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PRINTED: 10/11/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-009	A. BUILDING: _____ B. WING _____	R 10/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR FAX	2535 HIGHWAY 903 SOUTH SNOW HILL, NC 28580

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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on October 9, 2019. The complaint was unsubstantiated (intake # NC00155007). 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	V108 Ensuring that our staff members are well trained and equipped to appropriately serve the individuals in our care is paramount to achieving our mission of increasing the quality of life of the members we serve. Client #1 is deaf, and Ambleside has worked to ensure that Staff can effectively communicate with him so that he can communicate any needs that he may have. Ambleside created a "Communication Book" that is utilized by staff members as a means of communication. All staff at the Fairfax home have been in-serviced on the utilization of this tool, however in the past this may have not been effectively documented on the "Individual-specific competencies form." For this reason, Ambleside will in-service all Fairfax home staff again, and have all staff member sign to acknowledge that they have received the training. At the same time that this training is being conducted, all staff will be trained on Aspiration precautions and use of the nebulizer for Client #2. These additional trainings will ensure that staff members are effectively equipped to serve the members in the Fairfax home. This re-education will be conducted for all current staff members at Fairfax, and will be conducted as part of Individual Specifics training for all new staff members that will work at this location. The Re-Education of the use of the	11819
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,	V 108		

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

Dir. of Ops — 10.25.19

STATE FORM 6899 HZ7X11 If continuation sheet 1 of 22

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 audited staff (#1, #2, and the House Lead) received training to meet client needs. The findings are: Review on 10/4/19 of staff #1's personnel record revealed: - Title of Paraprofessional, hire date 11/6/18. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. During interview on 10/4/19 staff #1 stated he communicated with client #1, who was deaf, using flash cards, some sign language, and gestures. Review on `10/4/19 of staff #2's personnel record revealed: - Title of Paraprofessional, hire date 5/16/18. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. Telephone interview with staff #2 was attempted 10/7/19; staff #2 did not answer the telephone and did not return the surveyor's voice message. Review on 10/4/19 of the House Lead's personnel	V 108	"Communication Book" will be conducted by the Director of Operations, and the Training in the use of the Nebulizer and Aspiration Prevention will be conducted by an RN.	

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V 108	Continued From page 2 record revealed: - Title of House Lead, hire date 9/12/19. - No documented training in American Sign Language or other alternative communication methods, Aspiration Precautions, or the use and care of a nebulizer. During interview on 10/7/19 the House Lead stated: - One of her responsibilities was to "basically take care of the residents." - She communicated with client #1, who was deaf, using flash cards and "some sign language." - Client #1 "had his own little ways of letting us know what he wants." - She had no formal training in American Sign Language; the Director of Operations trained her in the use of flash cards for communication with client #1. - She was not sure what "aspiration precautions" meant. - Client #2's food was cut into small pieces and he had "drinking precautions" that included using a small cup that was not filled up to the top. - She did not thicken client #2's liquids; he got a powder mixed into a beverage in the morning for constipation. - After speaking with the Registered Nurse/Qualified Professional she determined that she did thicken client #2's beverage at suppertime. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the need for all staff to be trained to meet the needs of the clients. It was important for staff to know how to communicate with client #1 and to know and understand client #2's aspiration precautions.	V 108		

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V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to review the plan annually for 1 of 3 audited clients (#1) and to plan strategies based on assessment for 1 of 3 audited clients (#2) . The findings are:	V 112	V112 Client #1 does have an updated Treatment/ habilitation plan, and this plan was faxed to the DHSR surveyor on the afternoon of 10/8/2019. The plan was faxed to the fax number provided by the Surveyor. The fax confirmation indicated that it was delivered following transmission. In the future, Ambleside will request acknowledgment of receipt of requested documents to ensure that the identified recipient has received the documentation requested A copy of this treatment and habilitative plan is available upon request and has been placed in his Client Record. Client #2's Short Range Goals/Interventions will be modified to include verbiage regarding Aspiration precautions and/or drinking rules. The updated goals will be sent out for signature by his guardian, and once they have been received, they will be implemented accordingly. Additionally, all staff will receive updated "Individual-Specific training" to acknowledge the update to his Short Range Goals/ Interventions.	12/10/19

