

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-955 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED R 09/19/2019 |
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| NAME OF PROVIDER OR SUPPLIER VICTORY HEALTHCARE SERVICES 2 | STREET ADDRESS, CITY, STATE, ZIP CODE 1421 PJ FARMS LANE RALEIGH, NC 27603 |
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| V 000 | INITIAL COMMENTS An Annual, Complaint and Follow Up Survey was completed 09/19/19. The complaints were substantiated (Intake #NC00154671 and #NC0015600). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. | V 000 | | |
| 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. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR | V 118 | | |

DHSR-Mental Health
 DEC 02 2019
 Lic. & Cert. Section

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| <i>Alvona</i> | <i>Administrator</i> | |

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| V 118 | <p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure the MAR was current for two of three audited clients (#3, #4). The findings are:</p> <p>A. Review on 09/13/2019 of client #3's record revealed: -Admitted: 07/02/16 -Diagnoses inclusive of Depression and Type 2 Diabetes -Physician's orders dated 07/10/19 listed Metformin 1000 milligrams (mg) one tablet twice a day (used to treat diabetes) -August 2019 MAR initialed Metformin as administered in the morning only</p> <p>B. Review on 09/13/2019 of client #4's record revealed: -Admitted: 01/01/118 -Diagnoses inclusive of schizophrenia, bipolar, and personality disorder -Physician's orders dated 08/22/19 listed Mupirocin 2% topical ointment administer twice a day for 30 days (used to treat skin infections caused by bacteria) -August 2019 MAR initialed Mupirocin as administered in the morning only</p> <p>During interview on 09/16/19, staff #1 reported: -It was an oversight the MAR was not initialed correctly for Metformin and Mupirocin -MAR should be documented immediately after medication was administered</p> | V 118 | <p>VHS will maintain current MARs for each consumer. Administrator/QP will ensure compliance by conducting medication audits every two weeks for 2 months then monthly thereafter.</p> | 11/18/19 |
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| V 118 | Continued From page 2 During intkekrview on 09/18/19, the Licensee reported: -Not aware of the missed documetation for medication on the MAR prior to this interview -Felt the close pretyped information on the MAR may have been a little confusing for staff -He or the Qualified Professional would review the MARs monthly | V 118 | | |
| 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 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 | V 291 | | |

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| V 291 | <p>Continued From page 3</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 record review and interview, the facility failed to coordinate services with other qualified professionals responsible for two of three audited client's (#3, #4) system of care. The findings are:</p> <p>A. Review on 09/13/2019 of client #3's record revealed: -Admitted: 07/02/16 -Diagnoses inclusive of Depression, Type 2 Diabetes -Pamphlet provided by the Ophthalmologist listed Diabetic Retinopathy ("complication of diabetes which causes damage to the blood vessels in the Retina- the light sensitive tissue that lines the back of the eye allowing you to see fine detail.") -Physician's notes of surgeries 04/17/19 (left eye) and 07/17/19 (right eye) to address Diabetic Retinopathy -April 24, 2019 Ophthalmologist appointment indicated after both surgeries completed, client would be fitted for new glasses</p> <p>During interview on 09/16/19, staff #1 reported: -Client #1's Optometrist had not contacted the group home to pick up eyeglasses for client #2 -She planned to follow up this week on the status of client #1's glasses</p> <p>During interview on 09/17/19, client #1's Optometrist office reported: -Client #1's eyeglasses had been available</p> | V 291 | <p>VHS will coordinate services with other qualified professionals as indicated. QP/Administrator will ensure compliance through direct follow up with Drs. Orders following appointments and by scheduling any recommended follow up appointments.</p> | 11/18/19 |
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| V 291 | <p>Continued From page 4</p> <p>since September 6, 2019. Several unsuccessful attempts had been made to contact the group home as no one answered the phone or returned voice messages left at the residence or the owner's phone.</p> <p>During interview on 09/19/19, the Licensee reported:</p> <ul style="list-style-type: none"> -He was not aware client #1's eyeglasses were ready for pick up. He would have staff to pick up the glasses as soon as possible. <p>B. Review on 09/13/2019 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted: 01/01/118 -Diagnoses inclusive of schizophrenia, bipolar, personality disorder, Chronic Obstructive Pulmonary Disease -Primary Care Physician's note dated 07/24/19- "make sure she sees pulmonologist" -Primary Care Physician's note dated 09/05/19 noted issues with swallowing per client's self report <p>During interview on 09/17/19 , client #4's Primary Care Physician's office nurse reported:</p> <ul style="list-style-type: none"> -Referral was done July 26, 2019 for pulmonologist (specialist in pathology of lungs)...client #4 last went to pulmonologist in February 2019. -Referral for (Ear, Nose, Throat) ENT was done Sept 6, 2019 for difficulty swallowing and shortness of breath. The PCP office sent all the paperwork and referral information to the office to set up the appointment. Information such as contact information for the home and management was also provided. Unsuccessful attempts were made to contact the group home or management, therefore no appointment had been established. | V 291 | | |
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| V 291 | <p>Continued From page 5</p> <p>During interview on 09/18/19, the pulmonologist reported: -Client #4 had never been seen by her office. The only appointment noted for client #4 was established and canceled for August 1, 2019 "client not feeling well. Will need to reschedule."</p> <p>During interview on 09/18/19, client #4 reported: -She was not having any difficulty breathing, just minor issues swallowing "occasionally" -Last saw pulmonologist a few weeks ago and the plan was to place something down her throat and complete a MRI. She was not sure of the specific details</p> <p>During interview on 09/19/19, staff #1 reported: -She had not been made aware of any outstanding or missed appointments. All appointments were documented on the calendar used by the facility -Client #4 made her own appointments. Staff was not aware of the pending ENT or pulmonologist appointments</p> <p>During interview on 09/19/19, the Licensee reported: -He would discuss with the Qualified Professional a method to follow up on client medical referrals and maintain appointments.</p> | V 291 | | |
| 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> | V 736 | | |

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| V 736 | <p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the governing body failed to assure the facility was maintained in a clean and orderly manner. The findings are:</p> <p>Observation on 09/13/19 at 7:00 PM of the facility revealed:</p> <ul style="list-style-type: none"> -Bedroom occupied by clients #2 and #6: Mold and dirt in bathtub/shower, -Clutter noted throughout the home in each of the bedrooms -Bedroom occupied by client #3-Chair in front of bed causing issue with egress in case of fire <p>During interview on 09/18/19, the Licensee reported:</p> <ul style="list-style-type: none"> -He was not aware of issues with cleaning areas such as client bathtub/shower -He would discuss with the ladies the need to declutter their rooms -Client #3 put the chair in front of her bed to prevent her from falling. He would discuss with her alternatives methods which may include a larger bed. | V 736 | <p>VHS will be maintained in a clean and orderly manner. QP/Administrator will ensure compliance by conducting weekly inspections of the home for 2 months then monthly inspections thereafter.</p> | 11/18/19 |