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	MHL054-178	A. BUILDING: _____ B. WING _____	05/15/2019

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ESSEX	2505 HOGES ROAD KINSTON, NC 28504

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V 000	INITIAL COMMENTS An annual survey was completed on May 15, 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	RECEIVED By DHSR - Mental Health Lic. & Cert. Section at 8:57 am, Jun 18, 2019	
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment affecting 2 of 2 clients (#1 & #2). The findings are: Review on 5/15/19 of client #1's record revealed: - 39 year old male admitted to the facility March 2019. - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disability, pre-diabetes, and hypertension. - "Individual Support Plan Short Range Goals" implemented 1/1/19 with no goals or strategies regarding management of client #1's medical needs or mental health medication management. - "Individual Support Plan Short Range Goals" implemented 1/1/19 included "[Client #1] will display appropriate interactions without displaying any sexual aggression, towards females daily with no more than 2 verbal prompts throughout the plan year for 40% of the time"; no strategies for the achievement of the goal. During interview on 5/14/19 client #1 stated his goals included washing dishes, vacuuming the floor, taking the trash out, and "stuff like that." Review on 5/15/19 of client #2's record revealed: - 57 year old male admitted to the facility 2/4/19. - Diagnoses included Moderate Intellectual/Developmental Disability, Schizoaffective Disorder, bipolar type, Traumatic Brain Injury and seizure disorder. - "Individual Support Plan" completed by the Local Management Entity "Start Date: 2/1/19" included assessment of elopement risk, inappropriate touching, sexual aggression, stealing, property destruction, and physical	V 112	V112: Qualified Professional will conduct Short Range Goal Revision to include medical and mental health needs related goals. As well as goals related to sexual aggression, inappropriate touching, elopement risks, stealing, and property destruction. Once this revision is developed, all team members and Legally Responsible person will be made aware of changes and Person Specific Goal training will occur with staff members on caseload.	6/30/19

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V 112	Continued From page 2 aggression. - "Individual Support Plan Short Range Goals" implemented 2/1/19 did not include any residential goals or strategies to address client #2's elopement risk, inappropriate touching, sexual aggression, stealing, property destruction, physical aggression or mental health medication management. During interview on 5/14/19 client #2 stated he didn't have any goals. He wanted to move out of the facility and live with his mother. During interview on 5/14/19 staff #1 stated client #1 sometimes checked his own blood sugar. Client #1 was motivated to lose weight to get his blood sugar under control and discontinue his blood sugar checks. During interview on 5/14/19 the House Lead stated client #1 checked his own blood sugar and wanted to be able to discontinue his blood sugar checks. Client #2 would sometimes "use the bathroom in inappropriate places." During interview on 5/14/19 the Qualified Professional stated client #1 was aware of his need to lose weight to improve his diabetes. He was motivated to lose weight and eat a healthy diet to possibly discontinue his blood sugar checks. Client goals included independent living skills, such as housekeeping tasks.	V 112	Continued from pg. 2 of 14 V112: As it relates to losing weight, Short Range Goal will be added during time of Revision to ensure client is working on his personal health and wellness. Qualified Professional will include health activities direct-Support Staff can support client in completing.	
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118	V118: In regards to completing self check blood sugar levels, The Medical Coordinator will obtain Physician order	6/18/19

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V 118	Continued From page 3 only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to administer medications as ordered by a physician for 2 of 2 clients and to obtain a physician's order for 1 of 2 clients (#1) to self-check his blood sugar levels. The findings are: Review on 5/15/19 of client #1's record revealed:	V 118	to allow client to continue forward progress towards independence by completing self checks for blood sugar levels.	

