

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2019
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NAME OF PROVIDER OR SUPPLIER A CARING HEAERT AFL GREENVILLE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 382 EAST HANRAHAN ROAD GRIFTON, NC 28530
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on November 8, 2019. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F, Supervised Living/Alternative Family Living.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for one of one audited client (#1). The findings are:</p> <p>Review on 11/7/19 of client #1's record revealed: - 13 year old male, no date of admission to the facility. - Admitted into services provided by Licensee 5/7/18. - Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Unspecified Anxiety Disorder, and Profound Intellectual/Developmental Disability. - "Individual Support Plan" effective 7/1/19 completed by client #1's Managed Care Organization (MCO) Care Coordinator included ". . . What others need to know to best support me . . . Medical/Behavioral . . . Behavioral . . . I am able to go to the bathroom but I need constant reminders, a schedule and encouragement. . . ." - "Short Range Goals/Interventions" effective 7/1/19 did not include goals or strategies to address toileting reminders or a schedule.</p> <p>During interview on 11/17/19 staff #1 stated: - She planned to work with client #1 on "transitioning to underwear." - Client #1 was not on a toileting schedule "right now."</p> <p>During interview on 11/17/19 the Program Director stated she understood the requirement for goals and strategies based on assessment to be included in the treatment/habilitation plan. She would make sure a toileting schedule was discussed with client #1's team for possible inclusion in his treatment/habilitation plan.</p>	V 112		

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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 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 record reviews, observation and interviews, the facility failed to administer a</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>medication as ordered by the physician and to keep the MARs current for one of one audited client (#1). The findings are:</p> <p>Review on 11/7/19 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 13 year old male, no date of admission to the facility. - Admitted into services provided by Licensee 5/7/18. - Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD) Unspecified Anxiety Disorder, and Profound Intellectual/Developmental Disability. - Physician's orders signed 5/7/19 for Quillivant (used to treat ADHD) 25 milligrams (mg)/ 5 milliliters (ml), take 10 ml every morning, and signed 10/15/19 for Adhansia (used to treat ADHD) 55 mg take one tablet in the morning. <p>Review on 11/7/19 of client #1's MARs for August - November 2019 revealed:</p> <ul style="list-style-type: none"> - No documentation that Adhansia was administered 10/15/19 - 10/31/19. - Transcribed entries for Quillivant 10 ml by mouth every morning at 7:00 am, and Adhansia 55 mg one tablet every morning at 8:00 am. - Transcription for Quillivant was blacked out for August, October, and November 2019. - Documentation that Quillivant was administered once, 9/13/19, August - November 2019. - MAR "Legend" included that blacked out entries were "Deleted." <p>During interview on 11/7/19 staff #1 stated:</p> <ul style="list-style-type: none"> - The nurse was responsible for ensuring accuracy of the MARs. - The pharmacy could not fill the prescription for Adhansia without "pre-authorization." - Client #1's Quillivant was discontinued but she could not find the physician's order; she would fax 	V 118		

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V 118	<p>Continued From page 4</p> <p>a copy of the discontinue order to the surveyor.</p> <p>Review on 11/8/19 of document received via fax revealed:</p> <ul style="list-style-type: none"> - "Medical Consultant Evaluation Form" signed 11/7/19 by a "MA" (Medical Assistant) included "Medication Discontinue . . . Discontinued on Aug. [August] 1st 2019 (Quillivant)." - No order to discontinue Quillivant signed by a physician or other practitioner authorized by law to prescribe medications. <p>During interview on 11/8/19 the Program Director stated the nurse was responsible for the MARs and medications. She understood the need to maintain documentation of medication changes and to keep MARs current.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe and attractive manner. The findings are:</p> <p>Observations of the facility on 11/7/19 at approximately 9:30 am and 2:20 pm revealed:</p> <ul style="list-style-type: none"> - 2 pieces of vinyl siding on the left side of the facility were loose. 	V 736		

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V 736	<p>Continued From page 5</p> <ul style="list-style-type: none"> - A section of fencing, approximately 10 - 12 feet long heavily damaged and collapsed under organic debris. - 2 foundation vents laying in the yard, leaving openings approximately 16 inches x 8 inches exposing the crawl space. - The access door to the crawl space did not fit properly, leaving an approximately 4 inch gap between the top of the door and the brick wall. - Vines grew up the front exterior wall. - Weeds and grass between a piece of lumber attached to the front bottom step and the brick of the step. - The bathroom sink did not drain properly. - Hardware for curtains in client #1's bedroom, but no curtains. - A smoke detector between the living room and the kitchen chirped faintly at regular intervals. <p>During interview on 11/7/19 staff #1 stated she had not heard the smoke detector chirp before it was pointed out to her by the surveyor. She would install new batteries.</p> <p>During interview on 11/8/19 the Program Director stated:</p> <ul style="list-style-type: none"> - Staff #1 said the foundation vents kept falling out of the spaces; she would speak with the property owner about getting them set securely in place. - Staff #1 would install new batteries in the smoke detector. 	V 736		