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V 112	Continued From page 4 Finding #1: Review on 10/4/19 of client #1 revealed: - 19 year old male admitted to the facility 6/6/19. - Diagnoses included Attention Deficit Hyperactivity Disorder, Intellectual/Developmental Disorder, mild, Expressive Language Disorder, Oppositional Defiant Disorder, Cerebral Palsy, and bilateral deafness. - Individual Support Plan - Short Range Goals/Interventions implemented 2/1/18. - No updated treatment/habilitation plan. Interview with client #1 not attempted due to inability to effectively communicate. Finding #2: Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted to the facilty 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - Risk/Support Needs Assessment dated 4/17/19 included "requires assistance using a knife . . . food must be in bite size pieces . . . " - Individual Support Plan (ISP) completed by the Local Management Entity Care Coordinator included "What Others Need to Know Medical/Behavioral . . . I have a tendency to aspirate. In an effort to prevent aspiration, Thick-It has been prescribed. The Thick-It is mixed with all my drinks with the exception of water. There are also drinking rules. A copy of the drinking rules accompanies the ISP." - FL-2 by the Physician and dated 11/2/18 included "Aspiration Precautions." - "Physician Office Visit" form signed by a Certified Speech Language Pathologist included "continue swallow tx [treatment] nectar thick liquid and regular diet - small bites, no straws."	V 112		

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V 112	Continued From page 5 - "Short Range Goals/Interventions" effective 5/1/19 included "Short Range Goal . . . [client #2] will take smaller bites of food and not eat too fast with no more than 2 VPs [verbal prompts]. . . . Intervention . . . Staff will verbally prompt [client #2] to take smaller bites of food. Staff will monitor [client #2] while eating to ensure that he does not choke. Staff will cut [client #2]'s food up for him if necessary." - "Short Range Goals/Interventions" did not include any information regarding client #2's "drinking rules" or "aspiration precautions." During interview on 10/4/19 client #2 stated his beverages were not thickened. He had a fast food cheeseburger for lunch. During interviews on 10/7/19 the House Lead stated: - Her basic responsibility was to take care of the clients. - She did goal training with the clients daily at the faciilty; the clients' goals were listed on "the grids" and in their records. - She was not sure what "aspiration precautions" meant. - Client #2's food was cut into small pieces and he had "drinking precautions" that included using a small cup that was not filled up to the top. - She did not thicken client #2's liquids; he got a powder mixed into a beverage in the morning for constipation. - After speaking with the Registered Nurse/Qualified Professional she determined that she did use Thick-It to thicken client #2's suppertime beverage. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the need to include detailed	V 112		

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V 112	Continued From page 6 information about client #2's aspiration precautions in his treatmen/habilitation plan. The Director of Operations agreed to provide a copy of client #1's updated treatment/habilitation plan via fax 10/9/19. No updated plan was received.	V 112		
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 review and interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 10/7/19 of documentation filed in the facility's "Fire and Disaster Book" revealed: - Three shifts identified for drills: 1st shift 7:00 am - 3:00 pm, 2nd shift 3:00 pm - 11:00 pm, and 3rd	V 114	Ensuring that the members we serve are able to evacuate in a timely fashion during an emergency situation is imperative to the health and safety of the members. Ambleside, Inc. will work hard to ensure that deficiency is corrected swiftly, and our staff are conducting these drills as scheduled. Ambleside, Inc. will implement a schedule of Fire/Disaster drills to be conducted over the quarter. This schedule will be posted on the refrigerator of each home so that staff will be able to see when the drills are scheduled to be conducted. The Ambleside, Inc. safety officer will produce and publish the schedule, and The Service Coordinator of the home will be provided a copy for additional follow-up Once a drill has been completed a copy of the report will be texted to the Safety Officer, and the original will remain in the home. When the Service Coordinator completes their monthly home inspection, the Fire Drills will be reviewed to ensure completion. As an extra layer of supervision, the Safety Officer will also verify quarterly to ensure all drills have	11/8/19

