STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL059-038	A. BUILDING: _____ B. WING _____	05/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST COURT GROUP CARE, INC	571 EAST COURT STREET MARION, NC 28752

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on May 23, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	See Attached Form for Plan of Corrections	

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V 111	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed complete client assessments according to its written policy and prior to the delivery of services. The findings are: Review on 5/23/19 of the facility's written policy on client admission assessment dated 5/1/04 revealed: -An admission assessment was to be completed prior to the delivery of client services; -The assessment was to be completed by the Administrator with assistance from a Qualified Professional (QP). Review on 5/22/19 of Client #8's record revealed: -Date of admission: 1/16/18; -Diagnoses: IDD, Generalized Anxiety, Depression, History of Seizures; -1/12/18, her written resident assessment was signed on 1/5/18 and appeared to have been filled out by Client #9's guardian representative; -There was no documentation that indicated the Administrator/QP completed an assessment prior to service delivery. Review on 5/22/19 of Client #9's record revealed: -Date of admission: 1/5/18; -Diagnoses: Intellectual Developmental Disability (IDD), Attention-Deficit Hyperactivity Disorder (ADHD), Bipolar Disorder, Anxiety, Gastroesophageal Reflux Disease (GERD); -1/5/18, her written resident assessment was signed on 1/5/18 and appeared to have been filled out by Client #9's guardian representative;	V 111		

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V 111	Continued From page 2 -There was no documentation that indicated the Administrator/QP completed an assessment prior to service delivery. -The assessment sections that pertained to client strengths and needs, medical and nutritional histories, presenting diagnoses and behaviors were blank. Interviews on 5/21/19 with Clients #8 and #9 revealed: -They both had the same Guardian representative who assisted them in their admission to the facility. Interview on 5/23/19 with the Administrator/QP revealed: -Client families and guardians completed the written resident assessment as an application for services; -She met and conducted interviews with each client and their family members and/or legal representatives to assess the client and to determine if the client was appropriate for placement at her facility; -A local county department of social services (DSS) needed immediate placement for Client #9 and Client #8's placement facility had closed which precipitated her placement.	V 111		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug	V 123	See Attached Form for Plan of Corrections	

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V 123	Continued From page 3 shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a client's medication refusal immediately to a physician or pharmacist. The findings are: Review on 5/23/19 of Client #7's record revealed: Date of Admission: 3/13/15; Diagnoses: IDD, Schizoaffective Disorder, Hypothyroidism, Anxiety Unspecified, Hypertension Unspecified; -2/13/19, physician-prescribed Gabapentin 100 milligrams (mg) to treat seizures with a 4/30/19 physician order to discontinue. Review on 5/23/19 of Client #7's March 2019 MAR revealed: -She had refused her Gabapentin on 3/29/19, 3/30/19 and 3/31/19; -She was hospitalized for psychiatric treatment from 4/1/19 to 4/30/19. Review on 5/21/19 of facility incident reports for review period 3/1/19 to 5/21/19 revealed: -No incident report or documentation that indicated a physician or pharmacist was notified immediately of Client #7's medication refusals on 3/29/19, 3/30/19 and 3/31/19. Interview on 5/21/19 with Client #7 revealed: -She took medications for "hyper action," nerves, a bowl problem and several medications for her stomach; -She had been placed in a hospital because she	V 123		

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V 123	Continued From page 4 was taking a medication that was not good for her which she understood made her a different person. Interview on 5/23/19 with the Administrator/Qualified Professional revealed: -Client #7 had mood and behavior changes in 3/2019 that were atypical for her and she refused her Gabapentin at the end of 3/2019; -She believed the changes in Client #7 were adverse reactions related to the Gabapentin; -Client #7's Gabapentin dosage was increased during her 4/2019 hospitalization; -Client #7 was evaluated on 4/30/19 by her primary care physician after her hospital discharge and the physician ordered the Gabapentin to be discontinued; -Client #7 seemed more stable since she was taken off this medication; -She would follow up with her staff and ensure a doctor or pharmacist was notified immediately when client refused their medication.	V 123		
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 observations and interview, the facility failed to be maintained in a safe, clean and attractive manner. The findings are:	V 736	See Attached Form for Plan of Corrections	

