

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL032-228</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>09/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DEVEREUX RESIDENTIAL SERVICES KINCAID</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5 KINCAID COURT</b> <b>DURHAM, NC 27703</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 9/5/2019. 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 112	<p><b>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></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> <ol style="list-style-type: none"> <li>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</li> <li>(2) strategies;</li> <li>(3) staff responsible;</li> <li>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</li> <li>(5) basis for evaluation or assessment of outcome achievement; and</li> <li>(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.</li> </ol>	V 112		

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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 review and interviews facility staff failed to implement a client's treatment plan affecting one of one client (#1). The findings are:</p> <p>Review on 9/4/19 of client # 1's record revealed: -Admission date of 3/27/11. -Diagnoses of Autism, Moderate Mental Retardation, Attention Deficit Hyperactivity Disorder and Pica. -Behavioral Intervention Plan dated 7/8/19 had the following: "If [Client #1] is observed exhibiting early warning signs of agitation and/or frustration remain with him and monitor him until warning signs are no longer observed. Do not leave him unattended until the warning signs are no longer observed. Do not attempt physical restraint. If [Client #1] exhibits early signs of agitation and/or express frustration e.g. I'm mad, show the choices chart for When I'm mad I can...and encourage him to show what he needs. If [Client #1] continues with the signs of agitation, direct him back to his room for timed calming time/break. Once [Client #1] has calmed, direct his back to his schedule or a choice chart, if appropriate. Monitor [Client #1] for safety during calming time."</p> <p>Review of facility records on 9/4/19 revealed: -An incident report for client #1 dated 8/30/19 had the following: "While shaving [Client #1] he said upset and started attacking staff scratching and trying to bite staff eventually [Client #1] did bite staff on hand. Gave PRN (Pro re nata) and [Client #1] finally calmed down."</p> <p>Interview with staff #1 on 9/4/19 revealed: -Client #1 had an incident about a week ago. -Client #1 got upset with him because he was</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>trying to shave his face.</p> <p>-Client #1 was really agitated and scratched and bit him on the arm.</p> <p>-Client #1 kept trying to attack him.</p> <p>-He left client #1 alone and locked himself in the the bathroom until client #1 calmed down.</p> <p>-Whenever client #1 displays those behaviors he would normally lock himself in another room.</p> <p>-He locked himself in another room in order to give client #1 time to calm down.</p> <p>Interview with the Administrator on 9/4/19 revealed:</p> <p>-She was aware client #1 had an incident with staff #1 about a week ago.</p> <p>-Staff #1 informed her client #1 got upset when he tried to shave him.</p> <p>-Staff #1 informed her that client #1 bit him during the incident.</p> <p>-Staff #1 never indicated he left client #1 unattended during that incident.</p> <p>-Staff #1 never told her that he locked himself in the bathroom.</p> <p>-She confirmed staff #1 failed to implement Behavioral Intervention Plan for client #1.</p>	V 112		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting one of one client (#1). The findings are:</p> <p>Review on 9/4/19 of client # 1's record revealed: -Admission date of 3/27/11. -Diagnoses of Autism, Moderate Mental Retardation, Attention Deficit Hyperactivity Disorder and Pica. -Physician's order dated 3/7/19 for Diazepam 5 mg, one tablet as needed for agitation. -The Controlled Medication Count sheet indicated a Diazepam 5 mg tablet was given to client #1 on 8/30/19.</p> <p>Observation on 9/4/19 at approximately 10:55 AM</p>	V 119		

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V 119	<p>Continued From page 4</p> <p>of the medication area revealed: -The packet of Diazepam 5 mg tablets for client #1 had expired on 12/20/18.</p> <p>Interview on 9/4/19 with the Administrator revealed: -Client #1 would normally get a Diazepam 5 mg tablet if he was agitated. -Client #1 just recently had an incident with staff #1 about a week ago. -Staff #1 gave client #1 the Diazepam 5 mg tablet due to his agitation. -Staff possibly did not realize the Diazepam 5 mg tablets had expired for client #1. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion.</p>	V 119		