

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2019
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NAME OF PROVIDER OR SUPPLIER LUCILLE'S BEHAVIORAL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 HIGHWAY 58 NORTH SNOW HILL, NC 28580
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed April 9, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>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:</p> <p>Interview on 4/4/19 the House Manager stated: -Staff worked 2 shifts Monday through Friday. The shift hours during the week were 12 am to 8:30 am (night shift) and 4 pm to 12 am (evening shift).</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>-Typically there were no clients in the home during from 8:30 am to 4 pm Monday through Friday.</p> <p>-There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift.</p> <p>Review on 4/4/19 of fire drills from 4/1/18 through 3/31/19 revealed:</p> <p>-Quarter #2, 4/1/18 - 6/30/18: No fire drills documented for the week end shift.</p> <p>-Quarter #3, 7/1/18 - 9/30/18: No fire drills documented for the evening shift.</p> <p>Review on 4/4/19 of disaster drills from 4/1/18 through 3/31/19 revealed:</p> <p>-Quarter #2, 4/1/18 - 6/30/18: No disaster drills documented for any shift. On 4/4/18 staff documented a "bomb threat" drill at 7:50 am. Staff documented there was a discussion about the procedures regarding a bomb threat with the clients. There was no documentation of a drill activity involving the clients.</p> <p>-Quarter #3, 7/1/18 - 9/30/18: No disaster drills documented for the evening or week end shifts.</p> <p>-Quarter #4, 10/1/18 - 12/31/18: No disaster drills documented for the evening or night shifts.</p> <p>Continued interview on 4/4/19 the House Manager stated:</p> <p>-The facility had done drills for a bomb threat, communicable disease, power outage, medical emergency, and violent situation thinking these were disaster drills.</p> <p>-She did not realize these were not disaster drills.</p> <p>-She would make sure disaster drills were held quarterly on each shift.</p>	V 114		

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V 114	Continued From page 2 Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -The drills including power outage, medical emergency, and violent situation were done to meet the requirements for their CARF accreditation (Commission on Accreditation of Rehabilitation Facilities). -She would follow up to make sure disaster drills were done as required.	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 drug. (5) Client requests for medication changes or	V 118		

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V 118	<p>Continued From page 3</p> <p>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 reviews, observations, and interviews the facility failed to insure medications were administered as ordered by the physician affecting 2 of 2 clients audited (client #1 and #2), and administered by staff trained by a registered nurse, pharmacist, or other qualified person for 3 of 3 staff audited (Staff #1, #2, #3). The findings are:</p> <p>Finding #1: Review on 4/4/19 of client #2's record revealed: -38 year old male admitted 8/1/02. -Diagnoses included Mood Disorder, Not Otherwise Specified, Attention Deficit Hyperactive Disorder (ADHD); Borderline Intellectual Functioning; Obesity; Intermittent Explosive Disorder; Bipolar, mixed type; Nicotine Dependence -Order dated 2/14/19 for Haldol 5 mg, take 1/2 tab (2.5 mg) every morning and 1 tab (5 mg) every evening (8 am and 8 pm). (antipsychotic medication) -Order dated 3/14/19 to increase Haldol to 10 mg, ½ tab (5mg) every morning and at 6 pm. -Orders dated 11/12/18 and 3/14/19 for Quetiapine 300 mg in the morning and at 6 pm. (antipsychotic medication used for mental/mood conditions to include bipolar disorder) -Order dated 10/17/18 for Listerine mouth wash, use once a day . (antiseptic mouthwash) No order to self administer mouthwash.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>-No order documented for Ibuprofen 200 mg. (Pain)</p> <p>Review on 4/4/18 of client #2's MARs from 1/1/19 through 4/4/19 revealed:</p> <ul style="list-style-type: none"> -Haldol 5 mg, 1/2 tab (2.5 mg) was documented as administered from 3/15/19 - 3/31/19. -The pre-printed 6 pm dosing time for Quetiapine 300 mg was hand written over to 8 pm and documented at 8 pm daily in January, February, March, and April, 2019. -No documentation the client used Listerine daily. -Ibuprofen 200 mg, take 1 tablet every 4 to 6 hours as needed was handwritten on the January and March 2019 MARs. Ibuprofen was documented as administered 1/22/19 at 8 am; 3/1/19 at 8 am; 3/9/19 at 4 pm; 3/10/19 at 8 pm. <p>Observations on 4/4/19 at approximately 1:50 pm revealed:</p> <ul style="list-style-type: none"> -There was no Listerine stored with client #2's medications. -There was a small bottle of Listerine found in a basket in the top of client #2's closet. <p>Interview on 4/5/19 client #2 stated:</p> <ul style="list-style-type: none"> -Staff administered his medications. -He always received his medications. -He used his Listerine daily. <p>Finding #2: Review on 4/4/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> -38 year old male admitted 10/3/14. -Diagnoses included Mood Disorder, Not Otherwise Specified; Moderate Intellectual Disability; Hypertension; Chronic Kidney Disease Stage III; Renal Osteodystrophy; Joint Pain. -Order dated 12/11/18 for Fluconazole 150 mg once weekly for 4 weeks. (antifungal medication) -No order for saline nasal spray. 	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 4/4/18 of client #1's MARs from 12/1/18 through 4/4/19 revealed: -Fluconazole 150 mg was documented on 12/12/18, 12/19/18, 12/26/18, and 12/27/18. -Saline nasal spray, squeeze twice in each nostril prn (as needed) was hand written on the March 2019 MAR and documented as administered 3/20/19 at 8 am.</p> <p>Finding #3: Review on 4/9/19 of Staff #1's record revealed: -Paraprofessional staff hired 11/9/15. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 2/3/19, 1/24/18, 1/30/17, 2/25/16, 10/28/15.</p> <p>Review on 4/9/19 of Staff #2's record revealed: -Paraprofessional staff hired 3/25/19. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 4/1/19.</p> <p>Review on 4/9/19 of Staff #2's record revealed: -Paraprofessional staff hired 2/21/18. -Medication training was an on line course, "Group Home Medication Administration" by www.southrx.com dated 2/12/18 and 2/7/19.</p> <p>Interview on 4/4/19 the House Manager stated: -She was not aware if client #2 used Listerine mouthwash. -She thought client #2's dosage of Haldol changed in mid-March because they had "run out" of the 5 mg 1/2 tabs and the pharmacy dispensed the 10 mg tabs. The staff failed to change the MAR. -She could not find orders for client #2's Ibuprofen.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>-She could not find orders for saline nasal spray for client #1.</p> <p>-The documentation of client #1's Fluconazole 150 mg looked to her as it had been administered 2 days in a row in December instead of weekly as ordered.</p> <p>Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated:</p> <p>-She had discussed with the provider of medication training she was not sure on line classes met requirements.</p> <p>-She would follow up to make sure training was done by a qualified individual.</p> <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		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(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.</p> <p>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.</p> <p>(3) Controlled substances shall be disposed of in</p>	V 119		

