

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/24/2019
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint, and follow-up survey was completed on October 24, 2019. The complaint was substantiated (intake #NC00156933). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(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.</p> <p>(i) The governing body shall develop and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide staff training to meet the needs of the clients for 2 of 4 direct care staff audited (Residential Manager/Associate Professional (AP), Staff #6). The findings are:</p> <p>Review on 10/24/19 of client #2's record revealed: -14 year old male admitted 6/3/19. -Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined presentation; Asthma. -Order dated 9/10/19 for Ipratropium-Albuterol 0.5 milligrams (mg)/3 milliliters (ml); administer 3 mls by nebulization every 6 hours.</p> <p>Review on 10/23/19 of staff #6's personnel record revealed: -Hire date was 10/4/18. -Job title, Counselor I. -Child Cardiopulmonary Resuscitation (CPR) documented 10/27/18. -No documentation of Adult CPR certification. -No documentation of training in the set up and use of a Nebulizer Machine to administer medication</p> <p>Review on 10/24/19 of the Residential Manager/AP's, personnel record revealed:</p>	V 108		

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V 108	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Hire date was 7/12/17 . -Child Cardiopulmonary Resuscitation (CPR) documented 6/21/19. -No documentation of Adult CPR certification. -No documentation of training in the set up and use of a Nebulizer Machine to administer medication <p>Interview on 10/24/19 Staff #6 stated:</p> <ul style="list-style-type: none"> -She practiced on adult and child CPR mannequins when trained. -The nurse did the CPR training. -Client #2 had a breathing treatment machine. -She had not been trained on how to use his breathing machine. She did not know how to set up the machine for a breathing treatment. <p>Review on 10/23/19 of American Red Cross guidelines revealed Adult CPR is used for children about 12 years of age and older.</p> <p>Telephone interview on 10/23/19 the Registered Nurse (RN) stated:</p> <ul style="list-style-type: none"> -She provided CPR training for the staff. -She followed the American Red Cross course. -She only trained staff on Child CPR. -She did not train staff on Adult CPR. -Child CPR was appropriate for resuscitation of children over 2 years old. -She was not aware of the criteria or age that one would require Adult CPR per American Red Cross guidelines. -She only taught staff to do CPR with 1 hand. -She would mention Adult CPR to staff, but did not train or certify the staff in Adult CPR. <p>Interview on 10/23/19 the Licensee stated:</p> <ul style="list-style-type: none"> -CPR training was provided by the RN. -The facility admitted clients from 10 years old to 17 years old. 	V 108		

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V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 3</p>	V 110		

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V 110	<p>Continued From page 4</p> <p>paraprofessional staff (#7) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 10/23/19 of Staff #7's personnel file revealed:</p> <ul style="list-style-type: none"> -Hire date was 7/10/19. -Job title, Counselor II. -Child Cardiopulmonary Resuscitation (CPR) documented 10/18/19. -National Crisis Interventions Plus (NCI+) and 9 Optional training completed 7/10/19. <p>Review on 10/23/19 of an internal investigation dated 10/7/19 revealed:</p> <ul style="list-style-type: none"> -On 10/3/19 client #2 informed the Assistant Manager that Staff #7 was cursing at client #2 and talking about his mother. -On 10/3/19 the Assistant Manager informed the Qualified Professional (QP), Program Manager and the Licensed Professional (LP) of the incident. -The LP and the QP obtained statements from the clients that corroborated client #2's report -Staff #7 was removed from the schedule during the investigation -Staff #7 was terminated. -Written statement by client #1 documented that he kept his glasses after Staff #7 told him to leave them home. Staff #7 told him she would document that he wasn't following directions. He became upset and told Staff #7 he was going to slap her. Staff #7 talked about his hair cut and his girlfriend. He said something about Staff #7's hair, called her fat and told her she needed to keep her legs closed. -Written statement by client #2 documented that Staff #7 and client #1 argued over his eye glasses. Staff #7 called client #1's girlfriend fat and told him his "mother should have kept her 	V 110		

