

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G159	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2019
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NAME OF PROVIDER OR SUPPLIER CAROLINA LIVING AND LEARNING CENTER (CLLC)	STREET ADDRESS, CITY, STATE, ZIP CODE 325 RUSSET RUN PITTSBORO, NC 27312
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W 252	<p>PROGRAM DOCUMENTATION CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure data was recorded for 1 of 5 audit clients (#1). The finding is:</p> <p>Staff did not record thorough documentation of fluid intake for client #1 on the in/out daily log.</p> <p>Review on 5/14/19 of client #1's individual program plan (IPP) dated 8/31/2018 revealed that client #1 had an extensive history of urinary retention and had a renal ultrasound performed on 4/16/18. The nephrologist (medical doctor specializing in kidneys) noted that client #1's kidneys were smaller and harder due to medical renal disease. The doctor wanted to monitor client #1's sodium and creative levels, since the kidneys were functioning at 35%. Nursing recommended continued monitoring of urine output daily and ensure adequate liquid to prevent constipation.</p> <p>Review on 5/14/19 of client #1's monthly nursing review dated 4/30/19 revealed that there was a fluid restriction of 85 ounces or 2 to 2.5 liters per day.</p> <p>Review of client #1's In/Out Daily Log specified a fluid allowance of 88 ounces a day and any additional independent intake must be recorded.</p>	W 252	see attached	7/1/2019
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DHSR - Mental Health
JUN 06 2019
Lic. & Cert. Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Grady A. Williams TITLE: Director, Carolina Living + Learning Center (X6) DATE: 5-28-2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 252	<p>Continued From page 1</p> <p>The fluid intake was broken down by the time of day and activity, for example med pass, snack and lunch. Daily logs from 5/1/19 to 5/14/19 were reviewed and none of the logs had complete data for each allowed fluid intake. The last time the In/Out Daily Log had complete data recorded was on 4/29/19-4/30/19.</p> <p>Interview on 5/15/19 at 8:35am with Staff B revealed that client #1 drunk a lot and staff were supposed to record in the In/Out Daily log, his fluid intake.</p> <p>Interview on 5/15/19 at 9:05am with the case manager revealed that there was no known policy on In/Out Daily Logs. The case manager indicated that the nurse and him were responsible for ensuring staff were trained to do their jobs. When asked to review the In/Out Daily Log binder, the case manager shared that he was not aware that the logs were not being completed daily. The case manager added that years ago, the doctor wanted to encourage fluids for client #1. When client #1 started to see an urologist the doctor felt that client #1 was getting too much fluid and reduced it to 85 ounces a day. Minutes later, the case manager reported that he had spoken to the nurse and indicated that client #1's doctor didn't care about recording the fluids but acknowledged that the facility did have a system in place, where staff were expected to record on the In/Out Daily Log.</p> <p>Interview on 5/15/19 at 10:40am with the program director revealed that the facility has had trouble with staff recording data, since an employee who used to assume responsibility for keeping up with it, left the facility. These concerns had been discussed at their staff meetings.</p>	W 252	<i>see attached</i>	<i>5/15/2019</i>	

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W 312	<p>DRUG USAGE CFR(s): 483.450(e)(2)</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure drugs used for behavior management were not ordered on a PRN (as needed) basis for 1 of 5 audit clients (#1). The findings is:</p> <p>Client #1 behavior meds were ordered on a PRN basis.</p> <p>Review on 5/14/19 of client #1's individual program plan (IPP) dated 8/31/18 revealed the following restriction in the Behavior Support Plan (BSP): client #1 took Ativan prior to leaving from a home visit with parent to help with transition.</p> <p>Review on 5/14/19 of client #1's current physician's orders, dated March - May, 2019 indicated that Ativan 1 mg PO PRN for transition related to returning home after home visit. The date of the original order was 10/19/05.</p> <p>Review on 5/15/19 of client #1's MAR (medication administration record) revealed that client #1 received "Ativan 1 mg PO PRN on 12/26/18 at 8 am" during a home visit. Client #1 also received "Ativan 1 mg PO PRN at 9:10 am" during a home visit.</p>	W 312	<i>see attached</i>	7/1/2019	

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W 312	Continued From page 3 Interview on 5/15/19 at 10:45am with the case manager revealed that the facility tried to be prepared for anticipated behaviors, by ensuring the availability of a PRN behavior medication.	W 312		
W 374	DRUG ADMINISTRATION CFR(s): 483.460(k)(7) The system for drug administration must assure that drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all drugs were packaged and labeled with the name of the person prescribed the medication, with instructions on how to administer the medication and instructions as to how often to administer the medication for 1 of 5 audit clients (#10). The finding is: Client #10's Pirmella was not labeled. During morning medication administration observations in the home on 5/15/19 at 7:28am, Staff A administered client #10 two pills and foot cream along with her Pirmella pill. Further observations revealed client #10's Pirmella pill package was not labeled. During an interview on 5/15/19, Staff A confirmed client #10 Pirmella package was not labeled. During an interview on 5/15/19, the program coordinator stated he was "not aware the package should be labeled" for client #10's Pirmella.	W 374	<i>see attached</i>	<i>7/1/2019</i>