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V 114	Continued From page 7 shift 11:00 pm - 7:00 am. - No fire or disaster drill documented for first or third shift for the third quarter (July - September) 2019, for second shift for the second quarter (April - June) 2019, or third shift for the fourth quarter (October - December) 2018. - No disaster drill documented for first shift for the fourth quarter (October - December) 2018. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated she understood the requirement for fire and disaster drills to be held quarterly and repeated on each shift. She would discuss the missing drills and how to correct the deficiency with the Director of Operations.	V 114	been conducted as scheduled. This multi-layer supervision of the drills will add additional assurance that these drills are being conducted as schedule. This will be monitored monthly by the Service Coordinator/QP and quarterly by the Ambleside, Inc. Safety Officer.	
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:	V 118	V118 Ensuring that the members we serve are taking their medications as prescribed by their physicians or psychiatrists is paramount to our fulfillment of our promise of "Whole -Person Care" of the individuals we serve at Ambleside, Inc. While Ambleside has made vast improvements in this area, there is always room for additional improvement. Ambleside continues to work diligently to ensure that all members have their prescribed medications present in the house to ensure that the medications can be administered per doctors orders. Of course, there are times when a particular medication will be out of the facility, and in these instances, it	11/18/19

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V 118	Continued From page 8 (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. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications as ordered by a physician, failed to keep MARs current, and to ensure medications administered were recorded on each clients' MAR immediately after administration affecting 3 of 3 audited clients (#1, #2, and #3). The findings are: Review on 10/4/19 of client #1's record revealed: - 19 year old male admitted to the facility 6/6/19. - Diagnoses included Attention Deficit Hyperactivity Disorder (ADHD), Intellectual/Developmental Disability, moderate, Oppositional Defiant Disorder, Cerebral Palsy, and bilateral deafness. - Physicians orders included clonidine (can treat hypertension and ADHD) 0.1 milligrams (mg) 1 tablet three times daily, methylphenidate (can treat ADHD) 20 mg 1 tablet three times daily, - No signed physician's order for Dimetapp 1 tablet every 12 hours as needed. Review on 10/7/19 of client #1's MARs July - October 2019 revealed:	V 118	is important that this is communicated with the Pharmacist The installation of the QuickMAR med. administration system has assisted Ambleside dramatically in our efforts to track med passes in real time. Although this system functions well most of the time, Internet outages or technical difficulties can render the system "out of order." In these instances, Ambleside has paper MARs in the homes for staff to utilize and staff are trained to inform the Med coordinator immediately At the beginning of each month, the Med. Coordinator prints off blank MARs that staff have been instructed to utilize in the event that the system is down. Additionally, any time a new med is prescribed, an order is changed, or a med is DC'd, new blank MARs will be printed and installed in the home. In order to verify that medication is being administered as prescribed, The Ambleside Medical coordinator now reviews all med passes on the QuickMAR system on a daily basis. If there is any identified missed med passes, the Medical Coordinator	

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V 118	Continued From page 9 - Two sets of computer generated MARs for each month; one set with computer printed staff initials and one with hand written staff initials. - Transcription for Dimetapp, 1 tablet every 12 hours as needed. - Transcriptions for clonidine 0.1 mg 1 tab three times daily 8:00 am, 1:00 pm, and 8:00 pm, and methylphenidate 20 mg 1 tablet three times daily, 8:00 am, 12:00 pm, and 3:00 pm. - No documentation of administration of clonidine 8:00 pm, 10/3/19, 9/23/19, 9/29/19, with no documented explanation of the omissions. - No documentation of administration of methylphenidate 7:00 am 9/16/19, 9/17/19, 9/28/19, 8/24/19, 8/26/19, with no documented explanation of the omissions. - Blanks on the October MARs for 12:00 pm and 1:00 pm administrations 10/1/19 - 10/3/19, with a notation dated 10/1/19 3:56 pm that client #1 received methylphenidate at school. - Blanks on the September MARs for 12:00 pm and 1:00 pm administrations on 17 dates with 11 notations that client #1 was in school or received his medications at school, and 4 notations of "Out of Facility." - Circled staff initials 7:00 am 8/5/19 - 12:00 pm 8/8/19 with "Exceptions . . . Out of Facility"; other "Exceptions" listed for August included "Consumer at school." - No documentation of administration of medications while client was at school was provided. Review on 10/7/19 of level I incident reports revealed 6 level I incident reports completed between 9/14/19 and 9/18/19 that client #1's methylphenidate was not available for administration. No other incident reports were provided for review.	V 118	will check the paper MARs which are transported to the day program on a daily basis. If the paper MAR reveals that a med was not passed, the Med Coordinator will verify that the missed pass was recorded on a Level 1 incident report form per agency policy. The Med. Coordinator will acknowledge the reasoning behind the missed pass, (i.e. if individual refused, if e-MAR system is down, or if the med was not refilled by pharmacy, etc.). If the medication is out of facility, the med coordinator will work to schedule an appointment with the members PCP or psych doctor to ensure that a new prescription is written to continue the medication regimen of the individual. With all of these factors combined, and the additional oversight, we believe that we can limit the instances of non-recording of med passes moving forward. The Med. Coord. will be responsible for daily monitoring of the e-MAR and paper MARs, and will coordinate with Dr.s offices to ensure individuals are schedule to be seen at the earliest available times. The system and paper MARs will be monitored each business day.	

