

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL064-113</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/28/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OLD MILL RD - BETTER CONNECTIONS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1808 OLD MILL ROAD</b> <b>ROCKY MOUNT, NC 27803</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An Annual and Follow up survey was completed on 8/28/19. Deficiencies were cited.</p> <p>The facility is licensed for the following service categories 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities and 10A NCAC 27G. 5100 Community Respite Services.</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>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 interview the facility failed to ensure medications were administered on the written order of a physician for one of two respite client (#3). The findings are:</p> <p>Record review on 8/27/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- no admission date</li> <li>- diagnoses of Severe Intellectual Development Disorder; Autism &amp; Diabetes</li> <li>- a physician's order dated 2/4/19 "Olanzapine 5mg (milligrams) everyday" (can treat mental disorders)</li> <li>- no physician's order for Glimepiride (can treat type 2 diabetes)</li> </ul> <p>Review on 8/27/19 of client #3's August 2019 MARs revealed:</p> <ul style="list-style-type: none"> <li>- Glimepiride was administered on 8/10/19 &amp; 8/11/19</li> <li>- Olanzapine was not listed on the August 2019 MAR</li> </ul> <p>During interview on 8/28/19 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- client #3 was a respite client</li> <li>- he stayed various days throughout the months</li> <li>- client #3's guardian dropped him off with the medication Glimepiride without a physician's order</li> <li>- the Qualified Professional (QP) will reach out</li> </ul>	V 118		

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V 118	Continued From page 2  to the guardian - the (QP) will inquire about a physician's order for the Glimepiride & if client #3 still used the Olanzapine  [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289		

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V 289	<p>Continued From page 3</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 clients (#2 &amp; #3) met the scope of the program. The findings are:</p> <p>Review on 8/27/19 of the facility's license</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- the facility was licensed for 3 clients &amp; community respite</li> </ul> <p>Review on 8/27/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- admitted 9/16/10</li> <li>- diagnoses Severe Intellectual Development Disorder (IDD); Bipolar &amp; Cerebral Palsy</li> </ul> <p>Review on 8/27/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> <li>- no admission date</li> <li>- diagnosis of Profound IDD</li> </ul> <p>Review on 8/27/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- no admission date</li> <li>- diagnoses of Severe IDD; Autism &amp; Diabetes</li> </ul> <p>During interview on 8/27/19 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- she began at the facility August 2018</li> <li>- a former client was discharged prior to her arrival and the bed was used for respite</li> <li>- client #1 was the only client admitted at this time</li> <li>- client #2 &amp; #3 were respite clients</li> <li>- client #2 &amp; #3 has resided at the facility during the same times</li> <li>- the House Manager (HM) &amp; the Qualified Professional (QP) made staff aware when respite clients would be admitted</li> </ul> <p>During interview on 8/27/19 the House Manager reported:</p> <ul style="list-style-type: none"> <li>- one bed at the facility was used for respite</li> <li>- a guardian had an emergency one time which caused 2 respite clients to be at the facility the same time</li> </ul> <p>During interview on 8/27/19 the QP reported:</p> <ul style="list-style-type: none"> <li>- the facility was licensed for 1 respite bed</li> <li>- there were times when more than one respite</li> </ul>	V 289		

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V 289	Continued From page 5 client resided at the facility	V 289		