Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL096-271 05/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 **DHSR** - Mental Health An annual and follow up survey was completed on May 15, 2019. Deficiencies were cited. JUN 0 4 2019 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Lic. & Cert. Section Living for Adults with Developmental Disabilities. V 108 27G .0202 (F-I) Personnel Requirements V 108 V 108-The following measures will be put in place to correct this deficiency: 10A NCAC 27G .0202 PERSONNEL -- Ensuring that the individuals we serve are REQUIREMENTS receiving the highest level of care possible. it is incredibly important to the Clinical Team at Ambleside, Inc. Based on the finding in this (f) Continuing education shall be documented. (g) Employee training programs shall be 06/01/2019 report we will modify our training practices at provided and, at a minimum, shall consist of the the Winston house to include the following: --During Person Specific training staff will learn how to use and maintain the CPAP machine. following: (1) general organizational orientation; --QP will develop a goal for client to use CPAP (2) training on client rights and confidentiality as machine nightly. delineated in 10A NCAC 27C, 27D, 27E, 27F and --Staff will be trained by the Qualified Professional 10A NCAC 26B: on the use of the picture communication book so that they may effectively communicate with (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation --Staff will be trained on the fire alarm that is plan; and in place for the client who is hard of hearing. (4) training in infectious diseases and --Monitoring will include onsite, random documented reviews that will be completed by bloodborne pathogens. Qualified Professional to ensure compentency (h) Except as permitted under 10a NCAC 27G in these areas within 45 days and on-going .5602(b) of this Subchapter, at least one staff verification will be conducted by QP during quarterly Clinical Supervison on site to prevent member shall be available in the facility at all these deficiencies in the future. times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross. the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

SDHB11

5130/2019

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 1 clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited staff (#1, #4, and #5) received training to meet the needs of the clients. The findings are: Review on 5/9/19 of client #1's record revealed: V108-Qualified Professional will develop a - 57 year old male admitted into the Licensee's short range goal for client 1 to use CPAP services 1/15/97. - Diagnoses included Intermittent Explosive -There is currently a goal that addresses Disorder and Autism Spectrum Disorder. client 1 cleaning an maintaining his CPAP - Use of a continuous positive airway pressure machine along with strategy for staff (CPAP) machine nightly. 6/1/2019 to monitor and model how to clean CPAP. - Short range goal to clean and maintain his -Currently all Winston staff are trained CPAP machine daily, with strategy for staff to in cleaning the CPAP machine as 05/23/2019 --Qualified Professional will monitor by monitor and model how to clean the CPAP on-site reviews and by allowing staff machine. to demonstrate their compentancy. Review on 5/9/19 of client #2's record revealed: - 22 year old male admitted 10/6/17. - Diagnoses included schizoaffective Disorder, bipolar type, Cannabis Use Disorder, mild and Mild Intellectual/Developmental Disability. - Documented history of sexually inappropriate behaviors with small children and females and a "long history of physical and sexual aggression," inappropriate sexual encounters with peers, paranoia, manipulation of staff and guardian, communicating threats and making false allegations. Review on 5/9/19 of client #3's record revealed: - 19 year old male admitted 3/3/18. Diagnoses included Moderate

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V 108	Intellectual/Develop Deficit Hyperactivity Oppositional Defian deafness due to cyt. Review on 5/9/19 of - 34 year old male a services 10/2/15 Diagnoses include Moderate Intellectual ADHD, Delusional Explosive Disorder Documented histor. Review on 5/9/19 of revealed: - Title of Paraprofes - No documented trainintenance of a CI - No documented trainintenance of the clients. Review on 5/9/19 of revealed: - Title of Paraprofes: - No documented trainintenance of a CI - No documentenance of a CI - No documen	omental Disability, Attention of Disorder (ADHD), at Disorder and bilateral atomegalovirus.  If client #4's record revealed: admitted into the Licensee's admitted and Intermittent ary of delusions.  If staff #1's personnel record assignation in the care and PAP machine. The Licensee admitted into the Care and PAP machine. The Licensee and PAP machine and Licensee and PAP machine. The Licensee and PAP machine and Licensee and Licensee and Licensee and PAP machine. The Licensee and Lic	V 108	V-108-All Winston staff are now trained in the care and maintenance of the Cimachine. All Winston staff are now trained in communicating with deaf clients. They are trained in the use of the picture communication book develop Ambleside, Inc. Qualified Professional will ensure the receive training to meet the mental hedevelopmental disability/substance at needs of the clients by providing persispecific training. Qualified Professional will monitor the performing on-site evaluations and test the knowledge in the subject area with	ed by at staff ealth/ buse on his by sting	06/01/2019

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V 108	Continued From pa	ige 3	V 108			
	revealed:	f staff #5's personnel record ssional, hired 6/25/18.				
	- No documented to	raining in the care and				
	maintenance of a C - No documented to	CPAP machine. raining in communication with				
	or meeting the nee					
	health/developmen	tal disability/substance abuse				
	needs of the clients	3.				
	Professional stated	5/14/19 the Qualified I client #1 cleaned his CPAP dependently. The House Lead	-			
	completed an Ame earlier in the week;	rican Sign Language course client #3 was not proficient in was also learning. Staff used				
	a picture exchange with client #3. The	system for communication clients had some behavioral nes required staff intervention.				
		5/15/19 the Director of				
	American Sign Lan	the House Lead was trained in guage and the Medical				
	used a picture excl	new sign language. Other staff nange communication system				
	for communication	with them #5.				
V 109	27G .0203 Privilegi	ng/Training Professionals	V 109			
	10A NCAC 27G .02 QUALIFIED PROF	203 COMPETENCIES OF ESSIONALS AND				
	ASSOCIATE PROF	FESSIONALS no privileging requirements for				
	qualified profession	nals or associate professionals.				
	professionals shall	ssionals and associate demonstrate knowledge, skills				
		ed by the population served. s a competency-based				7
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V 109	Continued From pa	ge 4	V 109			
V 109	employment system then qualified profes professionals shall of the competence shexhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal skills; (6) communication (7) clinical skills. (e) Qualified profes NCAC 27G .0104 (1 met the requirement employment system MH/DD/SAS. (f) The governing bedevelop and implem for the initiation of an plan upon hiring eace (g) The associate p supervised by a quapopulation served for	is established by rulemaking, ssionals and associate demonstrate competence. all be demonstrated by including: edge; ess;  g; ills; skills; and sionals as specified in 10A 8)(a) are deemed to have is of the competency-based in the State Plan for ody for each facility shall ent policies and procedures in individualized supervision th associate professional.	V 109			
	Qualified Profession knowledge, skills and population served. The Review on 5/9/19 of	iew and interview the al (QP) failed to demonstrate d abilities required by the				

