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	MHL096-270	A. BUILDING: _____ B. WING _____	R 07/31/2019

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GRACE	1290 MARK EDWARDS ROAD GOLDSBORO, NC 27534

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on July 31, 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 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to hold fire and disaster drills at least quarterly for each shift and under conditions that simulate emergencies. The findings are: Interview on 7/30/19 the Medical Coordinator stated the facility shifts were as follows: Monday - Friday 1st shift was 7 am - 3 pm; 2nd shift was 3 pm - 11 pm; and 3rd shift was 11 pm - 7 am. Week ends, Saturday and Sunday, the shifts	V 114		

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V 114	Continued From page 1 were 7 am - 7 pm and 7 pm - 7 am. Review on 7/30/19 of fire and disaster drills documented from 7/1/18 through 6/30/19 revealed: -Quarter 7/1/18 - 9/30/18: No fire or disaster drills documented. -Quarter 10/1/18 - 12/31/18: One fire drill documented for the week day 2nd shift on 11/19/18 at 6 pm. No disaster drills documented. -Quarter 1/1/19 - 3/31/19: No disaster drills documented for the week end shifts. -Quarter 4/1/19 - 6/30/19: No fire drills documented for either week end shift. No disaster drills documented for the week day 1st shift or 3rd shift. No disaster drill documented for the week end 7 pm - 7 am shift. -An August schedule was filed in the facility fire and disaster manual with dates for the upcoming drills on 8/14/19 (2nd shift to do a fire drill) and 8/25/19 (2nd shift to do a disaster drill.) Interview on 7/30/19 the Medical Coordinator stated the Safety Coordinator had placed the schedule for upcoming drills in the book. Interview on 7/31/19 the Qualified Professional (QP) stated: -The November 2018 fire drill was the only drill report between 7/1/18 - 12/31/18. -The new Safety Coordinator was putting processes in place for compliance. -She (QP)would share the Rule requirements with the Safety Coordinator for drills to be done every shift/quarter and "simulate a real fire emergency." -She (QP)would help the Safety Coordinator develop a plan to make sure fire and disaster drills were done on each shift every quarter. This deficiency constitutes a re-cited deficiency	V 114		

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V 114	Continued From page 2 and must be corrected within 30 days.	V 114		
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 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician affecting 1 of 3 clients audited (client #3). The findings are: Review on 7/30/19 and 7/31/19 of client #3's record revealed: -41 year old male admitted 9/1/17. -Diagnoses included Intermittent Explosive Disorder, Bipolar Disorder with Severe Psychotic Features, Mild Mental Retardation, Hypertension, GERD (Gastroesophageal Reflux Disease). -Order dated 5/24/19, Atorvastatin 80 mg (milligrams) at bedtime. (lowers cholesterol). -Order dated 4/18/19, Chlorpromazine 100 mg, 3 tablets (300 mg) every evening at 6 pm. (used to treat mental/mood disorders, i.e. as schizophrenia, psychotic disorders, manic phase of bipolar disorder). -Order dated 5/28/19 for Docusate 100 mg daily. (used to prevent constipation) -Order dated 5/28/19 Fish oil 1,000 mg 3 times daily. (Heart Health) -Order dated 5/24/19, Haloperidol 5 mg. (Antipsychotic drug used to treat psychotic disorders like schizophrenia) -Order dated 5/28/19, Lisinopril 5 mg daily. (Used to lower blood pressure) -Order dated 4/18/19, Melatonin 3 mg, 2 tablets at bedtime. (Used to promote sleep) -Order dated 5/28/19 for Metformin 500 mg twice daily. (Used for type 2 diabetes, blood sugar control) -Order dated 5/28/19 for Cyanocobalamin 1000 mcg (micrograms) daily. (Vitamin B-12) Review on 7/30/19 and 7/31/19 of client #3's June and July 2019 MARs revealed: -Medications documented as not administered	V 118		

