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| V 000 | INITIAL COMMENTS<br><br>An annual survey was completed on July 31, 2019. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. | V 000 | | |
| V 112 | 27G .0205 (C-D)<br>Assessment/Treatment/Habilitation Plan<br><br>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN<br>(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.<br>(d) The plan shall include:<br>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;<br>(2) strategies;<br>(3) staff responsible;<br>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;<br>(5) basis for evaluation or assessment of outcome achievement; and<br>(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<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#1). The findings are:<br><br>Review on 07/30/19 of client #1's record revealed:<br>- 49 year old male.<br>- Admission date of 04/05/18.<br>- Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus.<br>- Treatment Plan dated 12/21/18.<br>- No strategies to address client #1's Diabetes.<br><br>Review on 07/30/19 of a signed FL-2 for client #1 dated 04/29/19 revealed check Finger Stick Blood Sugar (FSBS) daily.<br><br>Review on 07/30/19 of a physician order for client #1 dated 02/11/19 revealed:<br>- FSBS of 326 and an average of 250 (Under 100 is normal for not eating for at least 8 hours and less than 140 two hours after eating).<br>- Increase Metformin (treats Diabetes).<br><br>Review on 07/30/19 of client #1's FSBS values for July 2019, June 2019 and May 2019 revealed:<br>July 2019<br>- FSBS ranged from a high of 242 and a low of 162.<br><br>June 2019<br>- FSBS ranged from a high of 227 and a low of 160.<br><br>May 2019<br>- FSBS ranged from a high of 226 and a low of 125. | V 112 | | |

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| V 112 | Continued From page 2<br><br>Interview on 07/30/19 client #1 stated:<br>- He had resided at the facility for 1 year and 3 months.<br>- He was scheduled to be discharged to his own apartment on 09/01/19.<br>- He was diagnosed with Diabetes 3 months ago.<br>- He checked his FSBS values daily.<br>- 2 different doctors told him as long as his FSBS values were under 300 there was no concern.<br>- He visited his health care professional monthly.<br><br>Interview on 07/30/19 staff #1 stated:<br>- Client #1 was "somewhat" non-compliant with his Diabetes diagnoses.<br>- She provided client #1 with education regarding Diabetes.<br>- Client #1 checked his FSBS daily and she would record the value.<br><br>Interview on 07/30/19 the Qualified Professional/Registered Nurse stated:<br>- Client #1 had an outside agency which created his Treatment Plan.<br>- He had difficulty with the other agency to include residential strategies for client #1.<br>- Client #1 was scheduled to be discharged on 09/01/19 to his own apartment. | V 112 | | |
| V 123 | 27G .0209 (H) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(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 | | |

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| V 123 | Continued From page 3<br>shall be charted.<br>.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to notify the physician or pharmacist of medication errors and document refusals affecting one of three audited clients (#1). The findings are:<br><br>Review on 07/30/19 of client #1's record revealed:<br>- 49 year old male.<br>- Admission date of 04/05/18.<br>- Diagnoses of Schizoaffective - Bipolar Disorder and Diabetes Mellitus.<br><br>Review on 07/30/19 of a signed FL-2 for client #1 and dated 04/29/19 revealed the following medication order:<br>- Potassium Chloride (treats low blood levels of Potassium (Hypokalemia) 20 milliequivalent - mix 2 packets in 8 ounces of water daily.<br><br>Review on 07/30/19 of a medical provider discharge sheet for client #1 dated 06/01/19 revealed the following medication order:<br>- Lithium (treats Bipolar Disorder) 300 milligrams - take one tablet twice daily<br><br>Review on 07/30/19 of client #1's May 2019, June 2019 and July 2019 MARs revealed the following dates and times a handwritten letter "c" was used to indicate a refusal of medication and no documentation a physician or pharmacist was immediately notified of refusals.<br>May 2019 | V 123 | | |

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| V 123 | Continued From page 4<br>- Potassium Chloride - 05/01/19, 05/08/19 and 05/29/19.<br><br>June 2019<br>- Potassium Chloride - 06/02/19 thru 06/07/19 and 06/09/19 thru 06/30/19.<br>- Lithium - 06/02/19 thru 06/30/19 at 8am.<br>- Lithium - 06/01/19, 06/06/19, 06/09/19 and 06/09/19 thru 06/30/19 at 8pm.<br><br>July 2019<br>- Potassium Chloride - 07/03/19, 07/05/19 thru 07/14/19, 07/16/19 thru 07/20/19 and 07/22/19 thru 07/30/19.<br><br>Interview on 07/30/19 client #1 stated:<br>- He had resided at the facility for 1 year and 3 months.<br>- He was scheduled to be discharged to an apartment on September 1, 2019.<br>- He refused his Lithium because it caused complications with his blood sugar values.<br>- His physician changed his Lithium to another medication and he was doing well.<br>- He had refused his Potassium because the powder made him feel like he had a "lump" in his stomach.<br>- He usually visited his doctor monthly.<br><br>Interview on 07/30/19 the Qualified Professional/Registered Nurse stated:<br>- He was aware a physician or pharmacist should be notified of medication errors.<br>- Client #1's physician was aware of the refusal of Lithium and recently changed the medication.<br>- Client #1 was very independent. | V 123 | | |
| V 366 | 27G .0603 Incident Response Requirments | V 366 | | |

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| V 366 | Continued From page 5<br>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS<br>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:<br>(1) attending to the health and safety needs of individuals involved in the incident;<br>(2) determining the cause of the incident;<br>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;<br>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;<br>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;<br>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and<br>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.<br>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.<br>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:<br>(1) immediately securing the client record | V 366 | | |

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| V 366 | Continued From page 6<br>by:<br>(A) obtaining the client record;<br>(B) making a photocopy;<br>(C) certifying the copy's completeness; and<br>(D) transferring the copy to an internal review team;<br>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:<br>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;<br>(B) gather other information needed;<br>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and<br>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to | V 366 | | |

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| V 366 | Continued From page 7<br>three months to submit the final report; and<br>(3) immediately notifying the following:<br>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;<br>(B) the LME where the client resides, if different;<br>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;<br>(D) the Department;<br>(E) the client's legal guardian, as applicable; and<br>(F) any other authorities required by law.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are:<br><br>See Tag V123 for specifics.<br><br>Review on 07/30/19 of facility records revealed no incident reports documented for client #1's medication refusals in May 2019, June 2019 or July 2019.<br><br>Interview on 07/30/19 the Qualified Professional/Registered Nurse stated:<br>- He was aware a level I incident report should be generated for medication errors or refusals.<br>- Client #1's physician was aware of the refusal of Lithium and recently changed the medication. | V 366 | | |

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| V 366 | Continued From page 8<br>- Client #1 was very independent. | V 366 | | |