

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/16/2019
NAME OF PROVIDER OR SUPPLIER LOVING CARE SUPERVISED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 209 OVERTON DRIVE ROCKY MOUNT, NC 27804		
(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 & follow up survey was completed on 9/16/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	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		

DHSR-Mental Health
OCT 09 2019
Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

3C6F11

If continuation sheet 1 of 7

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one of five clients (#3) self administered medications upon the written order of a physician. The findings are:</p> <p>Record review on 9/13/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/1/16 - diagnoses of Diabetes; Schizoaffective Disorder & PolySubstance (full remission) <p>Review on 9/13/19 of September 2019 MAR for client #3 revealed the following medications:</p> <ul style="list-style-type: none"> - Jardiance 10mg everyday (diabetes medication used to lower blood sugars) - Trazadone 100mg 2 bedtime (can treat depression) - Ziprasidone 80mg twice a day (can treat schizophrenia & bipolar disorder) - Atorvastatin 40mg everyday (can treat high cholesterol) - Escitalopram 10mg everyday (can treat depression & anxiety) <p>Observation on 9/13/19 at 1:27pm revealed client #3's medications not at the facility</p> <p>During interview on 9/13/19 the Licensee reported:</p> <ul style="list-style-type: none"> - client #3 went home on the weekends to visit his mother - he was allowed to drive himself home on the weekends - he took all of his medications 	V 118	<p>Loving Care Owner/operator will ensure that any client who is capable of self-administering his own medications have a self-administering order authorized in writing by his physician.</p> <p>Loving Care Owner/operator will ensure that the client self-administering order is signed and dated by the client's physician. Copies of the order will be filed in the client records for review.</p> <p>Loving Care owner/operator will ensure that no clients served will administer or transport their medications without a physician written and signed order specifying that they are capable of doing so.</p>	10-30-19	

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V 118	Continued From page 2 - client #3 was capable of self administering his own medications - client #3 does not have a self administer order but she would obtain one	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	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other qualified professionals for one of five clients (#5) treatment. The findings are:</p> <p>Record review on 9/13/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 11/1/16 - diagnoses of Diabetes; Schizoaffective Disorder & PolySubstance (full remission) - a physician's order dated 8/20/19 for Trazadone 100mg 2 bedtime - a physician's order dated 8/22/19 for Trazadone 150mg bedtime <p>Review on 9/13/19 of September 2019 MAR for client #3 revealed the following medications:</p> <ul style="list-style-type: none"> - Trazadone 100mg 2 bedtime (can treat depression) <p>During interview on 9/13/19 the pharmacist reported:</p> <ul style="list-style-type: none"> - Trazadone 100mg was filled on 8/20/19 - a physician's order for Trazadone 150mg was received and filled on 8/22/19 - 2 different physician's submitted orders for the Trazadone <p>During interview on 9/13/19 the Licensee reported:</p> <ul style="list-style-type: none"> - she was not aware of the Trazadone 150mg physician's order - the medical physician & psychiatrist both submitted a physician's order for Trazadone - client #3 had always been on the Trazadone 100mg - she would follow up client #3's physicians 	V 291	<p>Loving Care Owner/Operator will ensure ongoing service coordination between all qualified professionals providing services to all clients served.</p> <p>Loving Care Owner/Operator will ensure that all "Physician Visit Information Sheet" is complete and signed by the attending physician including copies of all prescribed prescriptions.</p> <p>Loving Care Owner/Operator will review each "Physician Visit Information sheet" and copies of all prescriptions to ensure accuracy.</p> <p>If any errors are found (example incorrect dosage) Loving Care Owner/Operator will contact the prescribing physician for clarity and will request a corrected signed and dated copy.</p> <p>Loving Care Owner/Operator</p>	10.20.19

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V 367	Continued From page 4	V 367		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously</p>	V 367	<p>will implement a safe guard to ensure all client medications are prescribed accurately. Loving Care Owner / Operator will review all consumer's medications after they are picked up from the pharmacy to ensure that all medication that are prescribed by the client medical doctor and by the client psychiatrist are accurate and also ensure the "Physician Visit Information sheet" notes the copies prescription ordered. Copies of all orders will be filed in the client record for review</p>	10.1.19

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V 367	Continued From page 5 unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that	V 367		

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V 367	<p>Continued From page 6</p> <p>meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II was submitted to the Local Management Entity/Managed Care Organization (LME/MCO). The findings are:</p> <p>Review on 9/13/19 of a level one incident report for client #5 revealed:</p> <ul style="list-style-type: none"> - no date - client #5 woke and said he did not feel well...he walked to the mailbox...staff coached him to return...said he was hearing voices...wanted to go to the hospital <p>During interview on 9/13/19 the Licensee reported:</p> <ul style="list-style-type: none"> - the police was called a week ago to transport client #5 to the hospital - he was hearing voices - she did not complete a level II incident report 	V 367	<p>Loving Care Owner/Operator 9.16.19 will ensure that all level II incident report are submitted to the Local Management Entity/IRIS. Level two incidents as defined by 10A NCAC 24.603 will be appropriately submitted within 72 hours.</p> <p>Level III incident reports will be verbally reported to the Local Management Entity within 72 hours.</p> <p>All level I incidents reports will be document and file in a binder.</p> <p>Level two and three incident reports will also be filed in a binder for review.</p>	