

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LILLEY HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12430 CLACKWYCK LANE CHARLOTTE, NC 28262</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 5/23/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

Division of Health Service Regulation  
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 review and interview the facility failed to have 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 for the treatment plan affecting 1 of 2 audited clients (#1). The findings are:</p> <p>Review on 5/21/19 of client #1's record revealed: - Admission date of 6/17/12; - Diagnoses of Schizophrenia, Antisocial Personality Disorder, Mood Disorder and Cocaine Mental Dependency; - 56 year old male. - Treatment plan dated 9/1/18 however the plan had no written consent/agreement by the responsible party.</p> <p>Interview on 5/23/19 with the Qualified Professional revealed: - There was a signature page signed by the legal guardian for client #1's current treatment plan, therefore would send surveyor the documentation for review, however the documentation was never received;</p>	V 112		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure prescribed medications were administered on the written order of a person authorized by law to prescribe drugs and failed to ensure medication administration records (MAR's) were recorded after administration and kept current affecting 2 of 2 audited clients (#1, #2). The findings are:</p> <p>Review on 5/21/19 of the Alternative Family Living (AFL) Provider's record revealed:</p> <ul style="list-style-type: none"> <li>- Hire date 11/20/14;</li> <li>- Medication Administration Training for</li> </ul>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>Unlicensed Personnel dated 10/31/18.</p> <p>Review on 5/21/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 6/17/12;</li> <li>- Diagnoses of Schizophrenia, Antisocial Personality Disorder, Mood Disorder and Cocaine Mental Dependency;</li> <li>- 56 year old male.</li> </ul> <p>Review on 5/21-22/19 of client #1's medications and March, April and May 2019 MAR's revealed:</p> <ul style="list-style-type: none"> <li>- Unopened boxes of the medication Chantix, physician ordered and dispensed on 3/25/19;</li> <li>- Chantix had not been documented on the MAR's to indicate the medication had been administered;</li> <li>- Unopened boxes of the medication Nicotine 21mg patch, physician ordered and dispensed on 3/25/19 and 4/23/19;</li> <li>- Nicotine patch had not been documented on the MAR's to indicate the medication had been administered;</li> <li>- No discontinued physicians orders for the Chantix and Nicotine patch.</li> <li>- Physicians order dated 10/18/18 for the medication Norvasc 5mg-1 tablet daily, however the label on the medication Norvasc read 10mg-1 tablet daily and the MAR documented Norvasc 10 mg- 1 tablet daily;</li> <li>- Calcium Acetate 667 mg-1 capsule 3 times daily, physician ordered on 10/18/18 and dispensed on 3/25/19 and 4/25/19, however not documented on the MAR's for the 2pm dose on weekdays and/or weekends;</li> </ul> <p>Interview on 5/22/19 with the AFL Provider revealed:</p> <ul style="list-style-type: none"> <li>- Client #1's legal guardian instructed client #1 not to use Chantix or the Nicotine patch, therefore client #1 had not used either of the prescribed</li> </ul>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</p> <p>medications;</p> <ul style="list-style-type: none"> <li>- He did not have a discontinued orders for the Chantix or Nicotine patch;</li> <li>- Client #1's last doctors appointment was on 1/24/19. He did not recall the medication Norvasc being changed and acknowledged after receiving client #1's medications, he had not checked the physicians order, the medication label and MAR to assure they all matched up, before administering to client #1;</li> <li>- Client #1 attended the Day Program/community, therefore client #1 was administered the 2pm dose during the weekdays at the Day Program/community, so he would put a line through those specific days/times, however was unable to give an explanation as to why the 2pm dose was only administered twice in April 2019 per MAR documentation;</li> <li>- Client #2's last doctors appointment was on 5/6/19. He only recalled the doctor talking about client #1's Depakote and had not seen the discontinued order for the Metformin 500mg, therefore was not aware the medication had been discontinued;</li> <li>- He (AFL) administered client #2's Lipitor daily however unknowingly had not documented on the May 2019 MAR's;</li> <li>- He had turned the April 2019 MAR's into the office for both client #1 and #2, therefore did not have the documents at his home.</li> </ul> <p>Interview on 5/23/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> <li>- She would send surveyor the April 2019 MAR's for client #2 however documents were never received.</li> </ul> <p>Review on 5/22/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Admission date of 4/4/19;</li> <li>- Diagnoses of Schizoaffective Disorder Bipolar</li> </ul>	V 118		

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V 118	<p>Continued From page 5</p> <p>Type, Mild Intellectual Developmental Disorder, Anxiety Disorder, Mood Disorder and Depressive Disorder; - 36 year old male;</p> <p>Review on 5/22/19 of client #2's medications and April and May 2019 MAR's revealed: - No April 2019 MAR's provided for review for client #2's medications; - Metformin 500mg- 1 tablet 2 times daily, physicians order dated 3/14/19 and dispensed on 4/17/19; - Metformin 500mg- 1 tablet 2 times daily, physicians discontinued order dated 5/16/19; - May 2019 MAR documented Metformin 500mg had been administered from 5/1-22/19; - No documentation on the May 2019 MAR's to indicate client #2's Lipitor had been administered.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or</p>	V 536		

Division of Health Service Regulation

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V 536	<p>Continued From page 6</p> <p>property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior;</li> </ol>	V 536		

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V 536	<p>Continued From page 7</p> <p>and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p>	V 536		



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V 536	<p>Continued From page 8</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure annual training in alternatives to restrictive intervention affecting 2 of 2 audited staff (Alternative Family Living (AFL) Provider, Qualified Professional (QP). The findings are:</p> <p>Review on 5/21/2019 of the AFL's record revealed: -Hire date of 11/20/14; -Non-Violent Crisis Intervention Training Card issued on 7/25/2018 with an expiration date of 7/25/2020.</p> <p>Review on 5/21/2019 of the QP's record revealed: -Hire date of 2/5/2016; -Non-Violent Crisis Intervention Training Card issued on 12/8/2017 with an expiration date of 12/8/2019.</p> <p>Interview on 5/23/2019 with the QP revealed: -The training instructor for the Non-Violent Crisis Intervention course informed the Licensee it was the company's decision to change their policy for the training to be valid for 2 years; -She was recently made aware by a surveyor conducting an annual survey for another AFL Home of the requirements for North Carolina state rules to have the training completed annually; - The first week of June 2019 the company was having a training to assure staff were re-trained and current.</p>	V 536		