STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL081-082	A. BUILDING: _____ B. WING _____	05/08/2019

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V 000	INITIAL COMMENTS An annual and complaint survey was completed on May 8, 2019. The complaints were unsubstantiated (#NC00149998, #NC00149909). 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 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	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on observation, record review and interviews the facility failed to ensure MARs were current for 1 of 3 clients (#3). The findings are: Observation on 5/6/19 at 2:19PM of the medications for Client #3 revealed: -Melatonin 3mg and Prilosec 20mg both dispensed on 4/4/19. -Ativan .5mg. -Vraylar 3mg, Fluvoxamine 100mg, Abilify 20mg, and Desmopressin Acetate .2mg, all dispensed on 4/17/19. -Iron 65mg, dispensed on 4/11/19. -Prevident 5000 paste dispensed on 4/22/19. -Over the counter Vitamin D3 1000U. Record review on 5/6/19 and 5/7/19 for Client #3 revealed: -Admitted on 6/1/09 with diagnoses of Smith-Magenis Syndrome, Mild Intellectual Disability, Intermittent Explosive Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, selective mutism, and sleep apnea. -Physician's orders dated 1/3/19 for Melatonin 3mg (one at bedtime), Prilosec 20mg (one daily), Iron 65mg (one daily), Desmopressin .2mg (3 at bedtime), Vitamin D3 1000U (1 daily), and Prevident 5000 (three times daily). -Physician's order dated 1/29/19 for Ativan .5mg, three times daily. -Physician's orders dated 3/14/19 for Vraylar 3mg (one daily), and Vyvanse 20mg (one daily).	V 118		

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V 118	Continued From page 2	V 118		

-Physician's order dated 3/14/19 for Abilify 30mg, one at bedtime. There was an order dated 4/17/19 to reduce to dosage of Abilify to 20mg at bedtime.
-Physician's order dated 4/17/19 for Fluvoxamine 100mg, one at bedtime.

Review on 5/6/19 and 5/7/19 of the MARs for 3/2019-5/2019 for Client #3 revealed:
-March 2019 MARs were blank for 3/29 and 3/30 for Melatonin, Ativan, Fluvoxamine, Desmopressin Acetate and Prevident administration. The March MAR was also blank on 3/30/19 for Prilosec, Iron, Vraylar, Vitamin D3 and Vyvanse.
-The April 2019 MAR was blank on 4/30 for Melatonin, Fluvoxamine and Desmopressin administration.
-The milligram dosage for Abilify was not indicated on the March or April MAR.

Interview on 5/7/19 with the House Manager revealed:
-Client #3 was on therapeutic leave on the dates the medications were not administered. Staff working should indicate on the MAR that the client was on leave. Usually the initials TL were used to indicate when someone was on leave.
-She tried to review the MARs every morning. New MARs for the subsequent month may have already been in place before she reviewed March or April for errors.

Interview on 5/8/19 with the Qualified Professional revealed:
-The House Manager was trained to do the medication oversight. She also reviewed MARs and wrote the new MARs every month.
-She confirmed that Client #3 was on therapeutic leave on 3/29/19, 3/30/19 and 4/30/19. She also

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V 118	Continued From page 3 confirmed that the leave should have been documented on the MAR.	V 118		
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 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.	V 290		

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V 290	Continued From page 4 (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (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 (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a minimum of one staff member was always present except when a client's treatment plan documented the client was capable of remaining in the community without supervision, effecting 1 of 3 audited clients (#3). The findings are: Record review on 5/6/19 and 5/7/19 for Client #3 revealed: -Admitted on 6/1/09 with diagnoses of Smith-Magenis Syndrome, Mild Intellectual Disability, Intermittent Explosive Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, selective mutism, and sleep apnea. -Strategies indicated in the treatment Plan dated 11/26/18 to address wandering/stealing were for Client #3 to remain with staff while in the community and to be monitored by staff whenever in the community. -History of elopement, aggression, and stealing. Behaviors included explosive outbursts, head banging, tantrums, property destruction and aggression. -The treatment plan did not indicate that Client #3	V 290		

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V 290	Continued From page 5 was approved for unsupervised time. Interview on 5/7/19 with the House Manager revealed: -She was responsible for ensuring that all clients attended their medical appointments. -Client #3 was with her all day and would accompany her when she took the other clients to their medical appointments. -When she went in with the other clients to see the doctor Client #3 would sit in the lobby of the medical office without a staff member. -He had never had an outburst in a medical office. Interview on 5/8/19 with the Qualified Professional revealed: -The House Manager took care of the medical appointments. -Client #3 sat in the medical office waiting room while the House Manager was involved in the appointment. He would play his electronic game. Nothing had ever happened, and he had always done this. This issue had never come up before.	V 290		
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 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	V 367		

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V 367	Continued From page 6	V 367		

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 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

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V 367	Continued From page 7 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 record review and interview the facility failed to ensure Level III incidents were reported to the Local Management Entity (LME) within 72 hours of becoming aware of the incident effecting 1 of 3 audited clients (#3). The findings are: Review on 5/8/19 of incident reports from	V 367		

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V 367	Continued From page 8 1/2019-5/2019 revealed: -On 2/6/19 " ...[Client #3] began banging on his wall ...began hitting the wall harder. I called the cops, they came out to try and talk to him ..." -On 2/24/19 " ...client began screaming and hitting and kicking the walls and doors in the hallway, kitchen and front door way. Staff tried to calm client, police and on call staff called ..." Record review on 5/6/19 and 5/7/19 for Client #3 revealed: -Admitted on 6/1/09 with diagnoses of Smith-Magenis Syndrome, Mild Intellectual Disability, Intermittent Explosive Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, selective mutism, and sleep apnea. Review on 5/6/19 of the incident reports in IRIS (Incident Reporting Improvement System) revealed that no Level II incident reports had been submitted. Interview on 5/8/19 with the Qualified Professional revealed: -Either she or the Director completed the IRIS reports. -The police had been on site a couple of times briefly due to the behaviors of Client #3. -She was not aware that police contact constituted a level 2 incident and therefore those were not submitted into IRIS. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS	V 736		

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V 736	Continued From page 9 (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews the facility failed to maintain a safe, clean, attractive and orderly facility. The findings are: Observation on 5/6/19 at 12:34PM of the facility interior revealed: -On the left side of the living room doorway (leading into kitchen) were 2 holes in the wall approximately 8 inches wide (each). On the right side of this doorway were also 2 additional holes in the wall, one approximately 4 inches wide and the other approximately 2 inches wide. -The wood door to the medication closet had an area that was caved in, however, the damage was not completely through the door. -In Client #3's bedroom there were 2 large holes in the wall and one small hole. The large holes were approximately 12 inches X 3 inches and 10 inches X 6 inches. The small hole was approximately 2 inches X 2 inches. -In the hallway there were two holes in the wooden paneling approximately 8 inches long and 5 inches long. Interview on 5/7/19 with the House Manager revealed: -Client #3 would hit the wall when having a behavior. The holes were usually smaller initially, but he would go back at pick at the sheet rock which caused the holes to grow in size. These behaviors were symptomatic of his disability.	V 736		

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V 736	Continued From page 10 Interview on 5/8/19 with the Qualified Professional revealed: -Arrangements had already been made for a contractor to come in and repair the wall holes.	V 736		