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V 118	Continued From page 4 were as follows: 1. Atorvastatin 80 mg, 8 pm dose, documented as not administered 6/28/19-6/30/19, 7/4/19, 7/5/19, and 7/7/19 - 7/10/19. 2. Docusate 100 mg daily 8 am dose documented as not administered 6/29/19, 6/30/19, 7/2/19 - 7/11/19. 3. Fish oil 1,000 mg 3 times daily, scheduled to be administered at 8 am, 2 pm, and 8 pm was documented as not administered, 6/29/19, 6/30/19, 7/1/19 - 7/9/19. 4. Haloperidol 5 mg 8 am doses documented as not administered 7/4/19, 7/6/19, 7/8/19. 5. Lisinopril 5 mg daily 8 am doses documented as not administered 6/29/19, 6/30/19, 7/1/19 - 7/11/19. 6. Melatonin 3 mg, 2 tablets at bedtime documented as not administered on 7/2/19. 7. Metformin 500 mg twice daily, 8 am doses documented as not administered 6/29/19, 6/30/19, 7/4/19 - 7/12/19; 8 pm doses documented as not administered 6/28/19-6/30/19, 7/3/19 - 7/11/19. 8. Cyanocobalamin (Vitamin B-12)1000 mcg daily 8 am doses documented as not administered 6/30/19, 7/3/19 - 7/11/19, 7/21/19, and 7/23/19 - 7/26/19 -Documented "Reasons" for not administering these 8 medications were either "Out of Facility" or "Physically Unable to Take." On 7/6/19 staff documented a note that read, "out of meds call pharmacy." On 7/21/19 staff documented a comment, "Out of Facility" and note, "out of meds call pharmacy" beside the Vitamin B-12. -There was documentation every day, 6/28/19 - 7/30/19, that client #3 received other medications at 8 am, 8 pm, 12 pm, and 6 pm. - Chlorpromazine 100 mg, 3 tablets (300 mg) had been documented twice as administered at 6 pm on 7/1/19 and 7/2/19.	V 118		

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V 118	Continued From page 5 Interviews on 7/30/19 and 7/31/19 the Medical Coordinator stated: -Her job duties and responsibilities included getting the medications to the facility, to include the "cycle batches," conducting medication audits, chart reviews, and making sure the electronic MARs were up to date. -Staff documented medications electronically. The MARs come from the facility pharmacy. -There was a problem with the orders post hospitalization for client #3 that resulted in his medications not being on hand some of the days in July, 2019. They had to call the pharmacy who had to call the hospital to get the medications refilled. -When there were medications not on hand, the staff were to document a note, "out of meds call pharmacy." When they documented "out of facility" or "physically unable to take" this could mean the client was not in the facility. -She agreed the documentation of other medications in July would indicate client #3's medication omissions were likely due to not having the medications on hand. 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 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.	V 736		

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V 736	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 7/30/19 between 9:30 am and 10:00 am revealed: -Client #3's room: -One window in the room. The Medical Coordinator was unable to raise the window. -No light bulb in left light socket over vanity mirror. -Slat on blinds broken, street view of home. -Dust build up visible on horizontal surfaces of sink cabinet, base boards, and door leading into bathroom. -Twin bed by window had no sheets or other covering. Clothing was strewn over the bed. -Clothing on floor of walk in closet. -Door facing inside of room on right was split. Paint worn away. -Dust build up on ceiling fan blades. -Client #1's room: -One window in the room. The Medical Coordinator was unable to raise the window. -Client #2's room: -One window in the room. The Medical Coordinator was unable to raise the window. -Hole in closet door at level of knob on adjacent door. -Paint peeling from wall near closet. -Dust build up on ceiling fan blades. -Dust build up on base boards in hall. -Hall bathroom: Dust build up on vanity horizontal surfaces. Two of 4 light bulbs not working. -Family Room: Dark gray spots stained the	V 736		

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V 736	Continued From page 7 carpet. Dust build up was visible on the air return vent and metal mesh fire place screen. Front storm door would not close. -Kitchen: Eating utensil drawer had light brown and black particles covering the bottom of the drawer and utensil tray. There was 1 dead bug about 1/4 inch long inside the drawer. Black particles covered the bottom shelf under the sink. Baked on food covered the inside walls and door of the stove. Dust build up was visible on the ceiling fan. -Outdoors: -Dirt and dust accumulated in corners of front porch. -Basketball goal lying on ground beside home, right side from street view. -Gate to chain link fence broken on right side of home from street view. Interview on 7/30/19 the Medical Coordinator stated: -It looked to her as if the clients' bedroom windows had been painted shut. -Client #3 had behaviors and caused the door frame and front screen door damage. Review on 7/30/19 of the Plan of Protection dated 7/30/19 and completed by the Director of Operations revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care? Ambleside (Licensee) will immediately Dispatch the Maintenance Supervisor to the Grace Home to inspect the Windows. The Maintenance Supervisor shall ensure that the Windows are able to open, and all Routes of egress remain Accessible. Additionally, the Maintenance Supervisor shall install a Bulb in the empty Socket to prevent any Potential electrical Hazard." -"Describe your plan to make sure the above	V 736		

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V 736	Continued From page 8 happens. In order to verify the Maintenance Supervisor has Accomplished this task, the Service Coordinator shall inspect the home to verify completion of these tasks, within the next 24 hours." The 3 clients occupied 3 separate bedrooms, with 1 window per room. None of the 3 clients had a window that could be opened. The facility's failure to have operable windows in client bedrooms placed all of the clients in an unsafe environment, detrimental to their health and safety, in the event of an emergency that required the use of windows for emergency evacuation. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 736		