

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL066-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2019
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NAME OF PROVIDER OR SUPPLIER FAMILY ADVANTAGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 HWY 301 N GARYSBURG, NC 27831
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 5/21/19. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Level III for Children and Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the 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>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 3 of 4 audited clients (#1, #2 & #4) & failed to keep a MAR current for 1 of 3 audited clients (#1). The findings are:</p> <p>A. Review on 5/21/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility on 5/16/19 - diagnoses of Bipolar; Attention Deficit Hyperactivity Disorder (ADHD) & Conduct Disorder <p>Review on 5/21/19 of client #1's MARs revealed the following:</p> <ul style="list-style-type: none"> - May 2019 MAR revealed the following medications: Oxcarbazepine 300mg 3 bedtime (can treat epileptic seizures; Levothyroxine .25mg everyday (can treat hypothyroidism); Paroxetine 20mg everyday (can treat depression); Desmopressin .2mg morning/bedtime (can treat bedwetting); Aripiprazole 10mg everyday (can treat schizophrenia, bipolar); Vyvanse 60mg morning (can treat ADHD); Clonidine .2mg bedtime (can treat ADHD) & Cetirizine 10mg bedtime (can treat allergy) - no physician orders for the above medications - the following medications were not initialed on May 20, 2019: Oxcarbazepine, Paroxetine & Clonidine <p>Observation on 5/21/19 1:42pm of client #1's</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>medication labels revealed the following:</p> <ul style="list-style-type: none"> - Paroxetine 20mg 3 everyday - Aripiprazole 10mg 2 by mouth everyday <p>B. Review on date of client #2 record revealed:</p> <ul style="list-style-type: none"> - admitted 11/14/17 - diagnoses of Post Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder(ODD) - May 2019 MAR revealed the following medications : Concerta 36mg 1 tab a day (can treat ADHD), Fluoxetine 20 mg 1 tab daily (can treat depression), Risperidone .5mg 1 tab twice a day (can treat mood disorder), Clonidine .1mg 1 tab by mouth twice a day (can treat insomnia), Trazodone 100mg 1.5 tablet by mouth at bed time (can treat depression) Lamictal 150mg .5 tablet twice a day (can treat mood disorder) - no physician orders for Lamictal <p>C. Review on 5/21/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 4/5/19 - diagnoses of Post Traumatic Stress; ADHD & Disruptive Mood Dysregulation Disorder <p>Review on 5/21/19 of client #1's MARs revealed the following:</p> <ul style="list-style-type: none"> - May 2019 MAR revealed the following medications: Lithium twice 450mg (can treat manic/bipolar); Divalproex (2) 500mg (can treat bipolar); Guanfacine 3mg everyday (oral centrally-acting alpha receptor); Quetiapine 300mg everyday (can treat schizophrenia) & Divalproex 250mg 3 by mouth 7pm - no physician orders for the above medications <p>During interview on 5/21/19 the House Manager reported:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> - when clients are admitted with medications they usually have physician's orders - client #1 came with a hospital discharge summary with medications listed however there was not a physician's signature - client #3 came with prescriptions but she was not able to locate them - she contacted the pharmacy and they plan to mail the physician's orders - she was the staff on duty last night at the facility - she prepared for a staff meeting at the facility last night... forgot to initial for some of client #1's medications - it was her responsibility to ensure MARs were initialed <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 296	<p>27G .1704 Residential Tx. Child/Adol - Min. Staffing</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or</p>	V 296		

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V 296	<p>Continued From page 4</p> <p>adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 staff were present for one of three audited clients (#4). The findings are:</p> <p>Review on 5/21/19 of the facility's transportation policy it did not reveal one staff could transport a</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>client</p> <p>Review on 5/21/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted to the facility 4/5/19 - diagnoses of Post Traumatic Stress; Attention Deficit Hyperactivity Disorder & Disruptive Mood Dysregulation Disorder - a treatment plan dated 5/11/19 revealed no documentation client #3 could be transported with one staff <p>Observation on 5/21/19 at 11:36am revealed the following:</p> <ul style="list-style-type: none"> - staff #7 arrived with client #3 - staff #7 went into the facility and left client #3 in the vehicle - staff #7 returned to the vehicle in less than 5 minutes...they left the facility together <p>During interview on 5/21/19 staff #1 reported:</p> <ul style="list-style-type: none"> - if it's one client then one staff could transport - if more than 2 clients then 2 staff or more transport - the House Manager informed staff when 1 staff could transport 1 client to an appointment - transporting 1 client was not an issue, it's when they all got together <p>During interview on 5/21/19 the House Manager reported:</p> <ul style="list-style-type: none"> - client #3 misbehaved in school today - he was only allowed to stay in school 1/2 days due to his behavior - he has caused property damage at the facility...holes in the wall - she had staff #7 transport client #3 to an appointment today - their transportation policy allowed one staff to transport a client - she reviewed the policy, and was not able to 	V 296		