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V 110	<p>Continued From page 5</p> <p>legs closed before she had him." Client #1 threatened to slap Staff #7 and told her "she should have kept her legs closed." -Written statement by client #3 documented that Staff #7 and client #1 had an argument and exchanged words about each others' mothers and about children.</p> <p>Review on 10/23/19 of written statement dated 10/7/19 by Staff #7 revealed: -Client #1 argued with Staff #7 because he could not stay after school and because he took his eye glasses on an outing. -She told client #1 she would document his behaviors. -Client #1 called her a fat b***h and threatened to slap her. -Client #1 was deescalated by Staff #14 and he apologized to her. -She did not know how any verbal aggression occurred.</p> <p>Interview on 10/23/19 Staff #7 stated: -Client #1 made an allegation of verbal abuse against her because he was not permitted to stay after school. -She had not raised her voice at client #1. -The Program Director contacted her the next day and told her she was removed from the schedule. -She was removed from the work schedule for one week and a half during the investigation. -She had a meeting with the Assistant Manager and Program Director and discussed the different types of abuse. -She had not had any issues with client #1 and he is more helpful since she returned to work. -She had training on de-escalation techniques.</p> <p>Interview on 10/24/19 Staff #14 stated: -Staff #7 used profanity towards client #1.</p>	V 110		

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V 110	Continued From page 6 -Staff #7 made comments about client #1's girlfriend's weight. Interview on 10/23/19 the Assistant Manager stated: -She became aware of the incident regarding client #1 and Staff #7 during an outing the next day with client #2. -She contacted Staff #14 and requested a statement. -Se did not know what happened because she wasn't there.	V 110		
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 interviews the facility failed to have fire and disaster drills held at least quarterly and repeated for each shift. The findings are:	V 114		

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V 114	<p>Continued From page 7</p> <p>Interview on 10/24/19 the Licensee stated: -The shifts were as follows: -Monday - Friday (M-F): 8 am - 4 pm (day shift) ; 4 pm - 12 am (evening shift); 12 am - 8 am (night shift) -Saturday - Sunday (WE): 8 am - 8 pm (week end day shift); 8 pm - 8 am (week end night shift) -They rotated drills every month to a different shift.</p> <p>Review of fire drills from 1/1/19 - 9/30/19 revealed: -Quarter 1/1/19 - 3/31/19: No fire drills documented on the M-F or WE day shifts or on the WE night shift. -Quarter 4/1/19 - 6/30/19: No fire drills documented on the WE day shift or the M-F or WE night shifts. -Quarter 7/1/19 - 9/30/19: No fire drills documented on the M-F day shift or either of the WE shifts.</p> <p>Review of disaster drills from 1/1/19 - 9/30/19 revealed: -Quarter 1/1/19 - 3/31/19: No disaster drills documented on the M-F day shift. -Quarter 4/1/19 - 6/30/19: No disaster drills documented on the M-F day shift or the WE night shift. -Quarter 7/1/19 - 9/30/19: No disaster drills documented on the M-F evening shift.</p> <p>Interview on 10/23/19 client #1 stated: -November 6th would be his 4th or 5th month at the facility. (Admission date was 6/14/19.) -He had not done any fire or disaster drills.</p> <p>Interview on 10/23/19 client #4 stated: -He had been at the facility for about 2 months.</p>	V 114		

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V 114	Continued From page 8 (Admission date was 8/26/19.) -He had not done any fire or disaster drills. Interview on 10/23/19 client #2 (admission date, 6/3/19) stated: -They exit out the front door for fire drills. -He could not recall having done a disaster drill.	V 114		
V 116	27G .0209 (A) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (a) Medication dispensing: (1) Medications shall be dispensed only on the written order of a physician or other practitioner licensed to prescribe. (2) Dispensing shall be restricted to registered pharmacists, physicians, or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy. If a permit to operate a pharmacy is Not required, a nurse or other designated person may assist a physician or other health care practitioner with dispensing so long as the final label, Container, and its contents are physically checked and approved by the authorized person prior to dispensing. (3) Methadone For take-home purposes may be supplied to a client of a methadone treatment service in a properly labeled container by a registered nurse employed by the service, pursuant to the requirements of 10 NCAC 45G .0306 SUPPLYING OF METHADONE IN TREATMENT PROGRAMS BY RN. Supplying of methadone is not considered dispensing. (4) Other than for emergency use, facilities shall not possess a stock of prescription legend drugs for the purpose of dispensing without hiring a pharmacist and obtaining a permit from the NC	V 116		