PRINTED: 05/20/2019 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V109-Client 1 now has been appointed a V 109 V 109 Continued From page 5 guardian as of 5/13/2019. All consents are now in compliance. Treatment plan is Disorder and Autism Spectrum Disorder. currently being revised and signed by - Documentation of the appointment and guardian and care coordinator. Documentation qualification of client #1's father as Guardian of of newly appointed guardian can be found in the Person dated 8/19/86. client 1's chart. --Although this deficiency has been corrected. 06/01/2019 - All consents and treatment plans filed in the we will work to ensure that this deficiency does record were signed by client #1. not occur again. - No consents or treatment plans signed by client --QP will conduct an annual review to ensure that the guardianship is active and accurate #1's quardian. for each individual in the Winston home. - No documentation of appointment of a successor guardian or the restoration of client #1's competence. Review on 5/9/19 of the Qualified Professional's (QP) personnel record revealed: - Hire date 6/19/18. - Degree in Business Administration, Health Care Management conferred May 2011. - Work experience met the requirements for Qualified Professional. During interview on 5/14/19 the QP stated client #1's father was his guardian, but he passed away in 2013 or 2014. When his father passed away, client #1 became his own guardian. Client #1 had been signing his own consents and plans since before she began working at the facility. She did not know if client #1's competence had been restored by the court. She could not find any documentation of appointment of a successor guardian or the restoration of client #1's competence. She contacted client #1's Care

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system.

V 112 27G .0205 (C-D)

Coordinator on 5/14/19 and learned that a successor guardian was never appointed and his competence was not restored by the court

Assessment/Treatment/Habilitation Plan

V 112

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 112	10A NCAC 27G .02 TREATMENT/HABI PLAN (c) The plan shall b assessment, and in legally responsible p of admission for clie receive services bey (d) The plan shall ir (1) client outcome(s achieved by provisio projected date of ac (2) strategies; (3) staff responsible (4) a schedule for re annually in consultar responsible person (5) basis for evalua outcome achieveme (6) written consent responsible party, or	05 ASSESSMENT AND LITATION OR SERVICE  be developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days.  Include:  Is that are anticipated to be on of the service and a hievement;  E; eview of the plan at least tion with the client or legally or both;  tion or assessment of	V 112				
	facility failed to deve based on assessme (#1, #3, and #4) the Review on 5/9/19 of - 57 year old male, a	iews and interviews the lop and implement strategies nt for 3 of 4 audited clients					
	services 1/15/97 Diagnoses included	d Intermittent Explosive					

PRINTED: 05/20/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V112-Client now has been appointed a guardian as of 5/13/2019. All consents V 112 Continued From page 7 V 112 are now in compliance. Treatment plan Disorder and Autism Spectrum Disorder. is currently being revised and signed by - Documentation of the appointment and guardian and care coordinator. qualification of client #1's father as Guardian of Documentation of newly appointed guardian can be found in client 1's the Person dated 8/19/86. chart - All treatment plans filed in the record were --Although this deficiency has been signed by client #1. corrected, we will work to ensure that - No treatment plans signed by client #1's this deficieny does not occur again. --QP will conduct an annual review to ensure that the guardianship is active - No documentation of appointment of a 06/01/2019 and accurate for each individual in the successor guardian or the restoration of client Winston home. #1's competence. --Individuals SRGs will include goals which address their target behaviors. - No documented assessment of the need for a This will be monitored on an annual successor guardian or the restoration of client basis. If it is acknowledged that a #1's competence. target behavior is no longer affecting - "Short Range Goals/Interventions" effective an individual, QP will request this language be removed from the individuals 9/1/2018 and signed by client #1 7/12/18 included support plan. All individuals SRGs will be no goals or strategies to address the need for the reviewed and revised. appointment of a successor guardian or the restoration of client #1's competence. During interview on 5/14/19 client #1 stated he did not know what his goals were. Review on 5/9/19 of client #3's record revealed: - 19 year old male admitted 3/3/18. - Diagnoses included Moderate Intellectual/Developmental Disability, Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder and bilateral deafness due to cytomegalovirus. - Supports Intensity Scale dated 9/7/18 included assessment that client #3 needed extensive

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destruction.

support in the prevention of stealing and "nonaggressive but inappropriate sexual behavior," maintaining mental health treatments, prevention of emotional outbursts, prevention of assaults to others, and prevention of property

- "Individual Support Plan Short Range Goals" implemented 8/9/18 did not include any

