STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-088	A. BUILDING: _____ B. WING _____	R 09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S	203 SPRUCE STREET WILSON, NC 27893

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 9/19/19. Defeciencies 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews observations, and interviews, the facility failed to provide training to meet the needs of the clients for 3 of 3 direct care staff audited (#1, #2, #4). The findings are: Review on 9/18/19 and 9/19/19 of client #1's record revealed: -69 year old male admitted 8/1/14. -Diagnoses included psychotic disorder; pervasive developmental disorder, unspecified; moderate intellectual disabilities; hypertension; angina pectoris unspecified; hypercholesterolemia; coronary artery disease; acute on chronic diastolic heart failure; acute on chronic kidney failure stage III; permanent atrial fibrillation; iron deficient anemia; chronic thrombocytopenia; dyslipidemia; seizure disorder, chronic; hypothyroidism; vertigo unspecified. -Physician order dated 4/29/19 for oxygen at 2 liters per minute. Observation on 9/18/19 between 2 pm and 3 pm revealed: -Client #1 was receiving oxygen continuously as he ambulated around the home. -His tubing was long enough for him to walk from his room to the kitchen. -His tubing was connected to an oxygen concentrator in his room. The flow rate was set at 2 liters per minute. Review on 9/18/19 and 9/19/19 of client #4 's	V 108		

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V 108	Continued From page 2	V 108		

record revealed:
-26 year-old male.
-Admission date 10/29/13.
-Diagnoses including Impulsive control disorder-unspecified, attention deficit hyperactive disorder-combined type, oppositional defiant disorder, mild intellectual developmental disability.
-Continuous positive airway pressure (CPAP) as a medical needed support in his support needs assessment completed 7/23/18 and individual support plan completed 11/1/18.

Observation on 9/18/19 at approximately 2:00pm of client #4 's bedroom revealed a CPAP machine and sanitizer machine on the nightstand beside his bed.

Review on 9/19/19 of staff #1's personnel filed revealed:
-Hire date 10/5/17.
-No documentation of training on oxygen therapy/safety, sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine.

Review on 9/19/19 of staff #2's personnel filed revealed:
-Hire date 3/1/12.
-No documentation of training on oxygen therapy/safety, sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine.

Review on 9/19/19 of staff #4's personnel filed revealed:
-Hire date 2/19/10.
-No documentation of training on oxygen therapy/safety, sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine.

Interview on 9/19/19 the Qualified Professional

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V 108	Continued From page 3 (QP) stated: -There had not been any staff training about sleep apnea, client #4's CPAP or the CPAP cleaning and sanitizer equipment. -She could not identify training on oxygen therapy and safety. -She would try to find another registered nurse to do trainings.	V 108		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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.	V 112		

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V 112	Continued From page 4 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of five audited clients (#4). The findings are: Review on 9/18/19 and 9/19/19 of client #4's record revealed: -26 year-old male. -Admission date 10/29/13. -Diagnoses including Impulse control disorder-unspecified, attention deficit hyperactive disorder-combined type, oppositional defiant disorder, mild intellectual developmental disability. Review on 9/18/19 and 9/19/19 of client #4's individual support plan (ISP) dated 11/1/18 revealed: -Client #4 had an alarm outside of his bedroom door. -Client #4 would awaken at night. -Staff wanted to prevent potential sexual behaviors. Review on 9/18/19 and 9/19/19 of client #4's support needs assessment completed 7/23/18 revealed: -Alarm outside of client #4's bedroom door as a safety support in the home. Observation on 09/18/19 at approximately 2:45pm revealed: -No alarm secured around client #4's bedroom Interview on 09/18/19 client #4 stated:	V 112		

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V 112	Continued From page 5 - He did not have an alarm outside of his bedroom door. Interview on 09/19/19 the Qualified Professional (QP) stated: -Client #4 used to have an alarm by his door. -She would have the alarm re-installed. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 112		
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.	V 118		

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V 118	Continued From page 6 (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. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 2 of 3 clients (#1, #4). The findings are: Finding #1: Review on 9/18/19 and 9/19/19 of Client #1's record revealed: -69 year old male admitted 8/1/14. -Diagnoses included psychotic disorder; pervasive developmental disorder, unspecified; moderate intellectual disabilities; hypertension; angina pectoris unspecified; hypercholesterolemia; coronary artery disease; acute on chronic diastolic heart failure; acute on chronic kidney failure stage III; permanent atrial fibrillation; iron deficient anemia; chronic thrombocytopenia; dyslipidemia; seizure disorder, chronic; hypothyroidism; vertigo unspecified. -Seen in the Emergency Department 9/16/19 for chest wall pain. Ordered Tramadol 50 mg (milligrams) every 6 hours as needed for chest pain not to exceed 4 tablets a day for 3 days. -Order dated 11/27/18 for Incruse Ellipta Inhaler, 62.5 mcg (micrograms), 1 puff daily. (Chronic Obstructive Lung Disease) Review on 9/18/19 and 9/19/19 of Client #1's September 2019 MAR revealed:	V 118		

