

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-087	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER KELLY'S CARE 6		STREET ADDRESS, CITY, STATE, ZIP CODE 156 US HWY-122-A FOREST CITY, NC 28043		
(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	INITIAL COMMENTS An annual survey was completed on September 18, 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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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>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep current the client MAR for 1 of 3 sampled clients (Client #2). The findings are:</p> <p>Review on 9/18/19 of Client #2's record revealed: -He was 24 years old and diagnosed with Infantile Autism, Generalized Anxiety Disorder, Mixed Personality Disorder and a history of Traumatic Brain Injury; -His 6/29/19 treatment plan had him with a continued need for support with his personal hygiene; -1/25/19, his physician-ordered external medications included: -Triamcinolone Lotion 0.1% apply twice daily to scalp to treat eczema and/or psoriasis; -Hydrocortisone Cream 2.5 % apply twice daily to face to treat eczema and/or dermatitis; -Ketoconazole Cream 2% apply twice daily to face to treat dermatitis; -His physician-orders for Ketoconazole 2% Shampoo changed from an 8/2019 order to use twice weekly to a 9/6/19 order to use daily.</p> <p>Review on 9/18/19 of Client #2's July 2019-September 2019 MARs revealed: -7/7/19, 7/13/19 through 7/15/19 for the 8 AM administration time, the Triamcinolone Lotion 0.1%, Hydrocortisone Cream 2.5 %, and Ketoconazole Cream 2% were circled and staff-initialed; -7/7/19, 7/13/19, 7/14/19, and 7/15/19 for the administration time between 7 AM to 2:59 PM, the Ketoconazole 2% Shampoo were circled and</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>staff-initialed; -7/12/19, 7/13/19 through 7/15/19 for the 8 PM administration time, the Triamcinolone Lotion 0.1%, Hydrocortisone Cream 2.5 % and Ketoconazole Cream 2% were circled and staff-initialed; -8/30/19 through 9/2/19 and on 9/7/19 for the 8 AM administration time, the Triamcinolone Lotion 0.1% was circled and staff-initialed; -8/30/19 through 9/2/19 for the 8 AM administration time, the Hydrocortisone Cream 2.5 % and Ketoconazole Cream 2% were circled and staff-initialed; -On 8/30/19, the Ketoconazole 2% Shampoo was circled and staff-initialed; -8/29/19 through 9/1/19 for the 8 PM administration time, the Triamcinolone Lotion 0.1%, Hydrocortisone Cream 2.5 %, and Ketoconazole Cream 2% were circled and initialed; -There were no exception codes or reason(s) documented on the July-September 2019 MARs that indicated why these medications were circled and initialed by staff.</p> <p>Review on 9/18/19 of a written note with a fax date of 9/18/19 revealed: -The electronic MAR had experienced "a few glitches" and appeared there was an exception on a medication; - "This error has been corrected;" -The note was signed by the pharmacy.</p> <p>Interview on 9/17/19 with Client #2 revealed: -He had prescribed facial creams he put on because of one of his goals was to maintain good hygiene.</p> <p>Interview on 9/18/19 with Staff #1 revealed: -She did not know the reason why Client #2's</p>	V 118		

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V 118	Continued From page 3 external medications did not show up in the exceptions section of the MAR; -She was aware Client #2 was given his medications by staff at a sister facility where he spent the weekend of 8/30/19 through 9/2/19. Interview on 9/18/19 with the facility's Registered Nurse (RN) and the Director of Operations/Qualified Professional (QP) revealed: -Client #2 received his external medications from staff; -He spent the weekend of 8/30/19 at a sister facility with a friend as there was a bed vacant at the time; -They understood the medication exceptions for the prescribed external medications on the client MARs needed to be documented the same as for the prescribed internal client medications.	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 health	V 131		

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V 131	Continued From page 4 care personnel, the Health Care Personnel Registry (HCPR) was not accessed for 2 of 3 audited staff (Staffs #2 and #3). The findings are: Review on 9/18/19 of Staff #2's personnel record revealed: Job position: House Staff Hire date: 4/25/18 HCPR accessed: 4/27/18. Review on 9/18/19 of Staff #3's personnel record revealed: Job position: House Staff Hire date: 6/27/19 HCPR accessed: 6/28/19. Interview on 9/18/19 with the Director of Operations/Qualified Professional (QP) revealed: -Staff were not placed in the facility to work directly with clients until their criminal background checks and HCPR checks were cleared; -He would need to clarify the staff hire dates in the personnel records.	V 131		
V 736	27G .0303(c) Facility and Grounds Maintenance 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 odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to be kept free from insects and be	V 736		

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V 736	<p>Continued From page 5</p> <p>maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 9/18/19 between 11:36 am- 12:05 pm of the facility revealed:</p> <ul style="list-style-type: none"> -The window at the head of Client #4's bed had a large spider web that stretched from a right to left corner in his window and between the glass pane and window screen with the bottom of the window having 2 places where insects had entered his room; -2-3 insects were lying dead on the inside of his window sill; -There was black debris on the bottom of his window sill; -A black line of debris was at the bottom of the window sill beside the vacant bed in Client #4's bedroom; -The ceiling in the shared bathroom closest to Client #2's bedroom had ceiling material peeling apart at the seam and the wall paint around the window in the shower was peeling. <p>Interview on 9/18/19 with the Director of Operations/Qualified professional (QP) revealed:</p> <ul style="list-style-type: none"> -He would have this spider web removed from Client #4's window today; -He would assess the repairwork needed in the shared bathroom. 	V 736		