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1606 SALEM CHURCH ROAD  GOLDSBORO, NC 27539  SUMAMAY STATEMENT OF DESCRIPTION OF DESCRIPTION OF CONSECTION  (PATE DESCRIPTION OF THE CONSECTION OF CONSECTION OF THE CONSECTION OF THE CASH DEFICIENCY WIST ET PRECEDED BY THE CERTIFICATION OF CONSECTION OF CONSECTION OF THE CONSECTION OF CONSECTION		OF CORRECTION	IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:		E SURVEY IPLETED
MINSTON  1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530  [ACI) D PREFIX TAG  CRANDERS SUMMARY STATEMENT OF DEFICIENCIES (EACH CONTROL WIST BET PRECEDED BY YULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 112  Continued From page 8  residential goals or strategies to address assessed needs listed above or medication management.  - "Individual Support Plan Short Range Goals" implemented 8/9/14 did not include any residential goals or strategies to address client #3's communication needs or school attendance.  Due to his inability to communicate verbally, an interview with client #3' was not conducted.  Review on 5/9/19 of client #4's record revealed: - 34 year old male admitted into the Licensee's services 10/2/15 Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, AOHD, Delusional Disorder and Intermittent Explosive Disorder "Individual Support Plan" completed by the Local Management Entity Care Coordinator, "Start Date: 2/11/9" included "Health and Wellness Supports" with the assessment that client #4 requires support to manage a medical or health condition (seizure disorder), close supervision due to risk of wandering away, support to prevent victimization/being taken advantage of financially, support to make safe choices, support to make and attend appointments "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address the assessed needs listed above.  During interview on 5/14/19, client #4 stated his			MHL096-271	B. WING			
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PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V112  Continued From page 8  residential goals or strategies to address assessed needs listed above or medication management.  - "Individual Support Plan Short Range Goals" implemented 8/9/18 did not include any residential goals or strategies to address client #3's communication needs or school attendance.  Due to his inability to communicate verbally, an interview with client #4's record revealed: - 34 year old male admitted into the Licensee's services 10/2/15 Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder "Individual Support Plan" completed by the Local Management Entity Care Coordinator, "Start Date: 2/1/19" included "Health and Wellness Supports" with the assessment that client #4 requires support to manage a medical or health condition (seizure disorder), close supervision due to risk of wandering away, support to prevent victimization/being taken advantage of financially, support to make safe choices, support to access help in emergencies, support to take medications, and support to make and attend appointments "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address the assessed needs listed above.  During interview on 5/14/19, client #4 stated his			1606 SAL	EM CHURC	CH ROAD		
residential goals or strategies to address assessed needs listed above or medication management.  - "Individual Support Plan Short Range Goals" implemented 8/9/18 did not include any residential goals or strategies to address client #3's communication needs or school attendance.  Due to his inability to communicate verbally, an interview with client #3 was not conducted.  Review on 5/9/19 of client #4's record revealed:  - 34 year old male admitted into the Licensee's services 10/2/15.  - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder.  - "Individual Support Plan" completed by the Local Management Entity Care Coordinator, "Start Date: 2/1/19" included "Health and Wellness Supports" with the assessment that client #4 requires support to manage a medical or health condition (seizure disorder), close supervision due to risk of wandering away, support to prevent victimization/being taken advantage of financially, support to make safe choices, support to execuse the home in the event of a fire, support to cacess help in emergencies, support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address the assessed needs listed above.  During interview on 5/14/19, client #4 stated his	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
assessed needs listed above or medication management.  - "Individual Support Plan Short Range Goals" implemented 8/8/18 did not include any residential goals or strategies to address client #3's communication needs or school attendance.  Due to his inability to communicate verbally, an interview with client #3 was not conducted.  Review on 5/9/19 of client #4's record revealed: - 34 year old male admitted into the Licensee's services 10/2/15 Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disorder, ADHD, Delusional Disorder and Intermittent Explosive Disorder "Individual Support Plan" completed by the Local Management Entity Care Coordinator, "Start Date: 2/1/19" included "Health and Wellness Supports" with the assessment that client #4 requires support to manage a medical or health condition (seizure disorder), close supervision due to risk of wandering away, support to prevent victimization/being taken advantage of financially, support to make safe choices, support to execuse the home in the event of a fire, support to take medications, and support to make and attend appointments "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address the assessed needs listed above.  During interview on 5/14/19, client #4 stated his	V 112	Continued From page	ge 8	V 112			
During interview on 5/14/19 the Qualified		residential goals or assessed needs list management.  - "Individual Support implemented 8/9/18 residential goals or #3's communication.  Due to his inability to interview with client.  Review on 5/9/19 of - 34 year old male a services 10/2/15.  - Diagnoses include Moderate Intellectual ADHD, Delusional Dexplosive Disorder.  - "Individual Support Local Management Is "Start Date: 2/1/19" is Wellness Supports" client #4 requires support to prevent viadvantage of financial choices, support to event of a fire, supposupport to make and - "Individual Support implemented 2/1/19 residential goals or sassessed needs listed During interview on 8 goals included keepi	strategies to address ed above or medication  It Plan Short Range Goals" did not include any strategies to address client needs or school attendance.  It communicate verbally, an #3 was not conducted.  It client #4's record revealed: dmitted into the Licensee's defended into t	VIIIZ			

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 9 Professional stated some of the clients in the facility experienced behavioral challenges. Short range goals and strategies in the individual support plan were based on assessed needs of the clients. V-118--Since implementing the E-MAR system V 118 27G .0209 (C) Medication Requirements V 118 within our company, the medical coordinator has come across some "bugs" that have 10A NCAC 27G .0209 MEDICATION been addressed and resolved with the REQUIREMENTS Operations Specialist. The Medical Coordinator has also put into place audits that are to be (c) Medication administration: conducted every Friday to ensure that these (1) Prescription or non-prescription drugs shall issues do not go unnoticed as well as the Medical Coordinator's audits that are conducted only be administered to a client on the written order of a person authorized by law to prescribe every two weeks followed by the Qualified Professional conducting monthly audits. If at any time an issue arises that is beyond the training (2) Medications shall be self-administered by of the Medical Coordinator she will then reach out clients only when authorized in writing by the to the Operational Specialist to assist her in resolving any and all issues. Most recently client's physician. we have been in very close contact with the (3) Medications, including injections, shall be operational specialist at our pharmacy in high administered only by licensed persons, or by hopes of adding new exceptions in addition unlicensed persons trained by a registered nurse, to the new exceptions that were previously added to the EMAR system that will conform pharmacist or other legally qualified person and specifically to our services. We need privileged to prepare and administer medications. exceptions that are unique to our consumers (4) A Medication Administration Record (MAR) of to avoid staff entering the incorrect information all drugs administered to each client must be kept which has been the case in the past resulting in medication not being documented properly.