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V 119	<p>Continued From page 7</p> <p>accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to dispose of medications on hand for clients who had been discharged for greater than 30 calendar days after the date of discharge. The finding are:</p> <p>Observations at 10:47 am on 4/4/19 revealed: -2 tubes of Clotrimazole-Betamethasone Cream labeled for FC #4. -3 bottles of Ketoconazole Shampoo labeled for FC #4. -5, 16 ounce bottles of Milk of Magnesia labeled for FC #3.</p> <p>Interview on 4/4/19 the House Manager stated: -FC#3 was discharged in July 2018. -She was not sure when FC#4 had been discharged but it was prior to FC#3's discharge. -She was not aware that medications of discharged clients had to be disposed of within 30 days of discharge. -She would contact the pharmacy for assistance with medication disposal.</p>	V 119		

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V 119	Continued From page 8 Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -FC #4 had been discharged maybe 5 years ago. -FC #3 had been discharged in July 2018. -The medications for these clients should have been returned to the pharmacy.	V 119		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or	V 290		

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V 290	<p>Continued From page 9</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide staffing above the minimum numbers to enable staff to respond to individualized client needs affecting 1 of 2 clients audited (client #1). The findings are:</p> <p>Review on 4/4/19 of client #1's record revealed: -38 year old male admitted 10/3/14. -Diagnoses included Mood Disorder, Not Otherwise Specified; Moderate Intellectual Disability; Chronic Kidney Disease Stage III; Renal Osteodystrophy; Joint Pain. -6/1/18 North Carolina Support Needs Assessment Profile (NC-SNAP) documented client #1 required 24 hour awake Staff. -6/1/18 Innovations Risk/Support Needs Assessment documented client #1 required 24 hour awake staff for the following reason: "If [client #1] is aware that he is not monitored throughout the night he will get up and eat snacks and food throughout the night which has caused</p>	V 290		

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V 290	Continued From page 10 him to gain weight in the past and elevate blood pressure. ... will rearrange his room throughout the night..." Interview on 4/4/19 the House Manager stated: -There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift. -There was a cot provided for staff to sleep in the living room.	V 290		
V 784	27G .0304(d)(12) Therapeutic and Habilitative Areas 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (12) The area in which therapeutic and habilitative activities are routinely conducted shall be separate from sleeping area(s). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a sleeping area for staff separate from the areas in which habilitative activities are routinely conducted. The findings are: Observations on 4/4/19 at approximately 10:45 am revealed: -3 furnished client bedrooms. Two rooms were	V 784		

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V 784	<p>Continued From page 11</p> <p>occupied and 1 room was empty. -No separate sleep area for staff. -A large box was on the floor in the living room. -In addition to the bedrooms, the home had a kitchen with eat in dining area and a living room.</p> <p>Interview on 4/4/19 the House Manager stated: -There was 1 shift on the week end. The staff would come in on Friday night and the shift started at midnight and ended Sunday night when the next shift started their shift at midnight. One person covered this week end shift and was allowed to sleep. -There was a cot provided for staff to sleep in the living room. -She was not aware this was not in compliance with regulatory rules.</p> <p>Interview on 4/9/19 the Chief Executive Officer/Qualified Professional stated: -They had always allowed staff to sleep in the living room. -She was not aware staff had to have a separate sleep area.</p>	V 784		