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V 118	Continued From page 7 -The order for Tramadol 50 mg every 6 hours as needed for pain had not been transcribed to the MAR. -Incruse Ellipta Inhaler, 62.5 mcg had been documented daily at 8 am. Observations on 9/18/19 at 4:50pm of Client #1's medications on hand revealed: -Bubble pack label read, Tramadol 50 mg every 6 hours as needed for pain; a quantity of 13 tablets had been dispensed. Bubble pack contained the 13 tablets dispensed. -No Incruse Ellipta Inhaler, 62.5 mcg, on hand. Interview on 9/18/19 Staff #2 stated: -Client #1's Incruse Ellipta Inhaler had been ordered from the pharmacy. -She did not know if the inhaler had been delivered to office. -The pharmacy delivered medications to the office. The medications were then taken to the home. Finding #2: Review on 9/18/19 and 9/19/19 of Client #4 's record revealed: -26 year-old male. -Admission date 10/29/13. -Diagnoses including Impulse control disorder-unspecified, attention deficit hyperactive disorder-combined type, oppositional defiant disorder, mild intellectual developmental disability. -Order dated 7/22/19 for ProAir Hydrofluoroalkane (HFA) Aerosol, 2 puffs four times a day. (used to prevent asthma). -He needs full physical support for taking medications. -No physician order to self administer any medications.	V 118		

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V 118	Continued From page 8 Review on 9/18/19 and 9/19/19 of Client #4's MAR's revealed: July 2019 -Staff documentation for 12pm and 4pm dosage of ProAir HFA Aerosol inhaler. August 2019 -Staff documentation for 12pm and 4pm dosage of ProAir HFA Aerosol inhaler. September 2019 -Staff documentation for 12pm and 4pm dosage of ProAir HFA Aerosol thru 8am. Observation on 9/18/19 at approximately 4:20pm of Client #4 when he arrived home revealed two ProAir HFA Aerosol inhalers in sandwich bag which he took to his bedroom. Interview on 9/18/19 Client #4 stated: -He always took the inhalers with him every time he leaves home. -He inhaled the 2 puffs at 12pm and 4pm whenever he is away from home. -Staff told him to make sure he takes the inhalers with him. -Staff told him to do it. -His community worker does not administer the medication. Interview on 9/18/19 with Staff #1 stated: -Client #4 inhales his 12pm and 4pm dose without staff assistance. -Client #4 took his inhalers with him so that he could inhale the medicine while he is in the community. Interview on 9/19/19 the Quaified Professional stated: -She did not know if client #4 had an order to self administer his medications.	V 118		

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V 118	Continued From page 9 -She would have to check client #4's chart. -She understood that medication must be administered by staff unless there is an order to self administer medications.	V 118		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy. This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of three audited clients (#4). The findings are: Review on 9/18/19 and 9/19/19 of client #4 's record revealed: -26 year-old male. -Admission date 10/29/13. -Diagnoses including Impulse control	V 539		

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disorder-unspecified, attention deficit hyperactive disorder-combined type, oppositional defiant disorder, mild intellectual developmental disability.
-Individual support plan (ISP) completed 11/1/18 with no mention a camera being used.
-A consent to audio and video record that was not granted by guardian.
-A behavior support plan (BSP) completed 7/6/19 with no strategy for use of camera.

Observations during a tour of the facility on 9/18/19 at approximately 2:00pm revealed:
-A surveillance camera in the corner of the left ceiling in the living room.
-A screen for viewing secured to the wall in the living room.
-The inside of Client #4's bedroom when the viewing screen was turned on by the safety officer.
-A surveillance camera in a corner of the ceiling in the kitchen.
-A screen for viewing secured to the wall in the kitchen.
-A 360 degree camera on an end table in the living room pointed towards client #4's bedroom door.
-A remote to control the 360 degree camera sitting on a desk in the living room.
-The inside of Client #4's bedroom when the 360 degree camera was turned on by the safety officer.

Interview on 9/18/19 with Client #4 stated:
-He had been aware of the camera.
-The camera had been installed in case they would fight.

Interview on 9/18/19 with Staff #1 stated:
-She did not use either of the cameras.

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V 539	Continued From page 11 Interview on 9/18/19 the Safety Officer stated: -The cameras had been installed over a year ago. -They were trying to have safeguards in place. -Client #4 is more aggressive and may try to touch other clients. -Staff cannot access cameras but he can from his phone. -He would contact the company to see if they can move the camera. Interview on 9/19/19 the Qualified Professional stated: -Client #4 had behaviors. -Staff needed to know when client #4 left his bedroom. -Client #4 closed his bedroom door when he was in his room. -She could access camera from her phone. -They would adjust the cameras so they were not directed at client #4 's bedroom.	V 539		