

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-173	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/03/2019
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NAME OF PROVIDER OR SUPPLIER HARLEE MAC GROUP HOME - I	STREET ADDRESS, CITY, STATE, ZIP CODE 1752 ELIZABETH DRIVE KINSTON, NC 28501
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on December 3, 2019. The complaint was unsubstantiated (intake #NC00157446). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete an assessment prior to admission affecting 1 of 4 audited clients (Former Client #6). The findings are:</p> <p>Review on 12/3/19 of available documentation regarding Former Client #6 (FC #6) revealed:</p> <ul style="list-style-type: none"> - FL-2 dated 10/8/19 included date of birth 11/15/94; diagnoses included Intellectual Disability, mild, Intermittent Explosive Disorder, Disruptive Behavior Disorder, and Frotteuristic Disorder. - "Discharge Summary" dated 10/19/19 and signed by Qualified Professional #1 (QP #1) included "Admission Date: 10/9/19, Date of Discharge: 10/19/19." - No admission assessment. <p>During interview on 12/3/19 the President stated:</p> <ul style="list-style-type: none"> - Following his admission, FC #6 "was fine" and did not exhibit any negative behaviors. - FC #6 became verbally and physically aggressive toward other clients and staff on 10/18/19 and was taken to the hospital by the police for involuntary commitment (IVC). - He was discharged by the hospital as he did not meet the criteria for IVC; the police transported him back to the facility. - While FC#6 was with the police she went to the courthouse secured IVC from the magistrate; the police returned FC#6 to the hospital. - FC #6 assaulted four nurses at the hospital after 	V 111		

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V 111	<p>Continued From page 2</p> <p>he was involuntarily committed.</p> <ul style="list-style-type: none"> - No one told her about FC #6's behaviors prior to his admission. - FC#6's guardian told her about his behavior issues "after a few days." - The President stated Qualified Professional #2 (QP #2) had FC #6's record and would provide it for review upon her arrival. <p>During interview on 12/3/19 QP #2 stated she did not have a record for FC #6. His record was sent to the hospital by facility staff when FC #6 was involuntarily committed on 10/19/19. The hospital did not return FC #6's record.</p>	V 111		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <ul style="list-style-type: none"> (1) an identification face sheet which includes: <ul style="list-style-type: none"> (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred 	V 113		

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V 113	<p>Continued From page 3</p> <p>physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on interviews the facility failed to maintain a complete record for 1 of 4 audited clients (former client #6). The findings are:</p> <p>During interview on 12/3/19 when asked to present former client #6's (FC #6) record for review, the President stated Qualified Professional #2 (QP #2) had FC #6's record and would provide it for review upon her arrival. FC #6 was at the facility for about 10 days.</p> <p>During interview on 12/3/19 QP #2 stated she did not have a record for FC #6. His record was sent to the hospital when FC #6 was involuntarily committed on 10/19/19. The hospital did not return FC #6's record.</p>	V 113		