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V 118	Continued From page 10 Observation at 10:30 am on 10/4/19 of client #1's medications revealed no methylphenidate on hand. No interview was conducted due to the surveyor's inability to effectively and meaningfully communicate with client #1 who is deaf. Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - Physician's orders signed 3/5/19 included Albuterol 0.083% solution (can treat or prevent bronchospasm), use 1 vial in nebulizer four times daily, aspirin (can reduce the risk of heart attack) 81 mg 1 tablet daily; benztropine (can treat side effects of other drugs) 2 mg 1 tablet by mouth every morning, chlorhexidine 0.12% rinse (can treat gingivitis) apply small amount on toothbrush with toothpaste twice daily, diphenhydramine (can treat hay fever, allergies, cold symptoms, and insomnia) 50 mg 2 capsules at bedtime, divalproex (can treat seizures) 250 mg 1 tablet by mouth twice daily, divalproex 500 mg 1 tablet twice daily, docusate (can treat or prevent occasional constipation) 100 mg 1 capsule every day, esomeprazole (can treat gastroesophageal reflux disease) 40 mg 1 capsule every morning, fluoxetine (can treat depression and obsessive-compulsive disorder) 40 mg 1 capsule every morning, Clearlax (can treat occasional constipation) mix 17 grams in 8 ounces of beverage of choice and take every day, haloperidol (can treat schizophrenia, mania in bipolar disorder, agitation, and acute psychosis) 10 mg 1 tablet three times daily, levothyroxine (can treat hypothyroidism) 50 micrograms (mcg)	V 118		

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(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	Continued From page 11 1 tablet every day at 6:00 am, Mucinex (can thin mucus; this may make it easier to clear from the head, throat, and lungs) 600 mg 1 tablet twice daily, quetiapine (can treat schizophrenia, and depression) 400 mg 2 tablets (800 mg) at bedtime, saline 0.65% nasal spray (can treat nasal dryness) 1 spray each nostril twice daily, simvastatin (can treat high cholesterol and triglyceride levels) 10 mg 1 tablet at bedtime, Symbicort (can treat asthma and COPD) 160/4.5 mcg inhale 2 puffs every 12 hours, vitamin D3 (dietary supplement) 5000 units 1 capsule every day. - No signed physician's order for benztropine 2 mg 1 tablet three times daily. Review on 10/4/19 of client #2's MARs July - October 2019 revealed: - Two sets of computer generated MARs for each month; one set with computer printed staff initials and one with hand written staff initials. - Transcriptions for Albuterol, four times daily 8:00 am, 12:00 pm, 4:00 pm, 8:00 pm; Albuterol four times daily as needed; benztropine once daily 8:00 am (NOT on August MAR), benztropine three times daily 8:00 am, 2:00 pm, 8:00 pm; chlorhexidine twice daily 8:00 am, 8:00 pm, Clearlax Powder once daily 8:00 am; saline nasal spray twice daily 8:00 am, 8:00 pm; diphenhydramine daily at bedtime; divalproex 250 mg twice daily 8:00 am, 8:00 pm; divalproex 500 mg twice daily 8:00 am, 8:00 pm; docusate daily 8:00 am; esomeprazole daily 8:00 am; fluoxetine daily 8:00 am; haloperidol three times daily 8:00 am, 2:00 pm, 8:00 pm; levothyroxine daily 7:00 am; Mucinex twice daily 8:00 am, 8:00pm; quetiapine daily at bedtime 8:00 pm; simvastatin daily at bedtime 8:00 pm; Symbicort every twelve hours 8:00 am, 8:00 pm; vitamin D3 daily 8:00 am.	V 118		