--The Operational Specialist and the Medical current. Medications administered shall be recorded immediately after administration. The Coordinator have also been in contact about MAR is to include the following: adding new nursing notes that can further explain in detail why the medications were not (A) client's name; administered so that when the Medical (B) name, strength, and quantity of the drug; Coordinator accesses the system to complete (C) instructions for administering the drug; her daily review of the EMAR System there (D) date and time the drug is administered; and will be detailed explanations as to why a (E) name or initials of person administering the particular medication was not administered. -Leads are also responsible completing all refill order forms during the audits that are being conducted so that the Medical Coordinator (5) Client requests for medication changes or checks shall be recorded and kept with the MAR can go into the system and order any medications that are in low supply or that may be close to

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with a physician.

file followed up by appointment or consultation

expiring. All medications are delivered to the

headquarters and dispersed to the home by

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL096-271 B. WING 05/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V118-the medical coordinator at time of V 118 V 118 Continued From page 10 delivery to ensure that the medications are available to the persons that we serve. -- Due to the EMAR system and technology periodically crashing without warning, we print off new paper MARs at the beginning of the month and these MARs are placed in the consumers medical books because This Rule is not met as evidenced by: in the event that the computers crash, we will Based on record reviews and interviews the have precautions in place so that the staff are facility failed to administer medications were still able to properly document a successful medication pass. At the beginning of the administered as ordered by a physician affecting following month all paper MARS are attached 4 of 4 audited clients (#1, #2, #3 and #4) and to to the electronic MARS and placed in the ensure medications administered were recorded consumers charts. on each client's MAR immediately after -- The Medical Coordinator will conduct a administration affecting 2 of 4 audited clients (#2, refresher in-service training for the staff at Winston that will give the Ambleside even and #4). The findings are: more confidence that the medications are being administered properly according to the physician Review on 5/9/19 of client #1's record revealed: orders. This in-service will also cover who to 06/01/2019 contact in the event that a situation was to arise - 57 year old male, admitted into the Licensee's within the system. At this time cosents will be put services 1/15/97. into place for our local back up pharmacy to assist - Diagnoses included Intermittent Explosive us in the event that medication is on back order Disorder and Autism Spectrum Disorder. from the pharmacy that Ambleside uses normally. - Physician's order dated 3/6/19 for azithromycin --A sign-in sheet has been introduced and put into place as of 5/24/2019 to ensure a proper shift (antibiotic) 250 milligrams (mg) 1 tablet every day change is being conducted on each shift. This for 4 days, orders dated 3/11/19 for calcium sign-in will include the signature of the staff carbonate (a dietary supplement used to promote being relieved and the oncoming staff that the medication clostet/cart keys were passed on. bone and muscle health and sometime used to This sheet will then be initialed by the house relieve heartburn) 1250 mg/5 milliliter (ml) lead the following day. Any staff on duty with suspension, take 15 mls (3750 mg) daily. missing initials will be held accountable for an benztropine (used to treat side effects of other improper shift change. These sheets will be collected with the monthly paperowrk and turned medications) 2 mg 1 tablet twice daily, pravastatin in to the Qualified Professional for review. (used to treat high cholesterol and triglyceride --Conversations were held with the physicians levels) 10 mg 1 tablet at bedtime, risperidone and psychiatrist who serve our individuals that included the importance of returning refill orders (antipsychotic) 3 mg 1 tablet twice daily. provided to them back in a timely manner. This is to prevent medications not being available at Review on 5/9/19 of client #1's electronic MARs the scheduled administration times. for March - May 2019 revealed: - April 2019: Transcription for benztropine with

Division of Health Service Regulation

8:00 am on 4/4/19.

on 4/4/19, 4/6/19, and 4/7/19.