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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, observations, and interviews the facility failed (1) ensure</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>medications administered were recorded on each client's MAR immediately after administration for 1 of 4 audited clients (#1) and (2) to administer medications as ordered by the physician affecting 2 of 4 audited clients (#4 and #5). The findings are:</p> <p>Finding #1: Review on 12/3/19 of client #1's record revealed: - 59 year old male, admitted 2/06/19. - Diagnoses included Schizoaffective Disorder, bipolar type, Antisocial Personality Disorder, and Hepatitis C. - Physician's orders signed 2/6/19 for amlodipine (can treat high blood pressure) 5 mg, (milligrams) one tablet daily; divalproex (anticonvulsant, can treat bipolar disorder) 250 mg, 3 tablets twice daily; lisinopril-hydrochlorothiazide (HCTZ) (can treat hypertension) 10-12.5 mg one tablet daily; minocycline (can treat infections) 100 mg, one tablet twice daily; olanzapine (antipsychotic) 20 mg, one tablet twice daily; oxybutynin (can treat overactive bladder) 5 mg one tablet twice daily; and signed 10/9/19 for chlorpromazine (anti-psychotic) 100 mg, one tablet twice daily with 200 mg tablet for total of 300 mg; chlorpromazine 200 mg, one tablet twice daily with 200 mg tablet for total of 300 mg.</p> <p>Review on 12/3/19 of client #1's MARs for September - December 2019 revealed: - Transcriptions for medications as ordered by the physician. - No staff initials to indicate administration of amlodipine, lisinopril-HCTZ, 11/29/19 through 11/30/19, or chlorpromazine 100 mg and 200 mg, divalproex, minocycline, olanzapine, or oxybutynin 8:00 pm 11/28/19 through 8:00 pm 11/30/19. - No documented explanation of the omissions.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Observation on 12/3/19 at 12:30 pm of client #1's medications revealed supply of all medications as ordered, dispensed by pharmacy 11/19/19.</p> <p>Finding #2: Review on 12/3/19 of client #4's record revealed: - 59 year old male, admitted 3/24/16. - Diagnoses included Schizoaffective Disorder, bipolar type, Major Depressive Disorder, Seizure Disorder, Hypertension, and Diabetes. - Physician's order signed 11/13/19 for Renacidin (catheter irrigation solution) 6.602-0198 grams/100 milliliters (mL), irrigate catheter with 30 mL twice daily.</p> <p>Review on 12/3/19 of client #4's MARs for September - December 2019 revealed no transcribed entries for Renacidin irrigation solution; no documentation that Renacidin irrigation solution had been used as ordered.</p> <p>Observation on 12/3/19 at 12:45 pm revealed box of Renacidin 6.602-0.198 grams/100 mL, irrigate with 30 mL twice daily, dispensed by pharmacy 11/13/18.</p> <p>Review on 12/3/19 of client #5's record revealed: - 22 year old male, admitted 6/19/19. - Diagnoses included Schizoaffective Disorder, bipolar type. - Physician's order signed 11/20/19 for olopatadine 0.1% eye drops (can treat itchy eyes), one drop each eye daily.</p> <p>Review on 12/3/19 of client #5's MARs for November - December 2019 revealed: - Transcribed entry for olopatadine eye drops as ordered by the physician, with documentation that staff #1 administered the eye drops 12/1/ 19 -</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>12/3/19.</p> <p>Observation on 12/3/19 at 1:00 pm of client #5's medications revealed no olopatadine eye drops on hand.</p> <p>During interview on 12/3/19 the President stated staff #1 documented administration of the eye drops by mistake. The eye drops were not available because they were waiting for approval for the medication from Medicaid.</p> <p>During interview on 12/3/19 Qualified Professional #2 stated staff had been reminded to document medication administration immediately after administering the medications. She would speak with staff #1 again.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>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:</p> <ol style="list-style-type: none"> (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. <p>(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:</p> <ol style="list-style-type: none"> (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <ol style="list-style-type: none"> (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. <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</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>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). (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> <ol style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III 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>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit a Level II incident report to the Local Management Entity (LME) within 72 hours as required. The findings are:</p> <p>Review on 12/3/19 of the North Carolina Incident</p>	V 367		

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V 367	<p>Continued From page 10</p> <p>Response Improvement System (IRIS) revealed: - Level II incident report completed by staff #2 included "Date of Incident: 10/18/19 Date Last Submitted: 10/23/19 . . . Consumer's Name: [FC #6] . . . Consumer's Date of Birth: Unknown. . ." - "Incident Comments: . . . Date: 10/23/19 . . . [FC #6] became extremely for no apparent reason on 10/18/19. He went into a housemate room and assaulted him and a fight ensued. Staff separated them. [FC #6] stayed in his room for apparently one hour. Staff was sitting in the hallway monitoring him when he came out and started punching staff. When the 2nd staff intervened, he punched the 2nd staff. [FC #6] state he wanted to leave the home and that no one could stop him from leaving the home and that he was going to continue to fight until he is our of the home. He became verbally aggressive and started using numerous racial slurs and threatened to hit another resident. Staff directed the resident to go back into his room and staff continued to de-escalate [FC #6], but to no avail. Because he continued to be disruptive and presented dangerous behaviors towards the residents and staff, the police was called for assistance. [FC #6] calmed down immediately when he saw the police."</p> <p>During interview on 12/3/19 Qualified Professional #2 stated a Level II incident report was submitted. The LME had responded to the incident report to request additional information.</p>	V 367		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly</p>	V 736		

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V 736	<p>Continued From page 11</p> <p>manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a clean, attractive manner free from offensive odor. The findings are:</p> <p>Observations on 12/3/19 between at approximately 10:45 am revealed:</p> <ul style="list-style-type: none"> - An overwhelming odor of urine. - Particulate matter on the floors in the foyer, dining room, and kitchen. - The dining table was sticky with dried liquid spills; the napkin holder was stuck to the table; particulate matter on the table top. - The dining room walls were scuffed. - A heavy gray coating of dust and lint on the exposed heating elements in the baseboard heating units in the dining room. - The refrigerator door pulls were dirty and sticky. - Organic matter, including spider webs, in the space between the windows and the exterior window screens. - A brown and gold comforter and garbage bag on the front porch emitted a very strong, foul odor of urine and excrement. - 2 garbage bags and a plastic container labeled "Animal Crackers" on the foyer floor. <p>During interview on 12/3/19 staff #1 stated the comforter on the front porch belonged to a client at another facility; staff were going to pick it up.</p> <p>Observations on 12/3/19 at approximately 2:00 pm revealed the comforter, garbage bags and plastic container had been removed from the</p>	V 736		

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V 736	Continued From page 12 front porch and the foyer. During interview on 12/3/19 the President stated the facility was preparing for its annual sanitation inspection to be conducted 12/4/19.	V 736		