STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-163	A. BUILDING: _____ B. WING _____	09/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISS DAISY'S HOMESITE	1307 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 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105		

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V 105	Continued From page 1 (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies for admission. The findings are:	V 105		

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V 105	Continued From page 2 Review on 9/17/19 of client #2's record revealed: -57 year old female. -Admission date on face sheet was 12/30/99. -No admission date when client #2 was moved into the facility from the sister facility. -Diagnoses included schizophrenia, paranoid type; moderate intellectual disability; gastroesophageal reflux disease (GERD); obesity; chronic constipation. -No admission assessment documented when client #2 was admitted to the current facility. -No documentation of the reason client #2 was admitted to the current facility. Review on 9/19/19 of the facility admission policy's revealed: -There were no different procedures for admission from a sister facility. -An admission assessment was required to include, but not limited to, documentation of the admission date and reason for admission. Interview on 9/17/19 the Supervisor stated: -Client #2 moved from the sister facility next door following the discharge of a former client. -Client #2 was moved because it was felt this facility was a better "fit." Nothing "negative" had happened to cause the move. -She thought the client was admitted around September 12, 2018, but was not sure. -She could not find documentation of the admission date. Interview on 9/17/19 client #2 stated living in the facility was "all right." Telephone interview 9/19/19 the Licensee/Qualified Professional stated: -Client #2 was moved from a sister facility without	V 105		

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V 105	Continued From page 3 being discharged from the sister facility, and then admitted to this facility. -She did not understand the facility had to follow the admission policies for admission if the client was moved from a sister facility. -She would review her procedures to correct this in the future.	V 105		
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	V 108		

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V 108	Continued From page 4 and communicable diseases of personnel and 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 2 of 2 direct care staff audited (Supervisor, Staff #3). The findings are: Review on 9/17/19 of client #1's record revealed: -49 year old female -Admission date 12/23/03 -Diagnoses included mild intellectual disabilities, unspecified mood disorder, unspecified psychological condition, unspecified psychosis, cerebral palsy, seizure disorder, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), history of head injury as a child. -Continuous positive airway pressure (CPAP) machine used at night due to sleep apnea in treatment plan dated 7/3/19. Observation on 9/17/19 at 12:15pm revealed: -CPAP cleaner and sanitizer, Cords, mask and tubing for CPAP machine at client #1's bedside. -No CPAP machine. Review on 9/17/19 of the Supervisor's personnel file revealed: -Hire date, 5/7/97. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Review on 9/17/19 of staff #3's personnel file	V 108		

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V 108	Continued From page 5 revealed: -Hire date, 2/25/02. -No documentation of training on sleep apnea, CPAP, or the CPAP cleaner and sanitizer machine. Interview on 9/19/19 the Qualified Professional stated: -There had not been any staff training about client #1's sleep apnea, CPAP or the CPAP cleaning and sanitizer equipment.. -She would try to find another registered nurse to do trainings .	V 108		
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;	V 118		

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V 118	Continued From page 6 (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. This Rule is not met as evidenced by: Based on record reviews, observations 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 audited (clients #1, #2,). The findings are: Finding #1: Review on 9/17/19 of client #1's record revealed: -49 year old female admitted 12/23/03. -Diagnoses included mild intellectual disabilities, unspecified mood disorder, unspecified psychosis cerebral palsy, seizure disorder, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), chronic mental illness, allergies. Review on 9/17/19 of client #1's physician orders dated 4/12/19 revealed: -Pantoprazole 40 milligrams (mg) 2 tablets twice a day before breakfast and supper (GERD). -Doxepin 10mg, 1 at bedtime (antidepressant). -Risperidone 3 mg, 2 tablets at bedtime (schizophrenia). Review on 9/17/19 at approximately 1:00pm of client #1's September 2019 MAR's revealed: -The following medications, scheduled to be	V 118		

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V 118	Continued From page 7	V 118		

administered at 5 pm, had been documented as administered on 9/17/19 at 5 pm:
-Pantoprazole 40 mg before supper.
-The following medications, scheduled to be administered at 8 pm, had been documented as administered on 9/17/19 at 8 pm:
-Doxepin 10 mg.
-Risperidone 3 mg.

Finding #2:
Review on 9/17/19 of client #2's record revealed:
-57 year old female admitted 12/20/99.
-Diagnoses included schizophrenia, paranoid type; moderate intellectual disability, GERD; obesity; chronic constipation.