printed circled staff initials for administration at

- Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED	
				R	
	MHL096-271	B. WING		05/15/	/2019
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
N					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
Continued From page 11		V 118			
- Transcription for r staff initials for adm 4/4/19 and 8:00 pm - Transcription for staff initials for adm 4/4/19 "Exceptions for [c risperidone, and set take," Calcium cark and 4/7/19 calcium 4/14/19 risperidone - Electronically princlient #1 received cordered on 4/6/19 a - March 2019: Transcription for c circled staff initials on 3/30/19 and 3/3 - "Exceptions for [c Azithromycin R 3/30/19 and 3/31/1 [carbonate] Re - Electronically prin #1 received other 8 ordered on 3/9/19,  Review on 5/9/19 c completed March - revealed: - "Date of incident Type of Incident: Medication nan . Risperidone S medication closet v residence at the tim	isperidone with printed circled inistration at 8:00 am on 0 on 4/14/19. Sertraline with printed circled inistration at 8:00 am on 1 on 4/14/19. Sertraline with printed circled inistration at 8:00 am on 1 dient #1]" 4/4/19 benztropine, intraline "physically unable to conate "out of facility," 4/6/19 carbonate "out of facility," and a "out of facility." and a "out of facility." and interest at the staff initials indicated that other 8:00 am medications as and 4/14/19. Secription for azithromycin with initials for administration at 10 calcium carbonate with printed for administration at 8:00 am 1/19. Ilient #1] "3/9/19 "Medication: eason: Out of Facility." 19 "Medication: Calcium Carbons: Out of Facility." 19 "Medication: Calcium Carbons: Out of Facility." 19 "Medications as 3/30/19, and 3/31/19. 19 of level I incident reports 19 May 2019 for client #1  April 4, 2019 Time 7:00 am Medications Wrong Time nes: Linzess Benztropine Benztropine				
4/14/19.					
	PROVIDER OR SUPPLIER  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa - Transcription for r staff initials for adm 4/4/19 and 8:00 pm - Transcription for s staff initials for adm 4/4/19 "Exceptions for [c risperidone, and se take," Calcium carb and 4/7/19 calcium 4/14/19 risperidone - Electronically prin client #1 received o ordered on 4/6/19 a - March 2019: Tran printed circled staff 8:00 am on 3/9/19 Transcription for c circled staff initials on 3/30/19 and 3/3 - "Exceptions for [c Azithromycin R 3/30/19 and 3/31/1 [carbonate] Re - Electronically prin #1 received other 8 ordered on 3/9/19,  Review on 5/9/19 c completed March - revealed: - "Date of incident: Medication nan . Risperidone S medication closet w residence at the tin - No risperidone av 4/14/19.	MHL096-271  PROVIDER OR SUPPLIER  STREET AD  1606 SAL GOLDSBO  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 11  - Transcription for risperidone with printed circled staff initials for administration at 8:00 am on 4/4/19 and 8:00 pm on 4/14/19.  - Transcription for sertraline with printed circled staff initials for administration at 8:00 am on 4/4/19.  - "Exceptions for [client #1]" 4/4/19 benztropine, risperidone, and sertraline "physically unable to take," Calcium carbonate "out of facility," 4/6/19 and 4/7/19 calcium carbonate "out of facility," and 4/14/19 risperidone "out of facility."  - Electronically printed staff initials indicated that client #1 received other 8:00 am medications as ordered on 4/6/19 and 4/14/19.  - March 2019: Transcription for azithromycin with printed circled staff initials for administration at 8:00 am on 3/9/19.  - Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 3/30/19 and 3/31/19.  - "Exceptions for [client #1] "3/9/19 "Medication: Azithromycin Reason: Out of Facility;" 3/30/19 and 3/31/19 "Medication: Calcium Carb [carbonate] Reason: Out of Facility."  - Electronically printed staff initials indicated client #1 received other 8:00 am medications as ordered on 3/9/19, 3/30/19, and 3/31/19.  Review on 5/9/19 of level I incident reports completed March - May 2019 for client #1 revealed:  - "Date of incident April 4, 2019 Time 7:00 am Type of Incident: Medications Wrong Time Medication names: Linzess Benztropine Risperidone Sertraline keys for the medication closet were not present in the residence at the time of administration."  - No risperidone available for administration	MHL096-271  STREET ADDRESS, CITY, S 1606 SALEM CHURCH GOLDSBORO, NC 273  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 11  - Transcription for risperidone with printed circled staff initials for administration at 8:00 am on 4/4/19 and 8:00 pm on 4/14/19.  - Transcription for sertraline with printed circled staff initials for administration at 8:00 am on 4/4/19.  - "Exceptions for [client #1]" 4/4/19 benztropine, risperidone, and sertraline "physically unable to take," Calcium carbonate "out of facility," 4/6/19 and 4/7/19 calcium carbonate "out of facility," and 4/14/19 risperidone "out of facility."  - Electronically printed staff initials indicated that client #1 received other 8:00 am medications as ordered on 4/6/19 and 4/14/19.  - March 2019: Transcription for azithromycin with printed circled staff initials for administration at 8:00 am on 3/9/19.  - Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 3/9/19 and 3/31/19.  - "Exceptions for [client #1] "3/9/19 "Medication: Azithromycin Reason: Out of Facility."  - Electronically printed staff initials indicated client #1 received other 8:00 am medications as ordered on 3/9/19, 3/30/19, and 3/31/19.  - "Exceptions for [client #1] "3/9/19 "Medication: Azithromycin Reason: Out of Facility."  - Electronically printed staff initials indicated client #1 received other 8:00 am medications as ordered on 3/9/19, 3/30/19, and 3/31/19.  Review on 5/9/19 of level I incident reports completed March - May 2019 for client #1 received other 8:00 am medications Wrong Time Medication names: Linzess Benztropine Risperidone Sertraline keys for the medication closet were not present in the residence at the time of administration."  - No risperidone available for administration 4/14/19.	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1608 SALEM CHURCH ROAD GOLDSBORO, NC 27530  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 11  - Transcription for risperidone with printed circled staff initials for administration at 8:00 am on 4/4/19 and 8:00 pm on 4/14/19.  - Transcription for sertraline with printed circled staff initials for administration at 8:00 am on 4/4/19 and 8:00 pm on 4/14/19 benztropine, risperidone, and sertraline "physically unable to take," Calcium carbonate "out of facility," and 4/17/19 calcium carbonate "out of facility," and 4/17/19 risperidone" out of facility."  - Electronically printed staff initials indicated that client #1 received other 8:00 am medications as ordered on 4/6/19 and 4/14/19.  - Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 3/30/19 and 3/31/19.  - Transcription for calcium carbonate with printed circled staff initials for administration at 8:00 am on 3/30/19 and 3/31/19.  - "Exceptions for [client #1]" 3/9/19 "Medication: Azithromycin Reason: Out of Facility," 3/30/19 and 3/31/19.  - "Exceptions for Colcium Carbonate with printed circled staff initials for administration at 8:00 am on 3/30/19 and 3/31/19.  - "Exceptions for Colcium that printed staff initials indicated client #1 received other 8:00 am medications as ordered on 3/9/19, 3/30/19, and 3/31/19.  Review on 5/9/19 of level I incident reports completed March - May 2019 for client #1 revealed:  - "Date of incident April 4, 2019 Time 7:00 am Type of Incident: Medications Wrong Time Medication names: Linzess Benztropine Risperidone Setraline keys for the medication closet were not present in the residence at the time of administration."  - No risperidone available for administration.  - No risperidone available for administration.	MHL096-271    MHL096-271   B. WING