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V 116	<p>Continued From page 9</p> <p>Board of Pharmacy. Physicians may keep a small locked supply of prescription drug samples. Samples shall be dispensed, packaged, and labeled in accordance with state law and this Rule.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure dispensing of medications was restricted to registered pharmacists, physicians or other health care practitioners authorized by law and registered with the North Carolina Board of Pharmacy affecting 3 of 3 clients audited (Clients #1, #2, #4). The findings are:</p> <p>Finding #1: Review on 10/24/19 of client #2's record revealed: -14 year old male admitted 6/3/19. -Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined presentation; Asthma.</p> <p>Observations on 10/24/19 at approximately 2 pm of client #2's medications on hand revealed: -A weekly pill box with individual compartments labeled, "AM" and "PM" Sunday through Saturday. -The compartments had the following: -Saturday am: 1 blue tablet, 1 white tablet -Saturday pm: 1 white tablet, 1 square tan tablet, 1 yellow tablet -Friday am: 1 blue tablet, 1 white tablet -Friday pm: 1 white tablet, 1 square tan tablet -Tuesday am: 1 blue tablet, 1 white pill oval</p>	V 116		

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V 116	<p>Continued From page 10</p> <p>white tablet -Tuesday pm: 1 white tablet, 1 square tan tablet -Sunday am: 1 blue tablet, 1 white tablet oval white -1 plastic cup with lid, client #2's initials and "PM" written on the lid. Inside the cup was 1 white tablet, 1 square tan tablet</p> <p>Finding #2: Review on 10/24/19 of client #1's record revealed: -15 year old male admitted 6/14/19. -Diagnoses included Oppositional Defiant Disorder, Major Depressive Disorder, Predominately Hyperactive/Impulsive Presentation, Cannabis Use Disorder-Moderate.</p> <p>Observations on 10/24/19 at approximately 1:30 pm of client #2's medications on hand revealed: -A weekly pill box with individual compartments labeled, "AM" and "PM" Sunday through Saturday. -The compartments had the following: -Saturday pm: 1 white capsule, 1 orange square tablet -Friday pm: 1 white capsule and 1 orange square tablet -Friday am: 1 orange and blue capsule -Sunday am: 1 orange and blue capsule -1 plastic cup with lid, client #1's initials and "PM" written on cup. Inside the cup was 1 square orange tablet and 1 white capsule.</p> <p>Finding #3: Review on 10/24/19 of client #4's record revealed: -12 year old male admitted 8/26/19. -Diagnoses included Oppositional Defiant Disorder: ADHD-Impulsive Presentation and Post</p>	V 116		

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V 116	<p>Continued From page 11</p> <p>Traumatic Stress Disorder.</p> <p>Observations on 10/24/19 at approximately 4:19 pm of client #4's medications on hand revealed:</p> <ul style="list-style-type: none"> -A weekly pill box with individual compartments labeled, "AM" and "PM" Sunday through Saturday. -The compartments had the following: <ul style="list-style-type: none"> -Friday am: 1 yellow gel tab, 1 pink capsule, 1 blue capsule, 1 round white tablet. -Friday pm: 1 Saphris (remained in labeled single dosed packaging) tab, 1 beige tablet, 1 white tablet and 1 white capsule. -Saturday am: 1 round white tablet, 1 pink capsule, 1 yellow gel tablet. -Saturday pm: 1 Saphris tab, 1 beige tablet, 1 white capsule and 1 round white tablet. -Sunday am: 1 round tablet, 1 blue capsule, 1 pink capsule and 1 yellow gel tablet. -Sunday pm- 1 Saphris, 1 beige tablet and 1 white tablet. -1 plastic cup with lid, client #4's initials and "PM" written on cup. Inside the cup was 2 white tablets, 1 white capsule and 1 Saphris. <p>Interview on 10/24/19 Staff #6 stated:</p> <ul style="list-style-type: none"> -She pre-poured all client medications scheduled for administration in the morning of 10/24/19, but the Residential Manager/Associate Professional (AP) administered the medications. -Typically on Sunday either Staff #6, the Residential Manager/AP, or Staff #11 would pre-pour the medications for all clients into a weekly pill box. Each client had a weekly pill box. -The weekly pill boxes were kept in their locked box. -Daily the night shift staff would pour the pills from the weekly pill box into a cup for the next scheduled morning dose. -This pouring from weekly pill box into a cup for 	V 116		

