

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/28/2019
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NAME OF PROVIDER OR SUPPLIER HOUSE OF CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5800 LAKE ELTON ROAD DURHAM, NC 27713
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(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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on August 28, 2019. Deficiencies 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 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a current treatment plan for one of three audited clients (#2). The findings are:</p> <p>Review on 8/27/19 of client # 2's record revealed: -Admission date of 9/25/15. -Diagnoses of Moderate Intellectual Disability, Diabetes Mellitus Type 2 and Hypertension. -Treatment Plan expired 2/1/19. -There was no current treatment plan in the client's record.</p> <p>Interview on 8/28/19 with the Qualified Professional revealed: -She was responsible for the completing the treatment plan. -The treatment plan was completed and available in the main chart. -The chart kept in the office was reviewed by surveyor and did not have client #1's treatment plan. -She would put the current treatment plan in client #1's record.</p>	V 112		
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 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</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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 review and interviews the facility failed to have physician orders to administered medications affecting one of three audited clients (#1). The findings are:</p> <p>Review on 8/27/19 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date of 8/13/14. - Diagnosis of Mild Intellectual Disability and Psychotic Disorder, NOS and Diabetes. - Physician order dated 9/5/18 revealed: <ul style="list-style-type: none"> -Blood Glucose Diagnostic Test Strip - use 3x's a week. -Glucose Monitoring Kit - Check 3x's a week. 	V 118		

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V 118	<p>Continued From page 3</p> <p>Review on 8/27/19 of Client #1's Medication Administration July - August 2019 revealed: -Staff initialed blood sugar checks 3x/week on Tuesday, Thursday and Sunday evenings. -Staff recorded blood sugar numbers 3x's a week.</p> <p>Observation on 8/27/19 at 10:00 a.m. of Client #1's medication revealed the following was available: -Blood Glucose Diagnostic Test Strip. -Glucose Monitoring Kit.</p> <p>Interview on 8/27/19 with Client #1 revealed: -He administered blood sugar checks three times a week in the evening. -He reported administering blood sugar checks on Tuesday, Thursday and Sunday. -Staff supervised him and initialed on the MAR.</p> <p>Interview on 8/28/19 with the Qualified Professional revealed: -Client #1 administered his own blood sugar checks. -Client #1 started self-administering since 9/5/18. -Client #1 took a class on diabetes and was trained to self-administer. -Confirmed there was no order for client #1 to self-administer blood sugar checks.</p>	V 118		