Division of Health Service Regulation

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
		MHL096-271	B. WING			R <b>15/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
WINSTO	N		EM CHURC			
	CUBMANDY CTA		ORO, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 12	V 118			
ti -	3/30/19.	9, 4/6/19, 4/4/19, 3/31/19, and vailable for administration				
		5/14/19 client #1 stated staff s medications daily and he ny.				
	<ul> <li>- 22 year old male a</li> <li>- Diagnoses include bipolar type, Cannal Mild Intellectual/Dev</li> </ul>	d schizoaffective Disorder, bis Use Disorder, mild and velopmental Disability.				
5.	(used to treat irritable constipation and chimicrograms (mcg) 1 empty stomach at le	dated 4/16/19 for Linzess le bowel syndrome with ronic constipation) 75 I capsule every day on an east 30 minutes prior to first nztropine 1 mg 1 tablet twice				
	daily in the morning (used to treat seizur mg 2 tablets (1000 r and at 5:00 pm, hald 2 tablets (20 mg) at	and at 6:00 pm, divalproex es and bipolar disorder) 500 mg) twice daily in the morning operidol (antipsychotic) 10 mg 5:00 pm, Therems-M o treat or prevent vitamin				
	deficiency) 1 tablet of (laxative) mix 17 gra	daily, Clearlax Powder arms powder in 8 ounces of and vitamin D3 50000			ā	
	for March - May 201 - April 2019: Transci Clearlax powder, div Therems-M and vita staff initials for 8:00 Linzess 6:00 am adr - Transcription for Li	client #2's electronic MARs 9 revealed: ription for benztropine, ralproex, haloperidol, min D3 with printed circled am administration and for ministration on 4/4/19. nzess with handwritten staff dministration on 4/5/19,				5

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
					R	
		MHL096-271	B. WING		05/1	5/2019
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
WINSTO	N		EM CHURCH DRO, NC 27!			
(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		D BE	(X5) COMPLETE DATE		
V 118	4/6/19, 4/7/19, and for morning medica printed electronical and 4/14/19.  - "Exceptions for [c benztropine, divalp and vitamin D3 "ph Clearlax Powder "c - March 2019: Tranhandwritten staff in administration on 3 3/10/19, printed cinhandwritten staff in - 3/17/19, 3/22/19 - 3/31/19. All other medication administration administration of a control of facility."	4/14/19; all other staff initials ation administration were ly for 4/5/19, 4/6/19, 4/7/19 lient #2]" 4/4/19 Linzess, roex, haloperidol, Therems-M, ysically unable to take"; but of facility." iscription for Linzess with itials for 6:00 am 5/1/19 - 3/3/19, 3/8/19 - cled staff initials 3/12/19, itials for administration 3/15/19 itials for administration 3/29/19 staff initials for morning stration on these dates were lly. lient #2]" 3/12/19 Linzess "out	V 118			
	completed March-revealed "Date of in am Type of Inc Wrong Time M Benztropine Di Haloperidol keys for the medi in the residence at Client #2 was not a Review on 5/9/19 c - 19 year old male - Diagnoses includ Intellectual/Develo Deficit Hyperactivit Oppositional Defia deafness due to cy	ed Moderate pmental Disability, Attention y Disorder (ADHD), nt Disorder and bilateral				

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COM	PLETED
		MHL096-271	B. WING			R <b>15/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
WINSTO	M	1606 SALI	EM CHURC	H ROAD		
WINSTO		GOLDSBO	DRO, NC 2	7530		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 14	V 118			
	ADHD) 0.1 mg 1 tal	ometimes used to treat olet three times daily, and stimulant used to treat ADHD) times daily.				2 <u>.</u>
	May 2019 revealed:	ription for clonidine with initials for 8:00 am				
	- Transcription for methylphenidate with printed circled staff initials for 7:00 am administration on 4/4/19 and 3:00 pm administration on 4/25/19.  - "Exceptions for [client #3]" 4/4/19 clonidine and methylphenidate and 4/25/19 methylphenidate					
	"physically unable to - March 2019: Trans printed circled staff i administration on 3/3	take." scription for clonidine with				
	for 3:00 pm adminis - "Exceptions for [cli	tration on 3/10/19.				
	completed March - Nevealed: - "Date of incident A	level I incident reports May 2019 for client #3 pril 4, 2019 Time 7:00 am				
	Medication name Methylphenidate were not present in t administration." - No methylphenidat administration 4/25/	keys for medication closet the residence at the time of e was available for 19 or 3/10/19.				
	4/5/19 or 3/23/19.	vailable for administration				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE S	
			B. WING		R	
		MHL096-271	B. WING		05/1	5/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WINSTO	N		EM CHURCH			
			ORO, NC 27		1011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 118	Continued From pa	age 15	V 118			
	verbally, an intervie	w was not conducted.				18
		of client #4's record revealed:				
	services 10/2/15.	admitted into the Licensee's				
	- Diagnoses include	ed Paranoid Schizophrenia,				iev G
		al/Developmental Disorder, Disorder and Intermittent				
	Explosive Disorder					
	- Physician's orders signed 4/6/19 for artificial					
	tears (used for dry eye relief) 1 drop to both eyes twice daily, benztropine 1 mg 1 tablet twice daily, divalproex 500 mg 2 tablets (1000 mg) every morning, haloperidol 10 mg 1 tablet three times daily, Listerine Cool Mint mouthwash (antiseptic					
		s directed three times daily,				
		otic) 6 mg one tablet every				2
	morning and sertra morning.	lline 100 mg 1 tablet every				
	Review on 5/9/19 of May 2019 revealed	of client #4's MARs for March -	- 6			
		cription for artificial tears eye				
		circled staff initials for 8:00 am				
	8:00 am administra	nistrations 5/5/19 - 5/8/19 and ention 5/9/19				
	- "Exceptions for [c	lient #4]" artificial tears eye				
	drops "out of facility					
		criptions for artificial tears, roex, Fanapt, Haloperidol, and				
	sertraline with print	ted circled staff initials for 8:00				
	am administration	on 4/4/19; printed circled staff				
		Cool Mint Mouthwash for 8:00 4/2/19 - 4/4/19 and 4/8/19; no				
		0 pm administration on 4/8/19.				36
	- "Exceptions" for I	isterine Cool Mint Mouthwash				
		l 4/8/19 "out of facility." artificial tears eye drops,		4 4 0		
		oroex, Fanapt, haloperidol,				
		Mouthwash and sertraline				