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W 382	<p>DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)</p> <p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During morning medication administration in the facility on 5/15/19, Staff A left the medication area. Further observation revealed client #10's foot cream was left unattended on the counter.</p> <p>During an immediate interview Staff A revealed medications should not be left unattended when not in use.</p> <p>Review on 5/15/19 of the facility's medication administration policy revised 8/1/18 revealed, "Failure to secure topical medications correctly (i.e.) leaving them in a place that non-medical passers or clients can access...." is considered a medication error.</p> <p>During an interview on 5/15/19, the program coordinator confirmed medications should not be left unattended when not in use.</p>	W 382	<i>see attached</i>	7/1/2019
W 460	<p>FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1)</p> <p>Each client must receive a nourishing, well-balanced diet including modified and</p>	W 460	<i>see attached</i>	7/1/2019

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W 460	<p>Continued From page 5 specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client received a continuous active treatment plan consisting of needed interventions and services identified in the individual program plan (IPP) in the area of diet. This affected 1 of 5 audit clients (#5). The finding is:</p> <p>Client #5's diet consistency were not followed.</p> <p>During lunch observations in the home on 5/14/19 at 11:42am, client #5 walked over to the table and picked up a whole round shaped chicken nugget and placed it into his mouth whole. While he was placing it in his mouth he coughed three times. Further observations revealed client #5 picked up another chicken nugget and coughed one time, while walking down the hallway. Client #5 then walked into his bedroom, laid down on his bed, covered himself up with a blanket and coughed one more time. At no time was there a staff person in the area.</p> <p>Review on 5/14/19 of client #5's IPP dated 5/10/19 revealed, "Food needs to be cut for him, and he needs to be encouraged to take small bites to prevent choking."</p> <p>Review on 5/15/19 of client #5's nutritional evaluation dated 5/26/19 stated, "He needs help cutting up foods because otherwise he will bite off large amounts...which puts him at risk of choking."</p> <p>During an interview on 5/15/19, the program</p>	W 460		
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W 460	Continued From page 6 coordinator revealed client #5's food needs to be cur because "he is a fast eater and a choking risk."	W 460			

Plan of Correction
Carolina Living and Learning Center
May 28, 2019

Completion
date

A. Program Documentation 483.440 (e)(1) ID Prefix Tag W252

Fluid Intake/Output Log

7/1/2019

Corrective and Preventive Measures; Monitoring:

1. The nurse will confirm with the physician the amount of the fluid intake restriction and the input/output log will be corrected accordingly.
2. The requirement and procedure for recording input/output data for this client will be written, placed in the client's chart, and reviewed with all staff who work with this client. A record will be maintained of staff who complete the review, by the assigned program coordinator.
3. The requirement that all drinks must be recorded will be highlighted on the input/output log, and a reminder placed in the daily log.
4. The requirement that input data for this client must be completed will be included on the agenda of staff meetings regarding this client, which typically take place at least once per month. This will be implemented by the client's case manager.
5. The input/output log will be monitored for completeness daily for two weeks in June 2019, with feedback given as needed. Subsequently, the log will be monitored regularly, with feedback given as needed. The nurse, the case manager, or the nurse's designee will be responsible for monitoring the data.

B. Drug Usage 483.450 (e)(2) ID Prefix Tag W312

PRN for Medication for Behavior Management

7/1/2019

Corrective and Preventive Measures; Monitoring:

1. All PRN orders for psychotropic medication will be discontinued.
2. The nurse will complete a list of all PRN orders and indicate on it the date each order was discontinued.
3. In the Policies and Procedures Manual, Medication Administration section, it will be stated that medication used for behavior management purposes may not be ordered on a PRN basis.

C. Drug Administration 483.460 (k)(7) ID Prefix Tag 374

Labeling of all medications used by clients

7/1/2019

Corrective and Preventive Measures; Monitoring:

1. The nurse will consult with the pharmacy consultant and the pharmacy that supplies the CLLC medications to determine appropriate methods for labelling each medication.
2. The pharmacy will supply the labels that are missing, and they will be attached to each medication by the nurse and nurse's designee.
3. Med passers will be trained to look for the label on each container and to report any missing label to the nurse or the on-duty supervisor. For any missing label, the nurse or the nurse's designee will ensure a correct label is affixed as soon as possible. A record will be maintained of staff who complete this training, by the assigned program coordinator.

4. During the weekly check of each medication container, the nurse or nurse's designee will check for labels and ensure any missing label is affixed.

D. Drug Storage and Record Keeping 483.460 (l)(2) ID Prefix Tag W382

Medication Left Unsecured and Unsupervised

7/1/2019

Corrective and Preventive Measures; Monitoring:

1. Per medication error procedures, the staff member has been counseled regarding this error.
2. The policy and procedure for securing topical medications will be reviewed with all staff who pass medications.
3. A record will be maintained of staff who complete the review, by the assigned program coordinator.

E. Food and Nutrition Services 483.480 (a)(1) ID Prefix Tag W460

Diet Consistency: Food Needs to be Cut

7/1/2019

Corrective and Preventive Measures; Monitoring:

1. Procedure for cutting the food, including size of pieces, for this client will be written by the case manager and nurse.
2. This procedure will be reviewed with all staff who work with this client, including all supervisors. A record will be maintained of staff who complete the review, by the assigned program coordinator.
3. A reminder to cut this client's food, referencing the procedure, will be included on the agenda of staff meetings regarding this client, which typically take place at least once per month. This will be implemented by the client's case manager.