

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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 follow-up survey was completed 11/6/19. Deficiencies were 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure disaster drills were conducted on each shift every quarter. The findings are:</p> <p>Review of the Disaster drill log for the year revealed drills on:</p> <ul style="list-style-type: none"> - 2/7/19 6:30pm - 6/14/19 6:15pm - 9/17/19 6:25pm 	V 114		

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: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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 114	Continued From page 1 During an interview on 11/4/19, the Qualified Professional reported the scheduled was as follows: - Weekdays: 4:00pm - 12:00am 12:00am - 8:00am - Weekends: 8:00am - 8:00pm 8:00pm - 8:00am - she was of the understanding that disaster drills only needed to be done once quarter - she would adjust the drill schedule	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.	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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>(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 observation, record review and interview, the facility failed to ensure medications were administered as prescribed by the physician effecting 3 or 3 clients (#1 - 3). The findings are:</p> <p>1. Observation on 11/5/19 at approximately 10:00am revealed client #1 was taking medications including a Pro-Air Inhaler 90mcg 2 puffs every 6 hours.</p> <p>Review on 11/4/19 of client #1's record revealed: - admission date 5/26/03 - diagnoses including: Mild Intellectual and Developmental Disabilities, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Depressive Disorder, Not Otherwise Specified, Fetal Alcohol Syndrome and Migraines - a doctor's order dated 4/23/19 for the above listed medication - a MAR sheet for October, 2019 with no initials for 10/1/19 - 10/8/19. An explanation on the back of the MAR revealed the medication was "unavailable"</p> <p>2. Observation on 11/5/19 at approximately 10:30am revealed client #2 was taking medications including: - Bupropion 150mg 1 every morning - Atorvastatin 10mg 1 daily (qd) - Trihexyphenidyl 2mg 1 every evening</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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 3</p> <p>Review on 11/4/19 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admission date 8/6/10 - diagnoses including: Autism Spectrum Disorder, Schizophrenia, Diabetes and Hypertension - a doctor's order dated 7/10/10 for the above listed medications - a doctor's order dated 8/29/18 for client #2 to take his blood sugar once per day - a MAR sheet for November, 2019 with no initials on 11/1 - 2/2019 for blood sugar readings - a MAR sheet for October, 2019 with no initials for <ul style="list-style-type: none"> - Bupropion on 10/19 & 20/2019 - Atorvastatin on 10/14 - 16/2019 - a MAR sheet for September, 2019 with no initials for Trihexyphenidyl on 9/1 - 4/2019 - explanations on the back of each of these MARs revealed the medication or lancets for the blood sugar testing were "unavailable" <p>3 Observation on 11/5/19 at approximately 1100am revealed client #3 was taking medications including;</p> <ul style="list-style-type: none"> - Depakote Extended Release 500mg 2 every evening - Famotidine 20mg 1 twice a day <p>Review on 11/4/19 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admission date 11/22/13 - diagnoses including: Mild Intellectual and Developmental Disabilities, Asperger's Syndrome, Bipolar Disorder and Social Communication Disorder - doctor's orders dated 4/23/19 for the Famotidine and 4/15/19 for the Depakote - a MAR sheet for October, 2019 with no initials for 10/16/19 for the Depakote and on 10/19 -&20/2019 for the Famotidine 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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 4</p> <p>- an explanation on the back of the MAR revealed the medications were "unavailable"</p> <p>During an interview on 11/5/19, staff #1 reported medications were not available at times because the doctor had not approved the refills in a timely manner. There had never been any negative outcomes from a client missing their medications for a few days.</p> <p>During an interview on 11/5/19, the Qualified Professional reported:</p> <ul style="list-style-type: none"> - at times the doctor's office may approve the refill but there is a glitch in wether Medicaid would pay for the medication or lancet. - other times the doctor did not approve the refill in time. - they were looking at ways to improve when the medications get re-ordered to correct this problem <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</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 staff failed to maintain the facility in a clean, safe and</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL093-034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/06/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WILLOW ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 474 MACON-EMBRO ROAD MACON, NC 27551
---	--

(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 736	<p>Continued From page 5</p> <p>attractive manner. The findings are:</p> <p>Observation on 11/5/19 at 9:00am revealed:</p> <ul style="list-style-type: none"> - several screens throughout the facility were torn - there was mold on the windowsills in all three bedrooms -the smoke detector at the front door was beeping throughout the survey - there was rust on the inside of the refrigerator <p>During an interview on 11/5/19, the Qualified Professional reported all above issues would be addressed immediately.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		