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V 296	Continued From page 6 locate where one staff could transport one client - she would make the Licensee aware it had to be in the clients' treatment plan for one staff to transport	V 296		
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 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:	V 367		

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V 367	<p>Continued From page 7</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to submit level II incident reports to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are:</p> <p>Review on 5/21/19 of the facility's incident reporting book revealed the following:</p> <ul style="list-style-type: none"> - 4/23/19 - the 1st page of an IRIS (incident reporting improvement system) with client #3's name listed however the incident was not listed - 4/25/19 - the 1st page of an IRIS report with client #3's name listed however the incident was not listed - 4/24/19 - "[former client #4] stated he hated rules...threw a chair...threw a brick threw the living room wall" - 4/9/19 - "[client #3] got upset with the staff at school...got home...threaten to harm school staff, throwing things, cursing and damaging property...fled on foot...law enforcement called..." <p>During interview on 5/21/19 a representative with the LME/MCO reported:</p> <ul style="list-style-type: none"> - she have not received any incident reports since 2016 	V 367		

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V 367	Continued From page 9 - providers will get an incident report number after they enter the client's information and assume the IRIS report was submitted - providers have to get a thumbs up before an IRIS report was completely submitted During interview on 5/21/19 the House Manager reported: - the Qualified Professionals were responsible for submitting the IRIS reports	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (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 interview the facility failed to maintain the home in a safe, attractive manner free from offensive odor. The findings are: Observation on 5/21/19 between 10:38am-11:00am revealed: - client #1's window would not open - bedroom flooring under the right bed post was ripped apart approximately 5 inches wide and detached from the base - client #2's bedroom window would not open - client #3 hole in the door to the bedroom	V 736		

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V 736	<p>Continued From page 10</p> <p>door approximately 2 inches from a previous behavior</p> <ul style="list-style-type: none"> - client #4 floor ripping and detached from base on the back wall approximate 5-6 inches wide <p>Interview on 5/21/19 at 11:00am Staff #1 reported she:</p> <ul style="list-style-type: none"> -assumed the windows were painted shut -had not opened windows since house was painted last week -will report to Home Manager <p>Observation on 5/21/19 at 12:15pm revealed:</p> <ul style="list-style-type: none"> - Home Manager attempted to open window in bedroom #1 and #2 and was unsuccessful <p>Interview on 5/21/19 at 2:30pm Home Manager reported she:</p> <ul style="list-style-type: none"> - was unaware that the windows did not open - saw the windows opened in February or March when the fire inspector came - assumed that when the house was painted the windows were painted shut - had not tried to open the windows since the fire inspection - called the maintenance man at 12:30pm to come to open the windows <p>Observation on 5/21/19 at 3:15pm revealed:</p> <ul style="list-style-type: none"> -maintenance man arrived to open windows -windows in bedroom #1 and #2 opened and closed <p>Interview on 5/21/19 at 2:45pm client #2 stated he:</p> <ul style="list-style-type: none"> - had not tried to open his window - doesn't know when the window was open last - has only been in the room for a couple of 	V 736		

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V 736	<p>Continued From page 11</p> <p>weeks</p> <p>Review on 5/21/19 of a Plan of Protection written on 5/21/19 by the Home Manager revealed:</p> <p>What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? "In the future, complete monthly check for window safety. Window checks will be completed by QP, and Program Manager." " maintenance came out on 5/21/19 to ensure the window will open" Describe your plans to make sure the above happens. "Complete monthly check for window safety to ensure they can open"</p> <p>In the event of an egress there would not be another exit from bedroom #1 or bedroom #2 . The second means of egress from bedrooms #1 and #2 the windows in both bedrooms were unable to be opened from the inside. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 736		