

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
--	---

(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
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/11/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Individuals of all Disability Groups.</p>	V 000		
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 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>	V 119		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
--	---

(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
V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observations, and interview the facility failed to dispose of medications that were no longer in use by the client and medications that were expired affecting one (Client #2) of three audited clients.</p> <p>The findings are:</p> <p>Observations on 4/10/19 at approximately 10:30 a.m. of Client #2's current medication boxes revealed: -Miconazole Nitrate 2% - apply to affected areas 2 times a day - dispense date 7/18/18; -Hydrocortisone 1% - over the counter anti- itch cream - expired 2/2019; -Nystatin Cream USP, 100,000 Units Per Gram - apply to affected area 2 times a day as needed - expired 3/4/19.</p> <p>Observation on 4/10/19 at approximately 12:00 p.m. of the medication closet revealed: -over-the-counter stock medications; -generic brand Antacid tablets - expired 2/2019.</p> <p>Review on 4/10/19 of Client #2's physician orders revealed: -7/18/18 -Miconazole Nitrate 2% - apply to affected areas 2 times a day for 10 days; -12/19/18 - Hydrocortisone 1% - anti- itch cream - apply to affected area 2 times a day as needed; -12/19/18 - Nystatin Cream USP, 100,000 Units Per Gram - apply to affected area 2 times a day as needed.</p> <p>Review on 4/10/19 of Client #2's Medication Administration Record for March and April 2019 revealed:</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
--	---

(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
V 119	<p>Continued From page 2</p> <p>-Nystatin Cream USP, 100,000 Units Per Gram was applied 9 times after it was expired (3/5/19, 3/6/19, and 4/1/19 through 4/7/19);</p> <p>-Miconazole Nitrate 2% and Hydrocortisone 1% had not been applied.</p> <p>Interview on 4/10/19 with the Group Home Coordinator revealed:</p> <p>-the Miconazole Nitrate 2% cream for Client #2 probably remained in his current medications in case it was needed again;</p> <p>-she realized a new order would be necessary if the client did need the cream in the future;</p> <p>-she did not realize the Hydrocortisone, Nystatin Cream or Antacid tablets had expired;</p> <p>-she put all the medications in a plastic bag to send back to the pharmacy for disposal.</p>	V 119		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
--	---

(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
V 290	<p>Continued From page 3</p> <p>(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</p> <p>(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 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 reviews and interviews, the facility failed to ensure a clients' treatment or habilitation plan documented the client was capable of remaining in the home without supervision for specified periods of time affecting one of three audited clients (Client #1) The findings are:</p> <p>Review on 4/10/19 of Client #1's record revealed: -62 years old;</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE STREET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 75 MAPLE STREET WAYNESVILLE, NC 28786
--	---

(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
V 290	<p>Continued From page 4</p> <ul style="list-style-type: none"> -admitted 7/1/14; -diagnoses of Moderate Intellectual Developmental Disability, Anxiety Disorder, Depression, Dyslipiderna, Dementia of Alzheimer's Type, B-12 Deficiency and Menopause; -"Request for Committee Approval of Supervision Release" signed by the Qualified Professional and dated 4/2/18 included the client demonstrated competencies of being permitted a maximum of two hours of unsupervised time in the group home without staff contact; -this form also included three rights committee signatures in approval of unsupervised time; -Person-Centered Profile, completed 6/5/18 and signed by the client 6/25/18 included "What's important to...[Client #1] states the following are still important to her: Having supervisory release...;" -there were no goals or strategies for unsupervised time. <p>Interview on 4/10/19 with Client #1 revealed:</p> <ul style="list-style-type: none"> -she could stay home by herself for two hours; -this did not happen very often. <p>Interview on 4/10/19 with the Group Home Coordinator revealed:</p> <ul style="list-style-type: none"> -Client #1 was approved for 2 hours of unsupervised time at home; -she did not utilize this much as she usually liked to go whenever there was an outing. <p>Interview on 4/10/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -Client #1 was approved for unsupervised time in the home; -she thought this was in the client's treatment plan. 	V 290		