STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-165	A. BUILDING: _____ B. WING _____	09/19/2019

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MISS DAISY'S 1309	1309 GROVE STREET WILSON, NC 27893

(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 9/19/19. 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 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 client for 3 of 3 direct care staff audited (Group Home Manager, Staff #1, Staff #5). The findings are: Review on 9/18/19 of client #1's record revealed: -67 year old male. -Admission date 8/11/06. -Diagnoses included profound intellectual disability, psychozoaffective disorder/bipolar type, dementia, mood disorder, chronic mental illness, tuberculosis-inactive, diabetic type 2, hypertension, obesity. -Physician order dated 4/3/19 for continuous positive airway pressure (CPAP) at bedtime. Observation on 9/18/19 at approximately 9:30am revealed: -A CPAP machine beside client #1's bed. -A CPAP cleaning and sanitizer machine beside client #1's bed. Review on 9/19/19 of Staff #1's personnel record revealed: -Hire date 11/5/96. -Paraprofessional. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Review on 9/19/19 of Staff #5's personnel record revealed:	V 108		

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V 108	Continued From page 2 -Hire date 6/23/02. -Paraprofessional. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Review on 9/19/19 of the Group Home Manager's personnel record revealed: -Hire date 7/10/14. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Interview on 9/19/19 the Qualified Professional (QP) stated: -There had not been any staff training about sleep apnea, client #1's CPAP or the CPAP cleaning and sanitizer equipment. -She would try to find another registered nurse to do trainings.	V 108		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription	V 117		

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V 117	Continued From page 3 drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to maintain pharmacy packaging labels as required for each prescription drug dispensed for 2 of 3 audited clients (#1, #3). The findings are: Finding #1: Review on 9/18/19 of client #1's record revealed: -67 year old male. -Admission date 8/11/06. -Diagnoses included profound intellectual disability, psychozoaffective disorder/bipolar type, dementia, mood disorder, chronic mental illness, tuberculosis-inactive, diabetes type 2, hypertension, obesity. Review on 9/18/19 of client #1's September 2019 MAR's revealed: -Combivent Aerosol 20-100, inhale 1 puff every 6 hours.	V 117		

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V 117	Continued From page 4 Observation on 9/18/19 at approximately 11:15am of client #1's medications revealed: -Combivent Aerosol 20-100 without a label. Finding #2: Review on 9/18/19 of client #3's record revealed: -64 year old female admitted 11/1/99. -Diagnoses included schizoaffective disorder, bipolar type; essential (primary) hypertension; allergies; seizure disorder; severe intellectual disability disorder; tobacco use disorder. -Order dated 1/18/19 for Symbicort Inhalation Aerosol 80-4.5 (Budesonide 80 mcg (micrograms) and formoterol fumarate dihydrate 4.5 mcg per inhalation), 2 puffs twice daily. -Order dated 4/16/19 for Chlorhexidine gluconate 0.12% mouth rinse twice daily. Observation on 9/18/19 at 12:16 pm of client #2's medications on hand revealed: -1 Symbicort Inhaler in a plastic bag without a label. The dosage on the inhaler read, 160/4.5 (Budesonide 160 mcg and formoterol fumarate dihydrate 4.5 mcg per inhalation). -1 bottle of Chlorhexidine gluconate 0.12% mouth rinse. No pharmacy label on the medication. Interview on 9/18/19 Staff #1 stated: -She did not know what happened to the missing labels. -Another staff may have thrown the labels away. Interview on 9/18/19 the Safety Officer stated: -He didn't know why the Combivent Aerosol wasn't labeled. Interview on 9/19/19 the Qualified Professional stated: -The medicine should be labeled. -She would train her staff to leave the medicine in	V 117		

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V 117	Continued From page 5 the original pharmacy packaging. - She would speak with the pharmacist about packaging and labeling of the medications.	V 117		
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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V 118	Continued From page 6 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, #3). The findings are: Finding #1: Review on 9/18/19 of client #1's record revealed: -67 year old male. -Admission date 8/11/06. -Diagnoses included profound intellectual disability, psychozoaffective disorder/bipolar type, dementia, ,mood disorder, chronic mental illness, tuberculosis-inactive, diabetes type 2, hypertension, obesity. -FL2 order dated 4/3/19 for Travatan Z Drops 0.004%, 1 drop in each eye every day, 3-5 minutes between eye drops. (used to treat Glaucoma) Review on 9/18/19 of client #1's September 2019 MAR revealed: -Travatan Z Drops 0.004%- Instill 1 drop into each eye every day, 3-5 minute between eye drops at 8PM. Record Review on 9/18/19 at 9:55am of client #1's September 2019 MAR revealed -Pre-signed initials on 9/18/19 for the 8PM Travatan Z Drops 0.004%. Client #1 was not able to be interviewed on 9/18/19 due to being non-verbal. Finding #2: Review on 9/18/19 and 9/19/19 of client #3's record revealed:	V 118		