Division of Health Service Regulation

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	All colores as a second	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
	30	MHL096-271	B. WING		05	R / <b>15/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	. 8.	
WINSTO	N		EM CHURC			
	0.00.00.00.00.00.00.00.00.00.00.00.00.0		ORO, NC 2			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page	ge 16	V 118			
	4/4/19 "physically ur - No documented ex Listerine Cool Mint I 4/8/19 March 2019: Trans no staff initials for 2 3/12/19, printed circ administration on 3/ Listerine Cool Mint I circled staff initials for 3/28/19 and 3/30/19 administration on 3/ and 8:00 pm admini - "Exceptions for [cli and Listerine Cool M community outing."	nable to take."  Explanation for omission of Mouthwash at 2:00 pm on scriptions for haloperidol with 1:00 pm administration on led staff initials for 2:00 pm 23/19; transcription for Mouthwash with printed or 8:00 am administration 1 - 3/31/19, 2:00 pm 23/19 and 3/30/19 - 3/31/19, stration 3/30/19.  ent #4]" 3/23/19 haloperidol Mint Mouthwash "consumer on sterine Cool Mint Mouthwash				
	completed March - Norevealed: - "Date of incident Appropriate of Incident:	ye drops were available for 9 - 5/8/19. 5/14/19 client #4 stated staff his medications daily and he my medications.				

PRINTED: 05/20/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 17 and staff were unable to electronically sign the MAR. When that happened, the medications were administered and staff signed a paper MAR that was attached to the printed electronic MAR and filed. Circled staff initials indicated a medication was not available for administration. The "out of facility" exception was the best choice for staff to enter. She reached out to the pharmacy to get other, more appropriate "exceptions" entered into the system. Client #3 took some medications during the day while he was at school; no facility staff was at school with client #3. Some clients who attended the Licensee's day program received medications during the day; administration of those medications was documented electronically. V291-Client 1 now has been appointed a V 291 V 291 27G .5603 Supervised Living - Operations guardian as of 5/13/2019. All consents are now in compliance. Treatment plan **OPERATIONS** 10A NCAC 27G .5603 is currently being revised and signed by (a) Capacity. A facility shall serve no more than guardian and care coordinator. Documentation of newly appointed six clients when the clients have mental illness or guardian can be found in client 1's chart. developmental disabilities. Any facility licensed --Although this deficiency has been on June 15, 2001, and providing services to more corrected, we will work to ensure that than six clients at that time, may continue to this deficiency does not occur again. --QP will conduct an annual review to provide services at no more than the facility's ensure that the guardianship is active licensed capacity. and accurate for each individual in the (b) Service Coordination. Coordination shall be Wisnton home. maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally

Division of Health Service Regulation

Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident.

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	E	СОМ	PLETED
						R
		MHL096-271	B. WING			15/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
			EM CHURC			
WINSTO	N		DRO, NC 2			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 18	V 291			
	Reports may be in a conference and sha progress toward me (d) Program Activiti activity opportunities needs and the treat Activities shall be deinclusion. Choices or legal system is in	writing or take the form of a all focus on the client's seting individual goals. Les. Each client shall have as based on her/his choices, ment/habilitation plan. Lesigned to foster community may be limited when the court volved or when health or the a primary concern.				
	facility failed to main facility operator and	views and interviews the stain coordination between the other professionals clients's care for 1 of 4 audited				
	- 57 year old male, a services 1/15/97 Diagnoses include Disorder and Autism - Documentation of qualification of client the Person dated 8/- No consents or trecourt appointed gua - No documentation successor guardian #1's competence No documentation appointment of a sucrestoration of client #1	atment plans signed by a rdian. of appointment of a or the restoration of client of efforts to secure the ccessor guardian or the #1's competence.				
	Professional stated	5/14/19 the Qualified client #1's father was his seed away in 2013 or 2014				

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		MHL096-271	B. WING		05/15/2019			
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WINSTO	WINSTON 1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530							
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V 291	Continued From pa	ge 19	V 291					
	since. Client #1 ha consents and plans working at the facili #1's competence h She could not find appointment of a si restoration of client contacted client #1 and learned that a appointed and his oby the court system.	een his own guardian ever and been signing his own as since before she began lity. She did not know if client and been restored by the court. It any documentation of uccessor guardian or the start's competence. She lis Care Coordinator on 5/14/19 successor guardian was never competence was not restored in.						
V 511	27D .0303 Client R	lights - Informed Consent	V 511					
	shall be informed, legally responsible (1) the allege possible alternative treatment/habilitation (2) the length is valid and the proof if he chooses to with time for a consent restrictive intervent months.  (b) A consent required to a consent required in Subshall be obtained in requiring written consent requiring written consent required in the consent required i	legally responsible person, in a manner that the client or person can understand, about: ed benefits, potential risks, and e methods of						

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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V 511	(1) Antabuse; (2) Depo-Propapproved uses. (c) Each voluntary person has the right treatment/habilitatio 122C-57(d). A volunt consent shall not be termination or threatment/habilitatio facility. (d) Documentation placed in the client's This Rule is not me Based on record reversed.	client or legally responsible to consent or refuse in accordance with G.S. Intary client's refusal of e used as the sole grounds for to f termination of service e is the only viable in option available at the of informed consent shall be a record.	V 511				
	- 57 year old male, a services 1/15/97 Diagnoses included Disorder and Autism - Documentation of t qualification of client the Person dated 8/1 - No consents or trea court appointed guar - No documentation #1's competence.  During interview on 8 Professional stated of	the appointment and #1's father as Guardian of 19/86. atment plans signed by a rdian. of the restoration of client		V511-Client 1 now has been appora a guardian as of 5/13/2019. All corare now in compliance. Treatment currently being revised and signed guardian and care coordinator. Documentation of newly appointed guardian can be found in client 1'sAlthough this deficiency has beer corrected, we will work to ensure the does not occur againQP will conduct an annual review that the guardianship is active and for each inidividual in the Winston I	nsents plan is by chart. n nat this to ensu		

