STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL071-035	A. BUILDING: _____ B. WING _____	R 05/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SPECIAL TOUCH II	305 SOUTH SMITH STREET BURGAW, NC 28425

(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	INITIAL COMMENTS An annual and follow up survey was completed on May 16, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement strategies based on assessment affecting one of two audited clients (#1). The findings are: Review on 5/09/19 of client #1's record revealed: -27 year old male. -Admission date of 10/09/13. -Diagnoses of moderate intellectual disability and reactive attachment disorder. -Treatment plan dated 1/01/19. -1:1 support required due to inappropriate sexual behaviors. Interview on 5/14/19 client #1 stated: -There was 1 staff working with both clients each shift. Interview on 04/04/19 the Licensee stated: -There was 1 staff working with both clients each shift. -She was aware of day program requirements for 1:1 staffing but no 1:1 staffing had been specified for the home. She would review treatment plan to ensure wording accurately reflected supervision needs in home. She would forward a copy of treatment plan by end of business day 5/16/19 if 1:1 supervision in plan was specific to day program. No copy of treatment plan had been received by close of business day 5/16/19.	V 112		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118		

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V 118	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to administer medications as ordered by the physician and maintain accurate MARs for 2 of 2 clients audited (clients #1, #2). The findings are: Finding #1: Review on 5/09/19 of client #1's record revealed:	V 118		

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V 118	Continued From page 3 -27 year old male admitted 10/09/13. -Diagnoses included moderate intellectual disability and reactive attachment disorder. -Order dated 1/04/19 for Trazadone 300 milligrams (mg) AM. (Used to treat depression). Review on 5/09/19 of client #2 MARs for March, April, and May 2019 revealed medication to be administered 300mg at bedtime. Interview on 5/9/19 staff #1 contacted pharmacy for clarification. Additional clarification was required from prescribing physician to ensure accuracy. Finding #2: Review on 5/9/19 of client #2's record revealed: -20 year old male admitted 6/25/17. -Diagnoses included disruptive mood disorder; mild intellectual disabilities; attention deficit hyperactive disorder (ADHD), combined type. -Order dated 10/1/18 for Clonidine 0.1 mg, 2 tablets (=0.2 mg) at bedtime. (Used to treat ADHD.) Review on 5/9/19 of client #2's MARs for May 2019 revealed there was no documentation client #2 had the Clonidine 0.2 mg administered from 5/1/19 - 5/8/19. Interview on 5/9/19 Staff #1 stated he was sure he administered client #2's Clonidine at bedtime in May 2019, but failed to document on his MAR. 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		

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V 118	Continued From page 4 This deficiency has been cited 3 times since the original cite on 5/5/16 and must be corrected within 30 days.	V 118		
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 5/9/19 at approximately 10:30 am revealed: -There were 3 client bedrooms, 2 were occupied with current clients. -There was a kitchen and dining room combination, laundry/bathroom, hall bathroom, living room, and office. -There was no separate room for staff to sleep separate from areas used by clients. Telephone interview on 5/9/19 Staff #4 stated: -She had worked at the facility for about 2 years.	V 784		

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V 784	Continued From page 5 -She worked week ends. Her shift usually started on Friday night at 9 pm and ended at 4 pm on Saturday. She would return on Sunday night at 11 pm and gets off at 7:30 am Monday. -Staff were allowed to sleep. -They slept on the sofa in the living room. Telephone interview on 5/9/19 Staff #5 stated: -She had worked at the facility for about 9 months. -She had been employed about 8 years by the Licensee and worked at a sister facility. -She worked every other week end at this facility. -She would work from Friday at 2 pm until Saturday at 4 pm, or from Saturday at 4 pm and get off on Sunday at either 4 pm or 8 pm. -They were provided a couch in the living room to sleep. There was also a couch in the office. They could sleep on either. -	V 784		