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V 118	Continued From page 7 -64 year old female admitted 11/1/99. -Diagnoses included schizoaffective disorder, bipolar type; essential (primary) hypertension; allergies; seizure disorder; severe intellectual disability disorder; tobacco use disorder. -Order dated 1/18/19 for Symbicort Inhalation Aerosol 80-4.5 (Budesonide 80 mcg (micrograms) and formoterol fumarate dihydrate 4.5 mcg per inhalation), 2 puffs twice daily. (chronic obstructive pulmonary disease, asthma) -Order dated 4/16/19 for Chlorhexidine gluconate 0.12% mouth rinse twice daily. (gingivitis) -Order dated 1/18/19 for Flonase Nasal Spray 50 mcg, 2 sprays in each nostril every other day as needed. (allergy relief) -Order dated 1/18/19 for Atorvastatin 20 mg (milligrams) daily (lowers cholesterol) -Order dated 1/18/19 for Albuterol HFA (hydrofluoroalkane), 1-2 puffs every 4-6 hours as needed for shortness of breath or wheezing. Review on 9/18/19 and 9/19/19 of client #3's MARs for July, August, and September 2019 revealed: -Symbicort Inhalation Aerosol 80-4.5 had been documented as administered twice daily at 8 am and 8 pm from 7/1/19 (8 am) - 9/18/19 (8 am). -Chlorhexidine gluconate 0.12% mouth rinse was scheduled to be administered at 8 am and 8 pm daily. Staff had circled the initials on the MAR for 9/17/19 and 9/18/19. Comment, "Waiting on dentist," had been written on the MAR. -Flonase nasal spray 50 mcg, 2 sprays in each nostril every other day as needed had been transcribed to the MAR with a scheduled dosing time of 8 am. Staff had documented Flonase had been administered daily from 7/1/19 (8 am) - 9/18/19 (8 am). -Atorvastatin 20 mg was transcribed to be administered daily at 8 am. Atorvastatin 20 mg	V 118		

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V 118	Continued From page 8 had not been documented as administered at 8 am on 9/18/19. -Albuterol HFA (hydrofluoroalkane), 1-2 puffs every 4-6 hours as needed for shortness of breath or wheezing had been transcribed to the MARs. None had been documented as administered from 7/1/19 (8 am) - 9/18/19 (8 am). Observations on 9/18/19 at 12:16 pm of client #3's medications on hand revealed: -1 Symbicort Inhaler in a plastic bag. The dosage on the inhaler read, 160/4.5 (Budesonide 160 mcg and formoterol fumarate dihydrate 4.5 mcg per inhalation). -1 bottle of Chlorhexidine gluconate 0.12% mouth rinse. Solution was present in the bottle, but unable to see through the brown plastic bottle to estimate quantity. -No Flonase nasal spray on hand. -No Albuterol HFA inhaler on hand. Telephone interview on 9/19/19 the Pharmacy Staff stated: -The last dispense date for client #3's Symbicort Inhaler was 9/18/19. It had been dispensed in the tote. The order and label should read, "80/4.5." -Client #3's Flonase was ordered for every other day as needed. She could see having a dosage time on the MAR could cause confusion and may have contributed to staff administering daily. She would remove the dosing time. -Client #3's Peridex (Chlorhexidine gluconate 0.12% mouth rinse) had been dispensed in April, May, and June. They had received the last refill request on 6/28/19 and had dispensed. -An order for client #3 had been received that morning (9/19/19) for Peridex. -Client #3's Albuterol inhaler had not been filled since 2015.	V 118		

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V 118	Continued From page 9 Interview on 9/18/19 Staff #1 stated: -The circles on client #3's MAR mean the medication had not been administered. The pharmacy would not refill the order until client #3 saw her dentist again. She had an appointment on 9/19/19. Interviews on 9/18/19 and 9/19/19 the Safety Officer stated: -Client #3's Symbicort Inhaler dispensed 9/18/19 would have been taken to the home the morning of 9/19/19. -He did not know where the Symbicort Inhaler, dosage 160/4.5, could have come from that had been stored with client #3's medications. -He had no knowledge of client #3's Albuterol inhaler or Flonase. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 363	G.S. 122C-61 Treatment rights in 24-hour facilities. § 122C-61. Treatment rights in 24-hour facilities. In addition to the rights set forth in G.S. 122C-57, each client who is receiving services at a 24-hour facility has the following rights: (1) The right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay. The facility may seek to collect appropriate reimbursement for its costs in providing the treatment and prevention; and (2) The right to have, as soon as practical during treatment or habilitation but not later than the	V 363		

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V 363	Continued From page 10 time of discharge, an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible. A discharge plan may not be required when it is not feasible because of an unanticipated discontinuation of a client's treatment. With the consent of the client or his legally responsible person, the professionals responsible for the plans shall contact appropriate agencies at the client's destination or in his home community before formulating the recommendations. A copy of the plan shall be furnished to the client or to his legally responsible person and, with the consent of the client, to the client's next of kin. (1973, c. 475, s. 1; c. 1436, ss. 6, 7; 1981, c. 328, ss. 1, 2; 1985, c. 589, s. 2.) This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement an individualized written discharge plan containing recommendations for further services designed to enable the client to live as normally as possible affecting 1of 1 former clients audited (Former Client (FC) #4). The findings are: Review on 9/17/19 of FC#4's record revealed: -57 year old female. -Admission date on face sheet was 12/30/99. -No discharge date when FC #4 was moved to a sister facility. -Diagnoses included schizophrenia, paranoid type; moderate intellectual disability; gastroesophageal reflux disease (GERD); obesity; chronic constipation. -No documentation of discharge plan or reason FC #4 was discharged and moved to a sister facility.	V 363		

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V 363	Continued From page 11 Telephone interview on 9/19/19 FC #4's Guardian stated: -FC #4 was moved to the home next door several months ago. It may have been about 4 months age. -He had been informed of the move about 2 weeks prior to her move. -He could not recall the reason for the move. -There was no problem that necessitated the move. Telephone interview 9/19/19 the Licensee/Qualified Professional stated: -FC #4 was moved to a sister facility without being discharged from this facility. -She did not understand the facility had to follow the discharge policies and develop a discharge plan when a client was moved to a sister facility. -She would review her procedures to correct this in the future.	V 363		