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V 116	<p>Continued From page 12</p> <p>the next evening dose was not typical. She (Staff #6) had done this on 10/24/19 because she was scheduled to work that evening.</p> <p>-The medications in the weekly pill box may not be the same every day for the same dosing time because they would have put all of a medication on hand in the pill box compartments, and were waiting a prescription re-fill to complete the distribution of medications in the weekly pill box.</p> <p>-She had been instructed to pre-pour the medications in the weekly pill planer by the Residential Manager/AP.</p> <p>Interview on 10/24/19 the Licensee stated:</p> <p>-She knew the staff were not to pre-pour medications.</p> <p>-She was not aware this was occurring.</p> <p>-She and the Assistant Manager would follow up with the Residential Manager/AP and Staff #11 to correct this practice.</p>	V 116		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription</p>	V 117		

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V 117	<p>Continued From page 13</p> <p>drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to assure all prescription medication had a packaging label containing the identifying information required by rule affecting 2 of 3 audited clients (#1 and #2) The findings are:</p> <p>Finding #1: Review on 10/24/19 of client #2's record revealed: -14 year old male admitted 6/3/19. -Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined presentation; Asthma. -Order dated 7/31/19 for Fluticasone (used to prevent asthma attacks) 50 mcg (micrograms), 1 puff in each nostril daily. -Order dated 7/31/19 for Pro Air (used to treat asthma) (90 mcg, 2 puffs every 4 hours as needed for shortness of breath.</p>	V 117		

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V 117	<p>Continued From page 14</p> <p>Observations on 10/24/19 at approximately 2 pm of client #2's medications on hand revealed: -1 bottle of Fluticasone 50 mcg without a pharmacy label. Client #2's initials were written on the label. -1 Proair HFA (hydrofluoroalkane) inhaler on hand without a pharmacy label.</p> <p>Finding #2: Review on 10/24/19 of client #1's record revealed: -15 year old male admitted 6/14/19. -Diagnoses included Oppositional Defiant Disorder, Major Depressive Disorder, Predominately Hyperactive/Impulsive Presentation, Cannabis Use Disorder-Moderate. -Order dated 7/31/19 for Qvar (used to prevent asthma attacks) 40 mcg Oral inhaler, 1 puff two times a day.</p> <p>Observations on 10/24/19 at approximately 1:30pm of client #2's medications on hand revealed: -1 Qvar 40 mcg oral inhaler without a pharmacy label.</p> <p>Interview on 10/24/19 the Assistant Manager stated: -The pharmacy had not placed labels on any of the inhalers. -She would contact the pharmacy to see if the inhalers could be labeled differently.</p>	V 117		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:</p>	V 118		

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V 118	<p>Continued From page 15</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: (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.</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 and interviews, the facility failed to administer medications as ordered by the physician, maintain current MARs, and record medications immediately after administration affecting 3 of 3 clients audited (clients #1, #2, #4). The findings are:</p>	V 118		

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V 118	<p>Continued From page 16</p> <p>Finding #1: Review on 10/24/19 of client #2's record revealed: -14 year old male admitted 6/3/19. -Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined presentation; Asthma. -Order dated 7/26/19 for Guanfacine ER (extended release) 3 mg (milligrams) daily in the morning. (ADHD) -Order dated 7/31/19 for Cetirizine 10 mg nightly. (Allergies) -Order dated 7/31/19 for Pro Air 90 mcg (micrograms), 2 puffs every 4 hours as needed for shortness of breath. -Order dated 9/10/19 for Ipratropium-Albuterol 0.5 milligrams (mg)/3 milliliters (ml); administer 3 ml's by nebulization every 6 hours. (Asthma)</p> <p>Review on 10/24/19 of client #2's August, September, and October 2019 MARs revealed: -Guanfacine ER 2 mg documented daily at 7 am from 9/4/19 - 9/30/19. -Cetirizine 10 mg was scheduled and documented as administered at 7 am from 8/1/19 -10/24/19. -Pro Air 90 mcg, 2 puffs, was documented daily 8/1/19 - 8/31/19 and 9/3/19 - 9/30/19. No time documented when administered. -Ipratropium-Albuterol 0.5 mg/3 ml; administer 3 ml's by nebulization every 6 hours had not been transcribed or documented as given on the September or October 2019 MARs. -All medications scheduled to be administered at 7 am on 10/24/19 had been documented as administered by Staff #6.</p> <p>Finding #2: Review on 10/24/19 of client #1's record</p>	V 118		

