

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL076-033</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/06/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASHEBORO SCHOOL ROAD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2046 NORTH ASHEBORO SCHOOL ROAD ASHEBORO, NC 27203</b>
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on November 6, 2019. The complaints were substantiated (Intake #NC00157426 and #NC00157423). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 291	<p><b>27G .5603 Supervised Living - Operations</b></p> <p><b>10A NCAC 27G .5603 OPERATIONS</b></p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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</p>	V 291		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 291	<p>Continued From page 1</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review the facility management failed to assure that coordination was maintained between the facility and the Qualified Professional (QP) responsible for medication mangagment affecting 1 of 3 audited current clients (#1). The findings are:</p> <p>Review on 11/5/19 of Client #1's record revealed the following information; -- Admitted to the facility on 6/16/08. -- 56 year old female. -- Diagnoses include Downs Syndrome, Presenile Dementia, Moderate Mental Retardation, Gastroesophageal Reflux, Hypothyroid, Esophageal Ulcer and Allergic Rhinitis. -- A Physician's order dated 2/27/19 for Hydrocodone 5/325 mg. (Vicodin), 1/2 a tablet every morning (Hydrocodone is a Schedule III controlled substance (medication) and required a new prescription to be written by a Physician every months, refills on a prescription are prohibited).</p> <p>Review on 11/6/19 of Client #1's October and November medication administration records revealed that the client was not administered the Vicodin on 10/13/19, 10/14/19, 10/15/19 and 10/16/19.</p> <p>Interview on 11/5/19 with the Residential Team Leader in charge of operations of the facility revealed the following information;</p>	V 291		

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V 291	<p>Continued From page 2</p> <p>-- Client #1 is prescribed for her Arthritis, specifically severe right hip pain, and her Orthopedist had recently recommended a total hip replacement surgery.</p> <p>-- In October 2019 Client #1 did run out of the Vicodin for a few days.</p> <p>-- She was not sure why the client missed an appointment with her Physician to obtain a new prescription for her Vicodin.</p> <p>Interview on 11/6/19 with the Group Home Manager revealed the following information;</p> <p>-- She confirmed that Client #1 was not administered her Physician ordered Vicodin on the above dated due to her missing a Physicians appointment.</p> <p>-- There was confusion among the facility staff as to when her appointment with her Physician was in October 2019.</p> <p>-- This appointment was not written on the calendar the facility uses to record all Physician appointments for all 5 clients.</p> <p>-- She was not sure why this appointment was overlooked.</p> <p>-- Client #1 did not seem to experience any withdrawal symptoms from the missed doses of Vicodin.</p> <p>Interview on 11/6/19 with Client #1 was attempted, but was not possible due to her diagnoses.</p>	V 291		