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V 118	Continued From page 4 - 39 year old male admitted to the facility March 2019. - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disability, pre-diabetes, and hypertension. - Physician's orders dated 4/24/19 for blood sugar checks twice daily, glyburide-metformin (anti-diabetic) 5-500 milligrams (mg), 1 tablet twice daily with meals, and aripiprazole (antipsychotic) 30 mg, ½ tablet every morning. - No physician's order for client #1 to do his own blood sugar checks. Review on 5/15/19 of client #1's MARs for March - May 2019 revealed: - Transcriptions for twice daily blood sugar checks at 7:00 am and 8:00 pm, glyburide-metformin as ordered at 8:00 am and 4:00 pm, and aripiprazole as ordered at 8:00 am. - April 2019 MAR: no documented 7:00 am blood sugar check 4/1/19. - "Exceptions for [client #1]" for 4/1/19 blood sugar test strip and check "out of facility." - March 2019 MAR: printed circled staff initials for blood sugar checks 7:00 am 3/1/19 - 3/4/19, 3/6/19 - 3/7/19, 3/16/19, 3/18/19 and 8:00 pm 3/2/19 - 3/6/19, 3/15/19 - 3/17/19. - Printed circled staff initials for 4:00 pm 3/1/19 glyburide-metformin, 8:00 am and 4:00 pm 3/3/19 glyburide-metformin, 8:00 am 3/13/19 glyburide-metformin and 3/16/19 aripiprazole. - "Exceptions 3/13/19 - 3/18/19 for blood sugar checks and blood sugar test strips "out of facility," 3/13/19 8:00 am glyburide-metformin "physically unable to take"; 3/16/19 8:00 am aripiprazole "out of facility." - "Exceptions" for blood sugar checks and blood sugar test strips 3/2/19 - 3/7/19 "out of facility" and "physically unable to take." - "Exceptions" 3/1/19 for blood sugar checks and	V 118	V118, continued: The operational specialist and medical coordinator have been in contact about adding new nursing notes that provide detailed information related to medications not being administered. This will provide quality Assurance in the system when daily review is completed. The Group Home Leader is also responsible for completing	6/13/19

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V 118	Continued From page 5 blood sugar test strips "physically unable to take"; 8:00 pm administration of glyburide-metformin "out of facility." During interview on 5/14/19 client #1 stated staff assisted him with his medications daily and he had never missed any. During interview on 5/14/19 staff #1 stated client #1 sometimes checked his own blood sugar. Client #1 was motivated to lose weight to get his blood sugar under control and discontinue his blood sugar checks. During interview on 5/14/19 the House Lead stated client #1 checked his own blood sugar and wanted to be able to discontinue his blood sugar checks. Review on 5/15/19 of client #2's record revealed: - 57 year old male admitted to the facility 2/4/19. - Diagnoses included Moderate Intellectual/Developmental Disability, Schizoaffective Disorder, bipolar type, Traumatic Brain Injury and seizure disorder. - Physician's orders dated 4/27/19 for Lactulose (laxative) 10 grams (gm)/15 milliliters (ml) take 30 ml (20 mg) daily, Spiriva (a bronchodilator) 18 micrograms (mcg) inhale 1 capsule using 2 separate inhalations daily, haloperidol (antipsychotic) 5 mg 1 tablet twice daily, tramadol (a narcotic used to treat moderate to severe pain) 50 mg one tablet three times daily, Ensure (meal replacement shake) 1 can twice daily for weight loss and lorazepam (a sedative sometimes used to relieve anxiety) 0.5 mg 1 tablet three times daily ordered 3/13/19. - Physician's order dated 4/27/19 to discontinue lorazepam on 5/8/19.	V 118	refill order forms to ensure all medications that are needed, are obtained prior to last dosage for client. All Medications are delivered to Headquarters Office location and dispersed to Group Homes by Medical Cordinator to ensure proper delivery. The Medical Cordinator will complete a refresher course by 6/18/19 to ensure confidence that Direct-Support Staff are administering medications correctly. The course will also include who to contact in the event that an issue occurs within the System and staff are unaware of how to handle the situation.	