Review on 9/17/19 of client #2's physician orders dated 1/31/19 revealed:
-Amitza 24 mcg (micrograms) twice daily. (chronic constipation)
-Chlorhexidine gluconate 0.12% oral rinse, rinse for 30 seconds with 15 milliliters(ml) twice daily. (gingivitis)
-Lorazepam 1 mg twice daily. (anxiety disorders)
-Miralax 17 gm (grams) twice daily. (constipation)
-Aspirin 81 mg chew, administer 30 minutes prior to Simcor (Simvastatin)
-Depakote 500 mg, 2 tablets at bedtime. (mood stabilizer, seizure disorder)
-Fish oil 500 mg at bedtime. (dietary supplement)
-Folic Acid 1 mg at bedtime. (vitamin supplement)
-Vitamin D 2000 units daily. (vitamin supplement)
-Simvastatin 20 mg daily. (cholesterol medication)
-Tylenol 500 mg every 6 hours as needed. (pain or elevated temperature)
-Chest Rub on toes as needed. (toenail fungus)
-Robafen DM (Dextromethorphan) Liquid 10-100 mg, 5 ml every 4 hours as needed for cough.

Review on 9/17/19 (between 1 pm and 2 pm) of

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V 118	Continued From page 8 client #2's September 2019 MARs revealed: -The following medications, scheduled to be administered at 8 pm, had been documented as administered on 9/17/19 at 8 pm: -Amitza 24 mcg (micrograms) -Chlorhexidine gluconate 0.12% oral rinse , rinse for 30 seconds with 15 ml -Miralax 17 gm (grams) -Aspirin 81 mg chew -Depakote 500 mg, 2 tablets -Fish oil 500 mg -Folic Acid 1 mg -Simvastatin 20 mg -Vitamin D 2000 units was not documented as administered on 9/17/19 at 8 am as scheduled on the MAR. -Lorazepam 1 mg was not documented as administered on 9/17/19 at 8 am as scheduled on the MAR. -Aspirin 81 mg chew and Simvastatin 20 mg were both scheduled to be administered at the same time daily, 8 pm. (Aspirin 81 mg was ordered to be administered 30 minutes prior to the Simvastatin.) Observations on 9/17/19 at 1:48 pm of client #2's medications on hand revealed there was no Tylenol 500 mg, Chest Rub, or Robafen DM Liquid 10-100 mg on hand for use as needed. Interview on 9/17/19 the Supervisor stated: -She was sure she had administered all of the 8 am medications. If she had not initialed the MARs, it would have been a documentation error. -She initialed the 8 pm medications in error. None of the 8 pm medications had been administered. -She was working a double shift. She typically worked the evening shift. This may have been the reason she made the documentation errors.	V 118		

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V 118	Continued From page 9 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 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.	V 291		

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V 291	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to maintain coordination between the facility operator and other professionals responsible for the client care for 1 of 3 audited clients (#1). The findings are: Review on 9/17/19 of client #1's record revealed: -49 year old female admitted 12/23/03. -Diagnoses included mild intellectual disabilities, unspecified mood disorder, unspecified psychosis, cerebral palsy, seizure disorder, hypertension, hyperlipidemia, gastroesophageal reflux disease (GERD), chronic mental illness and allergies. Observations on 9/17/19 at 12:15pm revealed: -Continuous positive airway pressure (CPAP) cleaner and sanitizer, cords, mask and tubing for CPAP machine at client #'s bedside. -No CPAP machine. During interview on 9/17/19 client #1 stated: -She was supposed to use the CPAP nightly. -Her CPAP machine had broken and was being repaired. -She did not know who was doing the repair. -She was not sure how long she had been without it. Interview on 9/17/19 the Supervisor stated: -Client #1 was supposed to use the CPAP machine nightly. -She did not know how long client #1 had been without the use of the CPAP machine. During interview on 9/17/19 the Safety Officer stated:	V 291		

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V 291	Continued From page 11 -Client #1's CPAP machine had been at the repair shop for maybe 2 weeks or more. -No efforts had been made to secure another CPAP machine during the repair. Interview on 9/19/19 the Qualified Professional stated: -Client #1's CPAP machine was being repaired. -She would follow up on the CPAP machine repairs.	V 291		