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V 118	Continued From page 12 - No documentation of administration 10/3/19 of 12:00 pm Albuterol or 8:00 pm Albuterol, chlorhexidine, saline nasal spray, diphenhydramine, divalproex (250 mg and 500 mg), haloperidol, Mucinex, quetiapine, simvastatin, or Symbicort, with no documented explanation for the omissions. - No documentation of administration of: Albuterol 8:00 am 8/7/19; 12:00 pm 9/2/19 - 9/5/19, 9/20/19, 9/23,19, 9/27/19, 8/7/19, 8/9/19, 8/12/19, 8/13/19, 8/15/19, 8/16/19 and 8:00 pm 9/29/19. Benztropine once daily 9/21/19, 9/22/19. Chlorhexidine 8:00 pm 9/23/19 or 9/29/19. Clearlax Powder 8/7/19. Saline nasal spray 8:00 pm 9/23/19, 9/29/19, 8/26/19, 8/27/19, or 8:00 am 8/7/19 or 8/23/19. Diphenhydramine 9/23/19 or 9/29/19. Divalproex 250 mg 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Divalproex 500 mg 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Docusate 8/7/19, 8/19/19. Esomeprazole 8/7/19. Fluoxetine 8/7/19. Haloperidol 8:00 am 9/16/19, 8/7/19; 2:00 pm 8/8/19; 8:00 pm 9/23/19, or 9/29/19. Levothyroxine 9/28/19, 8/13/19, or 8/24/19. Mucinex 8:00 pm 9/23/19, 9/29/19, or 8:00 am 8/7/19. Quetiapine 9/23/19, or 9/29/19. Simvastatin 9/23/19, or 9/29/19. Symbicort 8:00 pm 9/23/19, or 9/29/19. Vitamin D3 8/7/19. - No documented explanation for the omissions. - Benztropine 2 mg three times daily was documented as administered three times daily 2 days in October, 24 days in September, and 20 days in August. - Some medication administrations were	V 118		

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V 118	Continued From page 13 documented on the "back up" MAR, while other medications administered at the same time on the same date were documented in the E-MAR (Electronic MAR) system. Review on 10/7/19 of Level I incident reports revealed 1 incident report that client #2's haloperidol was not available for administration 8:00 am 9/15/19. No other incident reports were provided for review. Observation on 10/4/19 at 11:20 am of client #2's medications on hand revealed benztropine 2 mg 1 tablet three times daily dispensed by the pharmacy 9/15/19. During interview on 10/4/19 client #2 stated he took his medications daily with staff assistance. He had never missed any medications. Review on 10/4/19 of client #3's record revealed: - 34 year old male admitted 6/6/19. - Diagnoses included Intellectual/Developmental Disability, moderate, ADHD, Schizophrenia, paranoid type, Delusional Disorder, Intermittent Explosive Disorder, and Seizure Disorder. - Physician's orders signed 7/23/19 included artificial tears (can treat dry eyes) 1 drop to both eyes twice daily, benztropine 1 mg 1 tablet twice daily, clonazepam (can treat seizures, panic disorder, and anxiety) 0.5 mg 1 tablet three times daily, Fanapt (can treat schizophrenia) 6 mg 1 tablet twice daily, haloperidol 10 mg 1 tablet three times daily, Listerine Cool Mint Mouthwash (can treat bad breath, plaque and gingivitis) use three times daily after brushing. Review on 10/4/19 of client #3's MARs for July - October 2019 revealed: - Two sets of computer generated MARs for each	V 118		

