

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL074-230</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/16/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMELOT SUPERVISED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>108 GUINEVERE LANE GREENVILLE, NC 27858</b>
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 16, 2019. 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 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were currently trained in cardiopulmonary resuscitation (CPR), Heimlich maneuver, and other first aid techniques provided by the Red Cross, the American Heart Association, or their equivalence for 1 of 3 staff audited (Staff #2). The findings are:</p> <p>Review on 08/15/19 of Staff #2's personnel file revealed: -Hired 07/12/19. -No documentation of CPR and first aid training training was available for review.</p> <p>Observation on 08/15/19 at approximately 11:40am revealed staff #1 was the only staff in the facility with client #3</p> <p>Interview on 08/16/19 the Qualified Professional/House Manager revealed: -Staff #2 worked at another agency and had CPR/First Aid completed. -She had not received the copies of the training from staff #1.</p>	V 108		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews failed to keep the MARs current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 08/15/19 of client #1's record revealed: - 41 year old male. - Admission date of 06/15/10.</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>- Diagnoses of Autistic Disorder, Anxiety, Cellulitis, Constipation and Severe Mental Retardation.</p> <p>Review on 08/15/19 of client #1's signed physician orders dated 03/04/19 revealed:</p> <ul style="list-style-type: none"> <li>-Buspirone 5 Milligrams(mg) (treats anxiety) Take 1 tablet by mouth twice daily.</li> <li>-Fluoxetine 20mg (treats depression) Take 3 capsules by mouth every day.</li> <li>-Folic Acid 0.4mg (supplement) Take 1 tablet by mouth every day.</li> <li>-Vitamin B-12 (supplement) Take 1 tablet by mouth every day.</li> <li>-Vitamin C 500mg (supplement) Take 1 tablet by mouth every day.</li> <li>-Vitamin D3 5000u (supplement) Take 1 tablet by mouth every day.</li> </ul> <p>Review on 08/15/19 of client #1's June and July 2019 MARs revealed the following blanks:</p> <ul style="list-style-type: none"> <li>-Buspirone 5mg-06/03/19, 16/04/19, 06/12/19, 06/13/19, 06/14/19, 06/30/19, 07/07/19 at 8pm.</li> <li>-Fluoxetine 20mg-06/02/19</li> <li>-Folic Acid 0.4mg-06/02/19</li> <li>-Vitamin B-12/Folate-06/02/19</li> <li>-Vitamin C 500mg-06/02/19</li> <li>-Vitamin D3 5000u-06/02/19</li> </ul> <p>Client #1 is unable to communicate effectively.</p> <p>Finding #2: Review on 08/15/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- 29 year old male.</li> <li>- Admission date of 05/01/19.</li> <li>- Diagnoses of Moderate Mental Retardation, Autism Spectrum Disorder, Intermittent Explosive</li> </ul>	V 118		

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V 118	<p>Continued From page 4</p> <p>Disorder, Tourette's Disorder, Hypertension, Diabetes.</p> <p>Review on 08/15/19 of client #2's physician orders dated 06/12/19 revealed: -Benazepril 20mg (treats high blood pressure) Take 1 tablet by mouth twice daily with HCTZ. -HCTZ 12.5mg (treats high blood pressure) Take 1 capsule by mouth twice daily. -Metformin 1000mg (treats diabetes) Take 1 tablet by mouth twice daily. -Sertraline 100mg (treats anxiety/depression) Take 1 tablet by mouth at bedtime.</p> <p>Review on 08/15/19 of client #2's June and July 2019 MARs revealed the following blanks: -Benazepril 20mg-06/30/19, 07/07/19 at 8pm. -HCTZ 12.5mg-06/30/19, 07/07/19 at 8pm. -Metformin 1000mg-06/30/19, 07/07/19 at 8pm. -Sertraline 100mg-06/30/19, 07/07/19.</p> <p>Client #2 stated he received his medication daily.</p> <p>Finding #3 Review on 08/15/19 of client #3's record revealed: -22 year old male. -Admission date of 05/01/19. -Diagnoses of Autism Spectrum Disorder, Specified Disruptive Disorder, Impulsive Control and Conduct Disorder.</p> <p>Review on 08/15/19 of client #3's Physician orders dated 06/12/19 revealed: -Clonidine 0.2mg (treats high blood pressure) Take 1 tablet by mouth at bedtime. -Lamotrigine 100mg (treats mood episodes) Take 4 tablets by mouth at bedtime. -Latuda 120mg (antipsychotic) Take 1 tablet by mouth with supper.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-Levetiracetam 750mg (anticonvulsant) Take 1 tablet by mouth twice daily.</p> <p>Review on 08/15/19 of client #32's June and July 2019 MARs revealed the following blanks:                      -Clonidine 0.2mg-06/30/19, 07/07/19.                      -Lamotrigine 100mg-06/30/19.                      -Latuda 120mg-06/30/19, 07/07/19.                      -Levetiracetam 750mg-06/30/19, 07/07/19.</p> <p>Client #3 was unable to communicate effectively.</p> <p>During interview on 08/16/19 the Qualified Professional/Group Home Manager revealed:                      -The staff were not putting the initials after administering the medication.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p>	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(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</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(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.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing</li> </ol>	V 536		

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V 536	<p>Continued From page 7</p> <p>and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) 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.</p> <p>(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.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(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.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536		

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V 536	Continued From page 9  This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure one of three audited staff (#2) received training in alternatives to restrictive interventions. The findings are:  Review on 08/15/19 of staff #2's personnel file revealed: -Hired 07/25/19. -No documentation of training in alternatives to restrictive interventions.  During interview on 08/15/19 staff #2 stated she worked at another facility and had all the training but she had not emailed the information to the Group Home Manager.	V 536		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and orderly manner. The findings are:  Observation on 08/14/19 at approximately 2:30pm revealed:	V 736		

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V 736	<p>Continued From page 10</p> <p>- A smoke detector was emitted a chirping sound approximately every 35 seconds. The smoke detector will emit a chirping sound to indicate a low battery.</p> <p>Interview on 08/15/19 the Qualified Professional/Group Home Manager revealed: - The batteries in the smoke detectors had been changed recently.</p> <p>Interview on 08/15/19 the Program Manager revealed: -She would make contact with someone regarding getting the smoke detectors checked.</p>	V 736		