client #1 received the psychotropic medications, Seroquel 200mg one time a day, Topomax 100mg one tablet two times a day, Trazodone 100mg one tablet at bed time, Klonopin 1mg one tablet once a day as needed. - No drug regimen review documented 6 months prior to 03/28/19 available for review.</p> <p>Finding #2 Review on 03/28/19 of client #2's record revealed: - 44 year old male admitted on 01/12/13. - Diagnoses included Intellectual Developmental Disorder Moderate, Intermittent Explosive Disorder, Depressive Disorder, Seizure Disorder, Acid Reflux and Hypertension. - Client #2 received the psychotropic medications, Depakote 500mg two tablets in the morning and one at bed time, Topomax 50mg one tablet one time a day. - No drug regimen review documented 6 months prior to 03/28/19 available for review.</p> <p>Finding #3</p>	V 121		

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V 121	<p>Continued From page 4</p> <p>Review on 03/28/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 40 year old female admitted on 11/28/07. - Diagnoses included Intellectual Developmental Disorder Moderate, Depressive Disorder, Polydipsia Disorder (excessive thirst), Diabetes Type II Disorder, Obesity, Herpes Simplex, Polysubstance Dependence, and Schizophrenia Disorder. - Client #3 received the psychotropic medications, Seroquel 400mg one tablet at bed time, Haldol 5mg one tablet at bed time. - No drug regimen review documented 6 months prior to 03/28/19 available for review. <p>Interview on 04/03/19 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> - She was not able to locate a current 6 month drug regimen review for clients #1, #2 and #3 and would need to follow up with the pharmacy. 	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interviews revealed the licensee failed to ensure the facility was maintained in a safe, clean and attractive manner. The findings are:</p>	V 736		

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V 736	<p>Continued From page 5</p> <p>Observation on 03/28/19 at approximately 9:25am revealed:</p> <ul style="list-style-type: none"> - A smoke detector in the bedroom area of the facility emitted a chirping sound approximately every 35 seconds which indicated a new replacement battery was needed. - A security alarm wall unit in the kitchen of the facility emitted a chirping sound approximately every 30-35 seconds which indicated attention was needed to repair or reset the alarm. <p>Interview on 03/28/19 the Group Home Manager stated:</p> <ul style="list-style-type: none"> -The security alarm had been chirping for several days and she did not know how to reset it. -She thought maybe the smoke alarms needed new batteries. <p>Interview on 04/03/19 the Qualified Professional (QP) stated she would address the above issues with the facility staff/group home manager.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		