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V 118	Continued From page 14 month; one set with computer printed staff initials and one with hand written staff initials. - Transcriptions for artificial tears eye drops twice daily 8:00 am, 8:00 pm; benztropine twice daily 8:00 am, 8:00 pm; clonazepam three times daily 8:00 am, 2:00 pm, 8:00 pm; Fanapt twice daily 8:00 am, 6:00 pm; haloperidol three times daily 8:00 am, 2:00 pm, 8:00 pm; - Listerine Cool Mint Mouthwash three times daily 8:00 am, 2:00 pm, 8:00 pm. - No documentation of administration 10/3/19 8:00 pm artificial tears eye drops, benztropine, clonazepam, haloperidol, or Listerine mouthwash. - No documentation of administration of: artificial tears eye drops, benztropine, clonazepam, or haloperidol 8:00 pm 9/23/19, 9/29/19; clonazepam 2:00 pm 9/27/19, Fanapt 8:00 pm 9/28/19 and 9/29/19; no documented explanation for the omissions. - "Exceptions . . . Notes" for Listerine mouthwash included "Physically unable to take . . . Out of Facility . . . Out of Medication . . . " documented 19 times in September. Review on 10/7/19 of Level I incident reports revealed 21 incident reports completed between 2:00 pm 9/24/19 and 8:00 pm 10/3/19 that client #3's Listerine mouthwash was not available for administration. No other incident reports were provided for review. Observation on 10/4/19 at 11:45 am of client #3's medications revealed no Listerine Cool Mint mouthwash on hand. During interview on 10/4/19 client #3 stated he took his medications daily with staff assistance and had never missed any medications. During review of MARs for the audited clients it	V 118		

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V 118	Continued From page 15 was noted staff documented administration of some of client #1's medications via hand written initials on the "back up" MAR while medications administered to clients #2 and #3 on the same dates and at the same times were documented in the E-MAR system. During interview on 10/7/19 the House Lead stated: - One of her responsibilities was to administer medications. - Medications were always available. - Client #3's mouthwash had not been available for some time; he needed to be seen by his Primary Care Provider before the pharmacy could refill the prescription. - If the E-MAR system "went down" staff documented medication administration by handwriting their initials on a copy of the MAR. A blank copy of the MAR was printed at the beginning of each month. During interviews on 10/4/19 and 10/7/19 the Director of Operations stated: - Staff were still adapting to the E-MAR system. - If the E-MAR system "went down" staff documented medication administration by handwriting their initials on a copy of the MAR. - A blank copy of the MAR was printed at the beginning of each month and provided to facility staff to use as a backup system. - Client #1 went to school during the week and his afternoon medications were administered at school. - The pharmacy would not refill client #3's mouthwash prescription until he was seen by the primary care provider. - Client #3's mouthwash could be purchased over the counter. - Incident reports were completed for all	V 118		

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V 118	Continued From page 16 medication errors. - Medications were added to or removed from the MAR by the pharmacy. - He understood the requirement for medications to be administered as ordered by the physician, for MARs to be kept current and for medications administered to be recorded on the MAR immediately after administration. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 2 of 3 audited staff (#2 and the House Lead). The	V 131	V131 Assurance that the members served by Ambleside are being served by individuals not listed on the HCPR is critical to Ambleside, Inc. in achieving its mission of increasing the quality of life of the members that we serve. In order to prevent this deficiency from occurring again, the Human Resources Coordinator has been re-educated in the importance, and proper procedure regarding checking the HCPR prior to hire for all staff At Ambleside, Inc. The HR Coordinator was also educated on the utilization of the OIG's Exclusion Database as another means for verification In order to ensure that the HR Coordinator does not experience this deficiency again, a random sample of staff members will	11/11/19

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V 131	Continued From page 17 findings are: Review on 10/4/19 of staff #2's personnel record revealed: - Title of Paraprofessional, hire date 5/16/18. - HCPR check dated 5/31/18. Review on 10/4/19 and 10/7/19 of the House Lead's personnel record revealed: - Title of House Lead, hire date 9/12/19. - HCPR check dated 10/7/19. During interview on 10/7/19 the Human Resources Director stated: - She was not employed by the Licensee at the time of staff #2's hire. - A HCPR check was completed prior to the House Lead's hire and was filed with the interview notes, but she could not find the report. - A HCPR check was completed 10/7/19. - She understood the requirement for HCPR checks to be completed prior to hire.	V 131	be pulled as part of our QA/QI committee on a quarterly basis. When reviewing the Personnel Records, the HCPR check will be reviewed to ensure that the check was completed prior to hire. If it is found that the HCPR check was conducted after the date of hire, Disciplinary action will be conducted. This will be verified no less than quarterly, and will be verified by the QA/QI committee	
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	V 291	A "Physician Visit Form" was faxed to the fax number given by the surveyor on 10/8 per request (This was sent with Client #1's updated treatment plan). This document is now present in the member's chart, and available for review at any time. I will also be more than happy to send a copy as a follow-up to this Plan of Correction. Moving forward, a call will be made to verify that the documents have been received, after faxing requested documentation to any DHSR surveyor who has requested these documents.	

