

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl095-044	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/06/2019
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NAME OF PROVIDER OR SUPPLIER LINDSAY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 394 CAMP JOY ROAD ZIONVILLE, NC 28698
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up and complaint survey was completed on June 6, 2019. The complaint was substantiated (intake #NC 00150846). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure signed consents from legal guardians of 2 of 3 audited clients (Clients #1 and #3) that granted permission to seek emergency medical care for the clients from a hospital or physician. The findings are:</p> <p>Review on 6/6/19 of Client #1's record revealed: -Admission date: 9/27/10; -Diagnoses: Mild Intellectual Developmental Disability (IDD), Generalized Anxiety Disorder, Dysthymia, Hypertension, Gastroesophageal Reflux Disease (GERD), and Asthma; -She took a minimum of 12 physician-ordered medications daily which staff administered to her; -She had up to 3 hours of unsupervised time in the community for which she was assessed, found eligible and was approved by signature of her legal guardian on 5/6/19; -The identity of her legal guardian on the 5/6/19 unsupervised time written consent was different from the named legal guardian on her 9/27/10</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>written consent to seek emergency medical care.</p> <p>Review on 6/5/19 of a written facility incident report, which was dated 8/4/18 and pertained to Client #1, revealed:</p> <ul style="list-style-type: none"> -Client #1 told Staff #2 that she had fallen the night before when she went to use the telephone; -She was walking fast when she fell and did not have shoes on her feet; -She was not injured from the fall; -She had reported this incident when it occurred because she was not hurt; -Staff #2 noted Client #1 had no visible injuries. <p>Review on 6/6/19 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date: 9/9/13; -Diagnoses: Mild IDD, Mellitus Type II Diabetes Non-Insulin Dependent (NID), Depression, Hypertension, Hypothyroidism, Sleep Apnea, Lichen Sclerosis, and Allergic Rhinitis; -She took a minimum of 8-9 physician-ordered medications daily which staff administered to her; -9/9/13, Client #3 gave her written permission to the facility to seek emergency medical care for her during a period in which she was her own guardian; -9/22/17, she had a legal guardian appointed to her; -Her written consent was not updated with her legal guardian's written consent for the facility to seek emergency medical care for her from a hospital or physician. 	V 113		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and</p>	V 114		

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V 114	<p>Continued From page 3</p> <p>shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were conducted under conditions that simulated disaster emergencies. The findings are:</p> <p>Review on 6/5/19 of the disaster drill log revealed: -Disaster drills were documented as held twice each quarter and on each shift from 1/2018 through 1/2019.</p> <p>Interviews on 6/5/19 with Clients #1, #2 and #3 revealed: -Disaster drills such as tornadoes, bomb threat and power outages were done by talking about what actions they would take if a disaster occurred; -They did not practice what was discussed for a disaster occurrence.</p> <p>Interview on 6/5/19 with Staff # 2 revealed: -Disaster drills were held at minimum every other month; -She conducted disaster drills with the clients living at the facility;</p>	V 114		

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V 114	<p>Continued From page 4</p> <ul style="list-style-type: none"> -She used a manual that had disaster information and talked with the clients about what would happen in a disaster; -The discussions about different disasters included a meeting place location and supplies they needed to gather; -She reviewed with clients disasters that included tornados and flooding. <p>Interview on 6/5/19 with the Administrative Assistant (AA) revealed:</p> <ul style="list-style-type: none"> -She was responsible for developing the fire and disaster drills schedule; -She reviewed the paperwork that documented the drills to ensure they were done on each shift and within each quarter. <p>Interview on 6/6/19 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -She thought all the fire and disaster drills were simulated; -She would follow up with the staff to ensure the disaster drills were practiced under emergency-like conditions. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		