STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL058-050	A. BUILDING: _____ B. WING _____	R 04/17/2019

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NEW BEGINNINGS WITH LOVE INC ADULT FA(	121 HARRIS STREET WILLIAMSTON, NC 27892

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V 000	INITIAL COMMENTS An Annual & Follow up survey was completed April 17, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.	V 000		
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 checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician....failed to ensure MARs were kept current....The findings are:

A. Review on 4/17/19 of client #1's record revealed:
- admitted to the facility on 4/2/18
- diagnoses of Post Traumatic Stress Disorder & Schizoaffective Disorder
- physician orders dated 4/1/19: Cholestyramine Packet: mix 1/2 packet in fluid & drink by mouth 2 times a day (can lower high cholesterol levels); Clozapine 100mg take 1 & 1 1/2 by mouth every morning & 2 & 1 1/2 evening (can treat schizophrenia); Famotidine 20mg twice a day (can treat reflux disease); Clonidine .1mg twice a day (can treat high blood pressure) & a FL2 dated 10/16/18: Symbicort (can treat asthma and chronic obstructive pulmonary disease)

Review on 4/17/19 of March & April 2019 MAR for client #1 revealed:
- April 2019 MAR: the times listed for Cholestyramine Packet was 6am & 3pm....it was only initialed at 6am...the medication was not initialed from 4/13/19-4/16/19
- April 2019 MAR: the Clozapine, Famotidine & Clonidine was not initialed at bedtime on 4/16/19
- the Symbicort was left blank on the March MAR & the April 2019 MAR had refused written it

During interview on 4/17/19 the Licensee

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V 118	Continued From page 2 reported: - client #4 has refused the Symbicort due to television commercials that revealed negative side effects from the medication - she has contacted the physician's office but has not heard back *there was no documentation of the attempts made to the physician's office from March 2019 to current B. Review on 4/17/19 of client #2's record revealed: - admitted to the facility on 12/27/13 - diagnoses of Major Depression; Seizures; Insomnia & Traumatic Brain Injury - a FL2 dated 1/22/19: Sertraline 100mg 1 1/2 everyday (can treat depression); Vimpat 150mg twice a day (can treat partial seizures) & Topiramate 100mg twice a day (can treat and prevent seizures) Review & observation on 4/17/19 of client #2's April 2019 MAR revealed: - observation at 10:27am revealed all of client #2's medications had not been initialed since 4/15/19 at bedtime - at 10:30am at the Licensee was asked to make a copy of the MAR the blank spaces had been filled in with a "H" During interview on 4/17/19 the Licensee reported: - client #2 was on a home visit - she normally filled in "H" for home visit when a client returned from the visit C. Review on 4/11/19 of client #4's record revealed: - admitted 2/3/19	V 118		

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V 118	Continued From page 3 - diagnoses of Schizophrenia; Intellectual Disability & Hypertension - FL2 dated 2/18/19: Protonix 40mg everyday (can treat reflux disease) Review on 4/11/19 of the April 2019 MAR revealed: - the Protonix was not signed from 4/6/19 - 4/8/19 During interview on 4/11/19 staff #1 reported: - she was not sure why the Protonix was not initialed from 4/6/19-4/8/19 During interview on 4/17/19 the Licensee reported: - she reviewed the MARs once a month - there was a system where staff reviewed MARs after each shift...the staff followed the system for a little while and then stopped - she will put a new medication system in place "Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician"	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure health care personnel registry (HCPR) was completed prior to hire for 2 of 5 staff (staff #1 & Qualified Professional (QP). The findings are: Review on 4/17/19 of staff #1's personnel record revealed: - hire date 2009 - no documentation of HCPR check Review on 4/17/19 of the QP's personnel record revealed: - hire date 9/3/16 - no documentation of HCPR check During interview on 4/17/19 the Licensee reported: - HCPRs were completed - will try to locate and fax the information *information was not received by close of survey on 4/17/19	V 131		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III	V 367		

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incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:
(1) reporting provider contact and identification information;
(2) client identification information;
(3) type of incident;
(4) description of incident;
(5) status of the effort to determine the cause of the incident; and
(6) other individuals or authorities notified or responding.
(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy

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V 367	Continued From page 6 of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview the facility failed to ensure Level II incident reports were submitted to the	V 367		

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V 367	Continued From page 7 Local Management Entity/Management Care Organization (LME/MCO). The findings are: During interview on 4/11/19 staff #1 reported: - she called the police February 2019 for client #4 whom was a new admit - she has a history of psychosis - client #4 woke up that morning...she screamed & hollered...set the house alarm off...she went outside and screamed & hollered - she (staff #1) called the police - she wrote the incident down...she did not complete a Level II incident report During interview on 4/17/19 the Licensee reported: - client #4 called the police on Saturday - client #4 was delusional & refusing to take medications - she has not completed a Level II incident report [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 367		