PRINTED: 05/20/2019 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: \_ B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 511 V 511 Continued From page 21 and client #1 had been his own guardian ever since. Client #1 had been signing his own consents and plans since before she began working at the facility. She did not know if client #1's competence had been restored by the court. She could not find any documentation of appointment of a successor quardian or the restoration of client #1's competence. She contacted client #1's Care Coordinator on 5/14/19 and learned that a successor guardian was never appointed and his competence was not restored by the court system. V 537 V 537 27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of

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demonstrated.

seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is

(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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V 537	include measurable measurable testing behavior) on those methods to determine course.  (e) Formal refreshed by each service programmally).  (f) Content of the transport of the Division of MH/I/Paragraph (g) of this (g) Acceptable trains but are not limited to (1) refresher the use of restrictive (2) guidelines (understanding immothers);  (3) emphasis rights and dignity of concepts of least resincemental steps in (4) strategies of restrictive interversions which assessment and mothers of restrictive interventions which assessment and mothers of restrictive interventions.	tive interventions.  all be competency-based, be learning objectives, (written and by observation of objectives and measurable ine passing or failing the  are training must be completed ovider periodically (minimum raining that the service inploy must be approved by DD/SAS pursuant to s Rule. In ing programs shall include, information on alternatives to be interventions; is on when to intervene interventions and on safety and respect for the all persons involved (using strictive interventions and on an intervention); for the safe implementation intions; emergency safety include continuous onitoring of the physical and being of the client and the safe ughout the duration of the on; procedures; strategies, including their pose; and ation methods/procedures.	V 537				

PRINTED: 05/20/2019 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 05/15/2019 MHL096-271 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1606 SALEM CHURCH ROAD WINSTON GOLDSBORO, NC 27530 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 537 V 537 Continued From page 23 at least three years. Documentation shall include: (1) who participated in the training and the (A) outcomes (pass/fail); when and where they attended; and (C) instructor's name. The Division of MH/DD/SAS may (2)review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. The training shall be (4) 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. The content of the instructor training the (5)service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule. Acceptable instructor training programs

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course;

of: (A)

(B)

(C) (D)

shall include, but not be limited to, presentation

documentation procedures.

understanding the adult learner;

methods for teaching content of the

evaluation of trainee performance; and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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MHL096-271 B. WING				15/2019		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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V 537	Continued From pa	ge 24	V 537			
V 537	(7) Trainers sannually and demor of seclusion, physic time-out, as specific Rule. (8) Trainers scepe. (9) Trainers so in teaching the use least two times with coach. (10) Trainers so use of restrictive intrainually. (11) Trainers so instructor training at (k) Service provided documentation of intraining for at least to (1) Document (A) who partice outcome (pass/fail); (B) when and (C) instructor' (2) The Division review/request this could (I) Qualifications of (I) Coaches so requirements as a to (I) Coaches so times, the course with (I) Coaches so times, the course with (I) Coaches so times, the course with III (II) Instructors (II) Coaches so times, the course with III (II) Instructors (III) Coaches so times, the course with III (II) Instructors (III) Coaches so times, the course with III (III) Instructors (II	chall be retrained at least instrate competence in the use al restraint and isolation and in Paragraph (a) of this shall be currently trained in hall have coached experience of restrictive interventions at a positive review by the shall teach a program on the erventions at least once shall complete a refresher least every two years. It is shall maintain it is and refresher instructor three years. It is a shall include: I ipated in the training and the where they attended; and so name. In on of MH/DD/SAS may documentation at any time. Coaches: I is a shall meet all preparation rainer. I is a shall teach at least three shich is being coached. I is a shall demonstrate in pletion of coaching or ruction. I is a shall be the same	V 537			
		e.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
WINSTON 1606 SALEM CHURCH ROAD GOLDSBORO, NC 27530							
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V 537	Continued From pa	ge 25	V 537			Sa 4	
	failed to ensure 2 or received training in and isolation time-or services to a persor included restrictive are:  Review on 5/9/19 or 22 year old male are.  Review on 5/9/19 or 22 year old male are.  Diagnoses include bipolar type, Canna Mild Intellectual/Derocumented history of phy inappropriate sexual paranoia, manipular communicating threat allegations.  "Behavior Support included" Constant (Serious rule violation approved by Ambled danger to himself of the control of the cont	view and interview the facility f 3 audited staff (#1 and #4) physical restraint, seclusion but prior to the delivery of n whose treatment plan interventions. The findings  If client 2's record revealed: admitted 10/6/17. ad schizoaffective Disorder, abis Use Disorder, mild and velopmental Disability. bry of sexually inappropriate all children and females and a sical and sexual aggression," all encounters with peers, ation of staff and guardian, attention of staff and guardian, attention of staff and guardian, attention of the presents a for others "  If staff #1's personnel record assional, hire date 11/6/18. raining in restrictive		V537-The following measures will be place to correct the deficit:When Ambleside's Human Rights convenes on June 16,2019 to discus receive approval to add restrictive in and defensive techniques into our N training regimen. Once approval had been recieved, A trainer will be trained by NCI+ in the Once this training has been develop trainer, all Winston staff will be retra to verify compentancy in restrictive a trainingsThis will be monitored through Hur where training will be tracked and stalerted when its time to be re-certifickeeping training current will result in removed from scheduleQP will request that the language is client 2's behavior plan be removed.	Committe ss and terventions CI+ Ambleside's se techniqued by NCI-ined in NCI and defensionan Resou aff will be staff being dentified in	es. + ve 8/1/2019 rces,	
	revealed: - Title of Paraprofe - No documented to	of staff #4's personnel record ssional, hire date 2/21/19. raining in restrictive fensive techniques.					

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