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V 118	<p>Continued From page 17</p> <p>revealed:</p> <ul style="list-style-type: none"> -15 year old male admitted 6/14/19. -Diagnoses included Oppositional Defiant Disorder, Major Depressive Disorder, Predominately Hyperactive/Impulsive Presentation, Cannabis Use Disorder-Moderate. -Physician order dated 7/31/19 for Montelukast Sod (sodium) (used to treat asthma) 10 mg, take 1 tablet by mouth nightly for 90 days. -Physician order dated 7/31/19 for Qvar (used to prevent asthma attacks) 40 mcg Oral inhaler, 1 puff two times a day. -Physician order dated 7/26/19 for Melatonin (used to treat insomnia)10mg, 1 tablet at bedtime. <p>Review on 10/24/19 at approximately 10:50am of client #1's September and October 2019 MARs revealed:</p> <ul style="list-style-type: none"> -No documentation of Montelukast 10mg being administered for 9/27/19-9/30/19 at 7:00pm as ordered by physician. <p>October</p> <ul style="list-style-type: none"> -Montelukast Sod 10mg 7:00pm documented as administered. -Qvar 40 mcg 7:00pm documented as administered. -Melatonin 10mg 7:00pm documented as administered. <p>Finding #3:</p> <p>Review on 10/24/19 of client #4's record revealed:</p> <ul style="list-style-type: none"> -12 year old male admitted 8/26/19. -Diagnoses included Oppositional Defiant Disorder: ADHD-Impulsive Presentation and Post Traumatic Stress Disorder. -Physician order dated 9/27/19 for Cogentin (used to treat bipolar) .5mg, take 1 tablet 30 minutes before Saphris. 	V 118		

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V 118	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Physician order dated 9/26/19 for Lithium (used to treat bipolar) ER (extended release) 300mg, take 1 tablet at bedtime. -Physician order dated 9/27/19 for Saphris (used to treat bi-polar disorder) 5mg, 1 tablet at night, do not eat or drink for 10 minutes. <p>Review on 10/24/19 at approximately 1:14pm of client #4's October MAR's revealed the following was documented for 10/24/19:</p> <ul style="list-style-type: none"> -Cogentin .5mg 6:30 pm documented as administered. -Clonidine .2 mg 7:00 pm documented as administered. -Melatonin 10 mg 7:00 pm documented as administered. -Saphris 5mg 7:00 pm documented as administered. -Lithium ER 450 mg 7:00 pm documented as administered. <p>Interview on 10/24/19 Staff #6 stated:</p> <ul style="list-style-type: none"> -She had recently completed medication recertification training. -She had pre-poured all client medications scheduled for administration in the morning of 10/24/19, signed the Medication Administration Records (MARs), but did not administer the medications. The Residential Manager/Associate Professional (AP) administered the medications that morning. -She had pre-signed the MARs on the morning of 10/24/19 for all clients with medications scheduled to be administered in the evening of 10/24/19. This was not typically done, but she did this on 10/24/19 because she was scheduled to work that evening. -Typically on Sunday either Staff #6, the Residential Manager/AP, or Staff #11 would pre-pour the medications for all clients into a 	V 118		

