

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL018-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2019
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NAME OF PROVIDER OR SUPPLIER VOCA-FOREST RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 4959 FOREST RIDGE DRIVE HICKORY, NC 28602
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V 000	INITIAL COMMENTS An annual and complaint survey was completed on August 29, 2019. The complaint was unsubstantiated (intake #NC00153696). 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 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire drills quarterly on each shift. The findings are: Review on 8/28/19 of the facility fire and disaster drills from July 2018 - June 2019 revealed: -No documentation of fire drills on second shift from July 2018 through September 2018; -No documentation of fire drills on third shift from	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	Continued From page 1 October 2019 through December 2018; -No documentation of fire drills on second shift from April 2019 through June 2019. Interview on 8/28/19 with the Qualified Professional revealed: -Fire drills should have been conducted at a minimum of one per month; -Fire drills were rotated between each shift every month; -The facility operated with three shifts: 8am-3pm, 3pm-10pm and 10pm-8am; -She was not aware of the missing drills.	V 114		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to	V 115		

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V 115	<p>Continued From page 2</p> <p>assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure meals that were to be prepared for clients were nutritious. The findings are:</p> <p>Observation on 8/28/19 between 12:00 pm and 12:25 pm of the facility revealed: -2 bags of pre-packaged lettuce in the refrigerator had expiration dates of 8/22/19; -Both bags of lettuce had browned leaves and one bag of the lettuce contained a brown fluid substance; -1 pack of strawberries had 1-2 strawberries with a white powdery substance.</p> <p>Interview on 8/28/19 with Staff #1 revealed: -She was not aware the lettuce in the refrigerator had expired and had browned; -The lettuce and strawberries needed to be thrown away; -She would not eat these foods or serve these foods to the residents; -Usually 3rd staff went through the refrigerator and threw expired foods away.</p> <p>Interview on 8/28/19 with Home Manager (HM) revealed: -Staff were all responsible for checking the foods in the refrigerator and discarding foods that had expired; -He would discuss with staff to ensure this did type of situation did not reoccur.</p>	V 115		

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</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 review, observation and interview, the facility failed to maintain the MAR</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>current and ensure prescription drugs were administered as ordered by the physician for 3 of 3 audited clients (Clients #1, #2 and #3). The findings are:</p> <p>Review on 8/28/28 of Client #1's record revealed: -Date of admission: 4/15/08 -Diagnoses: Moderate Intellectual Developmental Disability (IDD), Psychotic Disorder Not Otherwise Specified, Seizure Disorder, Schizoaffective Disorder, Major Depressive Disorder, Anxiety Disorder, Gastroesophageal Reflux Disease (GERD), Parkinson's Disease, Dementia, Osteoporosis, Dehydration episode on 7/2/19, Overactive Bladder; -5/9/19 physician-ordered blood pressure check every Monday, notify Registered Nurse (RN) if greater than (>) 150 (systolic pressure) over 90 (diastolic pressure) or less than (<) 90 over 60.</p> <p>Review on 8/28/19 of Client #1's July 2019 and August 2019 MARs revealed: -7/15/19, staff-initialed and recorded blood pressure of 157/86; -7/22/19, staff-initialed and recorded blood pressure of 155/86; -8/12/19, staff-initialed and recorded blood pressure of 164/79; -8/26/19, staff-initialed and recorded blood pressure of 155/86; -There was no written documentation that indicated that an RN had been notified of Client #1's blood pressure numbers on these dates.</p> <p>Interview on 8/28/19 with the Qualified Professional (QP) revealed: -Staff notified her when Client #1's blood pressure was greater than 150 because there was no nurse on the mental health side of the company for staff to notify;</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-She did not recall being notified by staff on the dates Client #1's systolic blood pressure was higher than 150; -Staff were allowed to notify nursing staff of the client's primary care physician.</p> <p>Review on 8/28/28 of Client #2's record revealed: -Date of admission: 11/20/09 -Diagnoses: Mild IDD, Moderate Mood Disorder, Organic Personality Disorder, Recurrent Depression, Sleep Apnea, Epilepsy, Insomnia, GERD, Hypothyroidism, Osteoporosis, Anemia, History of Left Femur Fracture -5/16/19, physician-ordered levothyroxine (Synthroid) 100 micrograms (mcg) once daily with a 7/23/19 physician-ordered increase to 112 mcg once daily to treat hypothyroidism.</p> <p>Review on 8/28/19 of Client #2's July 2019's MAR revealed: -7/23/19, 7/24/19, 7/25/19, the levothyroxine 100 mcg and the levothyroxine 112 mcg were initialed by staff as administered.</p> <p>Interview on 8/28/19 with the QP revealed: -The levothyroxine 112 mcg came in on 7/23/19 but the levothyroxine 100 mcg had not been approved as discontinued in the electronic MAR (EMAR) system the reason both medication doses appeared as administered on the July 2019 MAR; -She had pulled the levothyroxine 100 mcg on 7/23/19 so that the new dose amount was administered.</p> <p>Review on 8/29/19 of Client #3's record revealed: -Date of admission: 1/2/15; -Diagnoses: Impulse Control Disorder, Attention-Deficit Hyperactivity Disorder (ADHD), Moderate Mental Retardation, Seizure Disorder,</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Allergies -7/23/19, physician-ordered trazodone (Desyrel), 50 milligrams (mg) at bedtime to treat depression.</p> <p>Review on 8/29/19 of Client #3's July-August 2019 MARs revealed: -No trazodone listed on July 2019's MAR; -8/1/19 to 8/18/19 were blank on the MAR.</p> <p>Observation on 8/29/19 at 9:00 am of Client #3's medications revealed: -1 pre-packaged daily doses of trazodone 50 mg with a dispense date of 8/17/19; -A handwritten note was attached to the pill package that read, "Do Not Give Until Aug. 30th, 2019."</p> <p>Interview on 8/29/19 with the QP revealed: -7/23/19 and 7/26/19, Client #3's written trazodone prescription was faxed to the pharmacy to be filled; -She understood Staff #1 called the pharmacy the first week of 8/2019 and the pharmacy was waiting was waiting on prior approval for payment; -There was no written documentation that indicated the facility's communication with the pharmacy or Client #3's physician about the delay in filling her trazodone; -8/19/19, trazodone was delivered to the facility and administered to Client #3.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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</p>	V 736		

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V 736	<p>Continued From page 7</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to maintain the facility in a safe, clean, and attractive manner. The findings are:</p> <p>Review on 8/29/19 of a facility written work order dated 8/9/19 revealed: -The Qualified Professional (QP) submitted a written work request to maintenance staff for repair of broken floor tile in Clients #1 and #2's shared bathroom; -The request indicated 3 repair quotes were needed.</p> <p>Observation on 8/28/19 between 12:00 pm and 12:25 pm of the facility revealed: -Client #3's bathroom had brown stains inside her toilet; -The ceiling above the doorway of Client #3's bathroom had peeled paint; -Clients #1 and #2's shared bathroom had broken floor tile next to the bathtub closest to the wall with the moveable handrail.</p> <p>Interview on 8/28/19 with the QP revealed: -She was not certain how long tile had been broken but staff had placed a rug over the area; -She submitted a work order request around the first of 8/2019 to have the floor repaired in Clients #1 and #2's shared bathroom.</p>	V 736		