STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-036	A. BUILDING: _____ B. WING _____	R 08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA-ELM	233 ELM AVENUE HUDSON, NC 28638

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on August 29, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 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 client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (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.	V 118		

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V 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep current the MAR for 1 of 3 clients (Client #3) and failed to ensure that physician orders were followed as prescribed for 1 of 3 clients (Client #3). The findings are: Review on 8/27/19 of Client #3's record revealed: -Admission date: 3/24/09; -Diagnoses: Dementia due to Head Trauma, Impulse Control Disorder, Hypertension, Hyperlipidemia, Diabetes; -2/7/19 physician-ordered medications included: -topiramate (Topamax) 100 milligrams (mg) once daily to prevent and treat seizures and migraines; -Lantus Solos (insulin glargine injection) 100 units milliliters (ml) inject 34 units subcutaneously every morning (AM) and inject 34 units subcutaneously every evening (PM) to treat diabetes; -Fish Oil 1000 mg twice daily to treat triglyceride levels; -metformin (Glucophage) 500 mg every evening with meal; -PreviDent 500 1.1% (sodium fluoride toothpaste) to use daily to treat painful teeth sensitivity; -simvastatin (Zocor) 20 mg once daily to treat high cholesterol and triglyceride levels; -2/7/19, physician-ordered blood sugar checks three times daily and notify nurse if number was less than (<) 60 or greater than (>) 240.	V 118		

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V 118	Continued From page 2 Review on 8/27/19 of Client #3's June 2019-August 2019's MARs revealed: -The Lantus Solos injection and topiramate were blank on 6/3/19, 6/4/19, 6/6/19, 6/7/19 and 7/8/19 at the 8:00 PM dose time; -The Fish Oil, PreviDent, and simvastatin were blank on 6/3/19, 6/4/19, 6/6/19, 6/7/19 and 7/8/19 at the 9:00 PM dose time; -The metformin was blank on 6/6/19, 6/11/19, 6/17/19, 6/24/19, 7/8/19, 7/28/19, 7/31/19 at the 4:00 PM dose time; -There was no MAR documentation that indicated the reason(s) for the blanks regarding the medications; -His blood sugar numbers on his 6/2019 MARS was recorded as 245 on 6/17/19, 245 on 6/25/19, and 247 on 6/29/19; -There was no documentation which indicated a nurse was notified on or about these dates. Attempted interview on 8/26/19 with Client #3 revealed: -He was not available for an interview. Interviews on 8/26/19 with Staff #1, #2 and #4 and revealed: -Client #3 had a diagnosis of diabetes; -His blood sugar was ordered by his doctor to be checked 3 times a day; -Staff monitored (observed) Client #3 check his blood sugar and staff recorded the number on his MAR; -If Client #3 was visiting his family, he was to check his blood sugar and call staff with his number each day to record on his MAR; -If his blood sugar was over 200, they believed a nurse needed to be notified because of the way his MAR was written. Interview on 8/27/19 with the Qualified	V 118		

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V 118	Continued From page 3 Professional (QP) revealed: -It appeared staff quit documenting Client #3's MAR for his evening medications having been given to his family to take later as he was out of the facility on leave; -She acknowledged staff should have been completing the MAR documentation for his evening medication for a reason to given he was not administered his medications at those dosage times; -Staff were allowed to notify a client's physician's office if there was a physician's order or a staff was concerned about a client's blood sugar or blood pressure being greater than or lesser than a certain number; -She would ensure staff were aware of this.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that before employment of personnel, the Health Care Personnel Registry (HCPR) be accessed for 1 of 3 audited staff (Staff	V 131		

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V 131	Continued From page 4 #4). The findings are: Review on 8/29/19 of Staff #4's personnel record revealed: Job position: Direct Support Professional (DSP) Hire date: 4/3/19 -HCPR accessed on 4/3/19 as part of her criminal background check; -A separate HCPR incident was accessed on 4/5/19. Interview on 8/29/19 with the Human Resources Director revealed: -Staff #4's effective hire date was 4/3/19. Interview on 8/29/19 with the Executive Director revealed: -An HCPR check was conducted at the time of a criminal background check and on a separate occasion in an attempt to ensure the time frame before employment was met; -He would continue to follow up on this situation.	V 131		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the	V 367		

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V 367	Continued From page 5 Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of	V 367		

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V 367	Continued From page 6 becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report a Level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident affecting 1 of 3 clients (Client #1). The findings are: Review of the facility's written incident reports on 8/27/19 from 6/7/19 to 8/7/19 revealed: -On 6/25/19 at 3:10 pm and on 7/9/19 at around	V 367		

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V 367	Continued From page 7 12:00 pm, Client #1 had escalated behaviors in which he walked outside to the road and involved local law enforcement; -There was no Level II report to the LME of these two incidents. Interview on 8/26/19 with Client #1 revealed: -He was 34 years old and had been living at the facility over 10 years; -He liked living there and staff were good to him; -His recall of a law enforcement incident did not relate to him. Interviews on 8/26/19 with Staffs #1, #2 and #4 revealed: -They were familiar with Clients #1-#3's behaviors and treatment plans; -Client #1 struggled with acceptance of being told "no;" -He needed to have the answer no explained to him with other options provided if available; -Local law enforcement looked out for Clients #1-#3 often as they patrolled the area and officers calmed Client #1 down at times when he became agitated. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		