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V 118	<p>Continued From page 19</p> <p>weekly pill box. Daily the night shift staff would pour the pills from the weekly pill box into a cup for the next scheduled morning dose.</p> <p>-She had been instructed to pre-pour the medications in the weekly pill planer by the Residential Manager/AP.</p> <p>Interview on 10/24/19 the Assistant Manager stated:</p> <p>-When they got the order for client #2's nebulizer medication they did not have the machine.</p> <p>-They called client #2's mother and were told his machine was broken.</p> <p>-Client #2's physician's office staff called the pharmacy and were told client #2's payor source would only approve a nebulizer every 5 years and he had 21 more days before one could be supplied.</p> <p>-Client #2's physician instructed them to bring client #2 to the office if he needed a breathing treatment before he was able to get a machine. The nebulizer was delivered to group home about 30 days later.</p> <p>-She did not know why client#2's nebulizer medication had not been transcribed to his MAR.</p> <p>-Client #2 had a follow up appointment on 10/23/19, but the physician's office had called and rescheduled to 10/30/19. Client #2 had not needed any breathing treatments.</p> <p>-She believed the transcription of Guanfacine ER 2 mg on the September 2019 was in error and that he received the correct dosage of 3 mg daily. The staff had documented 3 mg on the dosing log that was used to document a daily tally of remaining doses on hand for each medication so they would know when to re-order medications.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications</p>	V 118		

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V 118	Continued From page 20 as ordered by the physician. This deficiency has been cited 4 times since the original cite on 10/15/18 and must be corrected within 30 days.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of	V 293		

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V 293	<p>Continued From page 21</p> <p>control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate with other individuals within the child or adolescent's system of care for 2 of 3 clients audited (clients #1 and #2). The findings are:</p> <p>Review on 10/24/19 of client #1's record revealed: -15 year old male admitted 6/14/19. -Diagnoses included Oppositional Defiant Disorder, Major Depressive Disorder, Predominately Hyperactive/Impulsive Presentation, Cannabis Use Disorder-Moderate. -Physician order dated 7/31/19 for Albuterol Hfa (hydrofluoroalkane) 90 Mcg (microgram) Inhaler, inhale 2 puffs every 4 hours as needed for wheezing.</p>	V 293		

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V 293	<p>Continued From page 22</p> <p>Interview on 10/23/19 client #1 stated: - He did not have an abluterol Hfa inhaler at school.</p> <p>Review on 10/24/19 of client #2's record revealed: -14 year old male admitted 6/3/19. -Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactive Disorder (ADHD), combined presentation; Asthma. -Order dated 7/31/19 for Pro Air 90 mcg inhaler 2 puffs every 4 hours as needed for shortness of breath or wheezing. -9/10/19 seen by physician for follow up of recent asthma attack.</p> <p>Interview on 10/23/19 client #2 stated: -He had not needed his inhaler since his home visit or at school. -The staff or client #2 do not take his Pro Air inhaler when away from the facility.</p> <p>Interview on 10/24/19 the Staff #6 stated: -She did not know if client #2 had an inhaler at school. -Staff did not take client #2's inhaler when they went on outings or to the office.</p> <p>Interview on 10/24/19 the Assistant Manager stated: -She did not know if client #1 or client #2 had an inhaler at school. -The inhalers were ordered "as needed." -Staff did not take client #2's inhaler when they went on outings or to the office. -She would contact the doctor and the school tomorrow to follow up on inhalers for clients #1 and #2.</p>	V 293		

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V 293	Continued From page 23 -She could not locate a copy of client #2's recent physician office visit summary in September 2019 for his asthma.	V 293		
V 367	27G .0604 Incident Reporting Requirements 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 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: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (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: (1) the provider has reason to believe that	V 367		

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V 367	<p>Continued From page 24</p> <p>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> <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</p>	V 367		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL078-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/24/2019
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NAME OF PROVIDER OR SUPPLIER A BETTER WAY RESIDENTIAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 220 CALVINS ROAD SHANNON, NC 28386
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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 367	<p>Continued From page 25</p> <p>incidents that occurred; and (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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to submit Level II and Level III incident reports to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 10/24/19 of client #1's record revealed: -15 year old male admitted 6/14/19. -Diagnoses included Oppositional Defiant Disorder, Major Depressive Disorder, Predominately Hyperactive/Impulsive Presentation, Cannabis Use Disorder-Moderate.</p> <p>Finding #1: Review on 10/24/2019 of the North Carolina Incident Response Improvement System (IRIS) October 2019 reports revealed: -A Level III incident report submitted on 10/9/19 for verbal abuse of client #1 on 10/2/19 by Staff #1. -The provider learned of the incident on 10/3/19. -On 10/2/19 client #1 refused to follow Staff #1's directives to leave his glasses at the facility. -Client #1 put on his glasses when riding in the van. An argument between client #1 and Staff #2 escalated then the two began cursing at each other and talking about each other's mothers.</p>	V 367		

