

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2019
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NAME OF PROVIDER OR SUPPLIER WILMINGTON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 28 BEAUREGARD DRIVE WILMINGTON, NC 28412
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on June 21, 2019. The complaints were unsubstantiated (intake #NC00151806, NC00151977 and NC00152622). 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 116	<p>27G .0209 (A) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(a) Medication dispensing:</p> <p>(1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe.</p> <p>(2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing.</p> <p>(3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing.</p> <p>(4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs</p>	V 116		

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

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V 116	<p>Continued From page 1</p> <p>for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician for one of three audited clients (#3). The findings are:</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25 year old male. -Admission date of 05/11/19. -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder. -No Physician order for blood glucose test.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's May 2019 - June 2019 MAR revealed blood sugar to be checked twice daily. Daily values for blood sugar were recorded from 5/15/19 - 6/19/19.</p> <p>Interview on 06/20/19 the Nursing Supervisor stated: -She was working with the pharmacy and physician's office to ensure clarity of order for blood glucose test and obtain a copy of order for facility records.</p>	V 116		

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V 290	Continued From page 2	V 290		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF</p> <p>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.</p> <p>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on</p>	V 290		

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V 290	<p>Continued From page 3</p> <p>duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs affecting 3 of 3 clients audited (#1, #2, #3). The findings are:</p> <p>Review on 06/19/19 and 6/20/19 of client #1's record revealed: -35 year old male. -Admission date of 05/07/19. -Diagnoses of dravet syndrome, intellectual developmental disorder (severe), severe epilepsy, osteoporosis, hypergonadism and asthma.</p> <p>Review on 6/19/19 and 6/20/19 of Client #1's Individual Support Plan (ISP) dated 5/08/19 revealed: -He required full physical support with regards to avoiding health and safety hazards. -He required full physical support with learning how to access emergency services. -He was a fall risk due to running on his tip toes. -He had demonstrated increased aggressive behavior and resistance to "staff who are attempting to maintain physical contact with him while guiding him in unsafe conditions."</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>Review on 06/19/19 and 6/20/19 of client #2's record revealed: -35 year old female. -Admission date of 05/07/19. -Diagnoses of intellectual developmental disorder (severe), seizure disorder, migrational anomaly lissencephaly, and beta-propeller protein-associated neurodegeneration (BPAN).</p> <p>Review on 6/19/19 and 6/20/19 of Client #2's Individual Support Plan (ISP) dated 5/08/19 revealed: -Her level of participation had decreased over the past year (due to BPAN). She would likely require increasing support as the disorder continued to progress and her team had already witnessed a "dramatic decrease in mobility and an increase in pain." -Her balance/mobility had decreased. She required full physical support with getting up and down from a seated position and could no longer place her feet flat on the floor. -She required full physical support with avoiding health and safety hazards.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25 year old male. -Admission date of 05/11/19. -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder.</p> <p>Review on 6/19/19 and 6/20/19 of Client #3's Individual Support Plan (ISP) dated 5/11/19 revealed: - He required "high to maximum support needs" due to partial or full physical assistance with daily living activities. -He required assistance with ambulating.</p>	V 290		

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V 290	<p>Continued From page 5</p> <p>Interview on 6/21/19 staff #1 stated: -She was hired on 4/29/19 and primarily worked the overnight shift. -The staffing configuration consisted of one staff for the overnight shift. Additional staffing was needed. -She physically lifted client #2 and client #3 out of their bed to transfer them to their manual wheelchairs. -Client #2's health and mobility had declined since her arrival in May 2019.</p> <p>Interview on 6/20/19 staff #2 stated: -She was hired on 4/10/19 but had only worked briefly before taking a leave of absence. She had returned to the facility on the week of 5/16/19 to resume work. - The staffing configuration consisted of one staff for the overnight shift. Additional staffing was needed to safely attend to the needs of all clients in the event of an overnight emergency. Client #2 and client #3 each needed 1:1 support with hygiene requirements and client #1 demonstrated behaviors which proved challenging when working alone.</p> <p>Interview on 6/19/19 and 6/20/19 staff #3 stated: -She had been employed for approximately 2 months. -The staffing configuration consisted of two staff for the afternoon shift (2nd shift) and one staff for the overnight shift. - Client #2's health had declined since she arrived at facility and required a two person assist to transfer her in and out of her chair. Additional staffing was needed to safely attend to the needs of all clients in the event of an overnight emergency.</p>	V 290		

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V 290	Continued From page 6 Interview on 6/20/19 Qualified Professional from day program stated: -Clients (#1, #2, #3) had been attending day program for approximately 6 weeks. -Client #2's mobility had declined since her first week of attending the day program and she required a two person transfer at the day program. Interview on 6/19-19 -6/21/19 the Quality Assurance Manager stated: -Staff had not reported any staffing ratio concerns to her. -She had not witnessed any decline in client #2's health/mobility. -She had scheduled an overnight fire drill on 6/21/19 to ensure safety preparation during overnight shift.	V 290		
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	V 291		

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V 291	<p>Continued From page 7</p> <p>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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the qualified professionals who are responsible for treatment for one of three audited clients (#3). The findings are:</p> <p>Review on 06/19/19 and 6/20/19 of client #3's record revealed: -25 year old male. -Admission date of 05/11/19 -Diagnoses of Type II diabetes, seizure disorder, developmental delay (severe) and telomere maintenance 2-chromosomal disorder. -No order, policy/procedure, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician.</p> <p>Review on 06/19/19 and 6/20/19 of client #3's May 2019 - June 2019 medication administration record (MAR) revealed: -BS to be checked twice daily (before breakfast and at 4pm). -Morning BS results for May 2019 ranged from</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>74-122. Afternoon results ranged from 79-138. -Morning BS results for June 2019 ranged from 66-148. Afternoon results ranged from 73-155.</p> <p>Interview on 6/21/19 staff #1 stated:: -Client #3's BS checks were completed in the morning and evening. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 6/20/19 staff #3 stated: -Client #3's BS checks were completed daily. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 6/19/19 and 6/20/19 staff #5 stated: Interview on 6/21/19 staff #1 stated:: -Client #3's BS checks were completed in the morning and evening. -There were no parameters or guidelines for staff to follow for BS results that were too high or too low.</p> <p>Interview on 06/20/19 the Nursing Supervisor stated: -There were no parameters or guidelines for staff to follow for blood sugar results that were too high or too low. -She was working with physician's office to establish protocol for BS results outside of desired range.</p>	V 291		