

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 10/24/19. The complaint was unsubstantiated (Intake #156694). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure the MARS were kept accurate and current affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 10/18/19 of client #3's record revealed: -admission date of 2/18/11; -diagnoses of Intellectual Developmental Disability-Unspecified, Major Depressive Disorder, Cerebral Palsy, Anxiety Disorder, Type 2 Diabetes, Seizure Disorder, Hypertension, Atrophic Skin Disorder, Vitamin D Deficiency and Myopia; -Risks/Support Needs Assessment dated 11/15/18 documented client #3 had her blood sugars(BS) checked four times daily and received insulin on a sliding scale; -physician's order dated for 6/20/19 for Novolog insulin sliding scale as follows: 5 units plus sliding scale one unit per every 50 point increments for BS greater than 200, if over 400 call physician.</p> <p>Review on 10/18/19 and 10/19/19 of client #3's MARs from 8/1/19-10/19/19 and BS check/Novolog units documentation revealed: -at the end of the Sept 2019 BS/Novolog units documentation staff documented the following: 10/1/19 BS 219 with 6 units of insulin</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 118	<p>Continued From page 2</p> <p>administered and 10/2/19 BS with 112 5 units of insulin administered; -at the beginning of the Oct 2019 BS/Novolog units documentation staff documented the following: 10/1/19 BS 123 with 5 units of insulin administered and 10/2/19 BS 116 with 5 units of insulin administered; -the dosing dates documentation was different for 10/1 and 10/2.</p> <p>Interview on 10/18/19 with client #3 revealed: -have a BS meter to check her BS; -check her BS here at the day program; -staff check her BS at 12pm before lunch every day.</p> <p>Interview on 10/24/19 with the Lead Qualified Professional revealed: -not sure why the discrepancy in the documentation for client #3's BS checks and insulin units administered for 10/1 and 10/2; -will ensure accurate documentation of client #1's BS checks and units of insulin administered.</p>	V 118		
V 283	<p>27G .5401 Day Activity - Scope</p> <p>10A NCAC 27G .5401 SCOPE (a) Day activity is a day/night facility that provides supervision and an organized program during a substantial part of the day in a group setting to individuals who are mentally ill, developmentally disabled or have substance abuse disorders. (b) Participation may be on a scheduled or drop-in basis. (c) The service is designed to support the individual's personal independence and promote social, physical and emotional well-being through activities such as social skills development,</p>	V 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 283	<p>Continued From page 3</p> <p>leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure services were designed to support the individual's personal independence and promote social, physical and emotional well-being through activities such as social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources affecting 1 of 3 clients (#1). The findings are:</p> <p>Review on 10/18/19 of client #1's record revealed: -admission date of 10/21/10; -diagnoses of Cerebral Palsy, Profound Intellectual Developmental Disability, Autistic Disorder, Attention Deficit Hyperactivity Disorder and Urinary Incontinence; -treatment plan dated 10/1/19 documented client #1 was constantly moving, will run away, will not sit still, walks in circles, someone has to be at his side constantly, increase in elopement and running; -client #1 has 1:1 staff to assist him throughout the day at the day program; -behavior support plan in place to address his target behaviors.</p> <p>Interview on 10/18/19 with staff #1 revealed; -client #1 wanders around; -staff have to keep a close eye on client #1; -catch him trying to go outside.</p>	V 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 283	<p>Continued From page 4</p> <p>Interview on 10/18/19 with staff #2 revealed: -client #1 likes to walk off and staff have to follow; -seen an increase in this behavior; -have to watch client #1 closely.</p> <p>Interview on 10/22/19 with the Day Program Manager (DP Mgr) revealed: -manages day program; -also has to provide one on one with client #1 at the same time; -other staff have to help her out if she has management duties; -sometimes have someone from office come and work with client #1; -client #1 non-verbal; -walking calms client #1 down; -client #1 will not sit still; -when client #1 gets close to the outside door, he wants to run outside; -staff will have to chase him, follow him; -client #1 main reason for the alarms on the outside doors; -alarms placed on doors in April 2019; -never been out of staff eyesight; -takes a lot of energy to watch client #1; -client #1 takes off and staff always follow him; -one time she had to call the police to come out for client #1; -happened earlier this year 2019; -followed client #1 out of the door of the day program; -when tried to get near client #1 he tried to "fight her;" -client #1 was being aggressive at this time; -was not able to get him to take him back to the facility; -had to call the police.</p>	V 283		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 283	<p>Continued From page 5</p> <p>Observation on 10/18/19 and 10/22/19 revealed the following: -10/18 9:45am client #1 walking around the facility, will not sit still, DP Mgr with him, following him, asked another staff to watch him while she attended to other job duties; -10/18 12:35pm client #1 arrived back at the facility after an outing, another staff had him by his hand to lead him back into the facility from the parking lot; -10/22 9:45am client #1 came out of a room followed by the DP Mgr, walking towards the front door, DP Mgr had to redirect him, DP Mgr had to ask another staff to watch him while she attended to other job duties; -both days client #1 had to go with the DP Mgr as she attended to other duties which interfered with providing one on one services to client #1.</p> <p>Interview on 10/24/19 with the Lead Qualified Professional revealed: -client #1 has had increase in elopement behaviors this year; -staff have to monitor very closely; -needs continued one on one; -concerned about client #1's one on one individual support hours being reduced and client#1 being placed in group support; -client #1 needs increased individual supports due to behaviors.</p>	V 283		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 367	<p>Continued From page 6</p> <p>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 unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 367	<p>Continued From page 7</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that 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>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 367	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure all level II incidents were reported to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 10/18/19 of client #1's record revealed: -admission date of 10/21/10; -diagnoses of Cerebral Palsy, Profound Intellectual Developmental Disability, Autistic Disorder, Attention Deficit Hyperactivity Disorder and Urinary Incontinence; -treatment plan dated 10/1/19 documented client #1 was constantly moving, will run away, will not sit still, walks in circles, someone has to be at his side constantly, increase in elopement and running.</p> <p>Interview on 10/22/19 with the Day Program Manager (DP Mgr) revealed: -provides one on one with client #1; -client #1 non-verbal; -walking calms client #1 down; -when client #1 gets close to the outside door, he wants to run outside; -staff will have to chase him, follow him; -client #1 main reason for the alarms on the outside doors; -never been out of staff eyesight; -client #1 takes off and staff always follow him; -one time she had to call the police to come out for client #1; -happened earlier this year 2019; -followed client #1 out of the door of the day</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ENLIGHTENING EXPERIENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 125 CHARTER STREET ALBEMARLE, NC 28001
---	--

(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 367	<p>Continued From page 9</p> <p>program; -when tried to get near client #1 he tried to "fight her;" -client #1 was being aggressive at this time; -was not able to get him to take him back to the facility; -had to call the police; -police came, client #1 saw police, calmed down and hugged police; -police did not complete a report; -completed an incident report; -must be at office.</p> <p>Review on 10/18/19 of the facility's incident reports revealed no documentation of the incident with client #1 and the police.</p> <p>Interview on 10/22/19 with the Lead Qualified Professional revealed: -went through all the incident reports for the day program for 2019; -was not able to locate the incident report regarding client #1 and the police; -the DP Mgr stated she did complete the incident report.</p>	V 367		