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V 291	Continued From page 18 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. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the clients' treatment affecting 1 of 3 audited clients (#2). The findings are: Review on 10/4/19 of client #2's record revealed: - 40 year old male admitted to the facilty 6/6/19. - Diagnoses included Schizoaffective Disorder, Autism Spectrum Disorder, Intellectual/Developmental Disability, moderate, and Cerebral Palsy. - "Physician Office Visit" form dated 3/5/19 and signed by a Physician included "Progress Notes/Findings: [symbol for increase] in tremor. Will refer to neurology. . ." - No documentation of neurology appointment. During interview on 10/4/19 client #2 stated staff took him to see the doctor as scheduled and if	V 291		

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V 291	Continued From page 19 needed. During interview on 10/7/19 the Registered Nurse/Qualified Professional stated client #2 had been to the neurologist but she could not find documentation of the visit. She would fax the documentation of the neurology appointment to the surveyor. No documentation of the neurology appointment was received by 10/9/19.	V 291		
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. 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: Observation of the facility between approximately 9:30 am and 10:00 am on 10/4/19 revealed: - 12 of 16 windows with no screen. - Organic debris, including leaves and spider webs and egg sacks, in all of the window spaces. - Paint peeling on the outside of the wooden spring loaded windows. - The carpet in the living area was stained. - Black particles, approximately the size of a grain of rice, consistent with rodent droppings, inside	V 736	V736 Ambleside, Inc. is in the process of hiring a new Maintenance Supervisor in order to correct the structural deficiencies (i.e. paint, window screens, flush handles on toilets, wall damage, pull knobs and blinds). Once the individual is identified and hired, Ambleside will dispatch this individual to the Fairfax home in order to correct these deficiencies. It is our hopes that these corrective measures will occur within 30 days of the Survey completion date. All other items regarding facility grounds and maintenance will be conducted by the Ambleside, Inc. paraprofessional staff whom work in the home. All of the corrective measures will take place within 30 days of receipt of this report. The Director of Operations will verify completion through an on-site inspection conducted prior to the last day of the completion window.	11/8/19

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V 736	Continued From page 20 the kitchen drawers. - One kitchen drawer with a missing pull knob. - 2 broken slats in the blinds in the living room. - Hardware for drapes, but no drapes, in the living room. - Client #1's bedroom door was dingy and stained. - The flush handle on the toilet in client #1's bathroom was loose. - Client #1's shower had dingy stains and the water control knob was missing. - Hair was stuck to client #1's bathroom walls around the sink and mirror. - Purple paint stain on client #2's bedroom wall. - Client #3's dresser was missing 3 drawer pulls; his nightstand was missing 1 drawer pull. - The flush mechanism on the toilet in the hall bathroom stuck in the "down" position when flushed. - Decorative tiles in the hall bath were cracked. - The wood molding at the base of the bathtub was loose. - A small area of damage to the wall beside the bathtub in the hall bathroom. - Unfinished repair to the wall between the bathtub and the sink in the hall bathroom. - Matter that appeared consistent with dead insects inside the bathroom exhaust fan light fixture. - The air return in the hall was heavily rusted and bent. During interview on 10/4/19 the Director of Operations stated he had received reports of mice in the facility and they had a contract with a local exterminator. He understood the requirement for the facility to be maintained in a safe, clean, orderly and attractive manner. During interview on 10/7/19 the Registered	V 736		

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V 736	Continued From page 21 Nurse/Qualified Professional stated the maintenance man had recently resigned. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		