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V 736	Continued From page 5 Observation on 5/21/19 at 1:57 pm of Clients #1, #7, #8 and #9's bedroom revealed: -A frayed carpet seam that ran from the wall between Client #1's and #8's bed and across the bedroom to the built-in chest of drawers with shelves. Observation on 5/22/19 at 4:16 pm of the client hallway bathroom revealed: -Approximately 2 feet of floor length located next to and at the upper part of the bathtub where the water faucet was located indicated weakness when this area was stepped on. Observation on 5/22/19 at 4:25 pm of the client bathroom located beside the client exercise room revealed: -Approximately 1 foot of floor length located next to the bathtub and at the upper part of the bathtub where the water faucet was located indicated weakness when this area was stepped on; -A bath rug covered the area that appeared weakened. Interview on 5/21/19 with the Administrator/Qualified Professional (QP) revealed: -She noticed the hallway bathroom floor "gave way" the other day and was likely due to water from client bathing; -She had maintenance at the facility and understood a new board was needed to increase the support of the floor; -She would have the bathroom floor repaired; -She would have maintenance assess the floor in the other bathroom for increased floor support.	V 736		

Annual and Follow up Survey Deficiencies Found May 23, 2019

10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (a) (V111)

Plan of Correction

- ***Indicate what measures will be put in place to correct the deficient area of practice.***

Changes to policy and procedures, revised form (104-1) and staff training on policies and procedures.

- ***Indicate what measures will be put place to prevent the problem from occurring again.***

We have revised our policy pertaining to the client assessment and will be utilizing an updated form that will be used for admission assessment.

This form (104-1) will now be part of the interview process; screening of potential clients, along with the resident assessment. All of which will be prior to delivery of service to the individual.

Form (104-1) will show documentation of:

- who completed the form
- who completed the assessment
- who reviewed the form with dates and signatures.

The completed paperwork and will be kept in the residents chart if we are able to provide service for the individual.

Staff will be trained on policies and procedure pertaining to this plan of correction.

- ***Indicate who will monitor the situation to ensure it will not occur again.***

The administrator will now monitor this situation to ensure this error does not occur again.

- ***Indicate how often the monitoring will take place.***

Monitoring will take place any time an interview for a new potential resident/client is needed; thus this will be part of our intake paperwork.

10A NCAC 27G .0209 Medication Requirements (h) (123)

Plan of Correction

- ***Indicate what measures will be put in place to correct the deficient area of practice.***

Changes to policies and procedures, revised Medication Errors form, staff training on policies and procedures.

- ***Indicate what measures will be put place to prevent the problem from occurring again.***

We have revised policy and form used for Medication Errors. Staff will be trained on policies and procedures pertaining to this plan of correction.

- ***Indicate who will monitor the situation to ensure it will not occur again.***

The administrator will now monitor this situation to ensure this error does not occur again.

- ***Indicate how often the monitoring will take place.***

Monitoring will take place anytime an error is reported as policy states.

10A NCAC 27G .303 Location and Exterior Requirements (c) (V736)

Plan of Correction

- ***Indicate what measures will be put in place to correct the deficient area of practice.***

Inspection an reporting problems of facility and grounds, repair/replace areas that are in need

- ***Indicate what measures will be put place to prevent the problem from occurring again.***

1. Inspection:

a. Both bathroom floors have been inspected and new boards will be placed to increase floor support and will completed by the time allowed.

b. "A frayed carpet seam" in a bed room, that was noted by the inspector has been inspected and deemed not to be a tripping hazard; however to comply with the citation new bedroom flooring will be installed by the time allowed.

2. Reporting:

a. Staff will be trained on procedures of reporting problem of the facility.

3. Repair/Replacement

a. Maintenance will check facility monthly and notify the Administrator of area that needs attention.

b. Plan of action to correct/fix problem will be discussed.

- ***Indicate who will monitor the situation to ensure it will not occur again.***

The Administrator and Maintenance will monitor this situation to ensure it will not occur again.

- ***Indicate how often the monitoring will take place.***

Inspection of the facility and grounds will be conducted monthly/or as needed; if problems have been indicated.