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V 118	Continued From page 6 -Review on 5/15/19 of client #2's MARs for March - May 2019 revealed: - Transcriptions for medications as ordered by the physician. - May 2019 MAR: Printed circled staff initials for 8:00 pm 5/12/19 and 8:00 am 5/13/19 haloperidol. - "Exceptions for [client #2] for 5/12/19 and 5/13/19 haloperidol "out of facility." - April 2019 MAR: Printed circled staff initials for 8:00 am 4/11/19 and 4/12/19 haloperidol, and for 4/18/19 Spiriva. - "Exceptions" for 4/11/19 and 4/12/19 haloperidol and 4/18/19 Spiriva "out of facility." - Circled staff initials for Ensure Vanilla 8:00 am 4/5/19 - 4/9/19, 4/14/19 - 4/19/19 and 4/22/19 - 4/25/19; 8:00 pm 4/5/19, 4/8/19, 4/15/19 - 4/18/19, and 4/21/19 - 4/24/19. - "Exceptions" for Ensure Vanilla "out of facility." - March 2019 MAR: Printed circled staff initials for 3/1/19 4:00 pm tramadol, 3/8/19 and 3/9/19 Spiriva, 3/13/19 2:00 pm and 8:00 pm lorazepam, 3/17/19 - 3/22/19, 3/24/19 - 3/29/19 Lactulose, and 3/23/19 - 3/29/19 Ensure Vanilla. - "Exceptions" for 3/9/19 Spiriva "physically unable to take," all others "out of facility." During interview on 5/14/19 client #2 stated he too his medications daily with staff assistance and he had never missed any. During interview on 5/15/19 the Medical Coordinator stated circled staff initials on the MAR signified that a medication was not administered. "Out of Facility" meant the medication was not available for administration. Medication refills were requested from the pharmacy when supplies were low. Sometimes the facility would have to wait for the pharmacy to deliver the medication refills.	V 118	After Medical Coordinator conducts additional training course, all staff with missing initials on paper and Electronic MAR will be held accountable for actions and given further disciplinary action. The Medical Coordinator will send out consents to back-up Pharmacy, in the event of Medications being on back order to ensure all clients have needed Medications promptly.	6/18/19

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V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be 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 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. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to maintain coordination between the facility operator and professionals who are responsible for the clients treatment, affecting 1	V 291		

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V 291	Continued From page 8 of 2 clients (#1). The findings are: Review on 5/15/19 of client #1's record revealed: - 39 year old male admitted to the facility March 2019. - Diagnoses included Paranoid Schizophrenia, Moderate Intellectual/Developmental Disability, pre-diabetes, and hypertension. - "Individual Support Plan Short Range Goals" implemented 1/1/19 included "Long Range Outcome: [client #2] will improve and manage behaviors throughout the plan year. Where am I now in relationship to the outcome? . . . Due to [client #2's] behaviors the team discussed the need for an updated behavior plan. [Client #2] will continue to attend all scheduled appointments with Psychological Mobile Services who will update and continue to monitor a BSP [Behavior Support Plan] for [client #2]." - Behavior Support Plan developed by a Clinical Psychologist, implemented 1/17/17 and revised 7/7/17. - No updated Behavior Support Plan. During interview on 5/14/19 the Qualified Professional stated client #1 received mobile psychological services and individual therapy quarterly. During interview on 5/15/19 the Chief of Operations stated he understood the need to have the behavior plan updated as documented in client #1's Individual Support Plan.	V 291	V291: Qualified Professional will contact Behavior Support Plan provider in updating client Behavior plan to reflect current strategies. Team meeting will be held to ensure best practices are used in order to best support client. Behavior Tracking Data will be collected and tracked as written in Provider BSP.	6/30/19
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE	V 536		

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V 536	Continued From page 9 INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be 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. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities;	V 536		

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V 536	Continued From page 10 (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	V 536		

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V 536	Continued From page 11 observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer.	V 536		

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V 536	Continued From page 12 (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure the Qualified Professional received annual training updates in alternatives to restrictive interventions. The findings are: Review on 5/15/19 of the Qualified Professional's personnel record revealed: - Date of hire 6/19/18. - Bachelor's degree in Business Administration, Health Care Management, May 2011. - Work experience meeting qualifications for position of Qualified Professional. - Most recent training in Evidenced Based Protective Interventions (alternatives to restrictive interventions and seclusion, physical restraint and isolation time out) dated 1/24/18, expired 1/30/19. - No updated training in alternatives to restrictive interventions and seclusion, physical restraint and isolation time out. During interview on 5/15/19 the Chief of Operations stated he thought the Qualified Professional had updated training in alternatives to restrictive interventions and physical restraints. He would make sure she was scheduled for	V 536	V536: The Chief of Operations will ensure the Qualified Professional is enrolled to attend Annual Training by 6/8/19. Moving forward, Annual Trainings will be tracked & monitored to ensure there are no expired trainings. Further disciplinary action will be put in place as needed to ensure this policy and procedure is met.	6/8/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL054-178	A. BUILDING: _____ B. WING _____	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESSEX	2505 HOGES ROAD KINSTON, NC 28504

(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 536	Continued From page 13 training.	V 536		