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V 367	<p>Continued From page 26</p> <p>-Staff #1 did not inform anyone of the incident. Management learned of the incident the next day from another client.</p> <p>Record review on 10/23/19 of facility Level I incidents revealed: -An internal investigation statement dated 10/7/19 by the Program Director. -Written statements by Client #1, Client #2, Client #3 and Staff #1.</p> <p>Interview on 10/24/19 the Program Director stated: -Staff #1 was removed from the work schedule during the investigation. -She had to do her internal investigation before she could report the incident to IRIS. -She was aware of the reporting requirements.</p> <p>Finding #2: Review on 10/24/2019 of the October 2019 IRIS reports revealed no Level II incident report for the facility's call to police in response to client #1's aggressive behaviors on 10/9/19.</p> <p>During interview on 10/23/19 the Assistant Manager stated: -On 10/9/19 Client #1 and Client #2 had a physical altercation on the bus. -Client #2's mother wanted to file charges on Client #1. -Charges were filed by the facility at the mother's request. -The local sheriff was called to the residence. -The Sheriff completed a report and would turn it over to the local department of social services. -A Level II incident report not was submitted because the incident happened on the bus.</p> <p>During interview on 10/24/19 the Program</p>	V 367		

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V 367	Continued From page 27 Director stated: -She was not aware that Client #1 and Client #2's issue on bus was a level II incident.	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLIGENCE OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to protect one of three audited clients (#1) from verbal abuse. The findings are: Cross Reference 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF	V 512		

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V 512	<p>Continued From page 28</p> <p>PARAPROFESSIONALS (V110). Based on record reviews and interviews 2 of 3 paraprofessional staff (#6 and #7) failed to demonstrate the knowledge, skills and abilities required by the population served.</p> <p>Review on 10/23/19 of internal investigation dated 10/7/19 revealed: -Staff #7 had cursed at client #7 and talked about his mother. -Staff #7 had been suspended during the investigation. -Statements were obtained from client #1, #2, #3 and Staff #7.</p> <p>Review on 10/23/19 of written statements of client #1, #2, and #3 revealed: -Staff #7 and client #1 had an argument because client #1 did not follow Staff #7's instruction to leave his eye glasses at home. -Staff #7 talked inappropriately about client #1's hair cut and called client #1's girlfriend "fat." -Staff #7 told client #1 that "his mother should have kept her legs closed before she had him."</p> <p>Interviews on 10/23/19 client #1 and client #2 stated: -Staff # 7 called client #1's girlfriend "fat". -Staff #7 said client #1's mother "should have kept her legs closed before she had him."</p> <p>Interview on 10/24/19 Staff #14 stated: -Staff #7 used profanity towards client #1. -Staff #7 made comments about client #1's girlfriend's weight.</p> <p>Refer to V110 and V367 for additional information.</p>	V 512		

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V 774 V 774	<p>Continued From page 29</p> <p>27G .0304(d)(7) Minimum Furnishings</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.</p> <p>This Rule is not met as evidenced by: Based on interview, and observation, the facility failed to ensure adequate storage for personal belongings affecting 1 of 4 clients (Clients #3). The findings are:</p> <p>Observations on 10/23/19 at 11:30 am revealed: -Client #3's bedroom door opened into a corridor that lead to a bathroom. -Client #3's closet was located outside the bedroom across the hall that lead to a bathroom. There was no door on client #3's closet.</p> <p>Interview on 10/24/19 staff #6 stated she had not heard any complaints from client #3 about his belongings being in a closet accessible to other clients.</p> <p>Interview on 10/23/19 and 10/24/19 the Licensee stated:</p>	V 774 V 774		

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V 774	Continued From page 30 -A renovation had been done in May 2019 to construct the hall way to give access to the bathroom by all clients without having to walk through client #3's bedroom. -She would find a solution to provide client #3 with suitable storage inside his room.	V 774		