PRINTED: 10/18/2019
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL031-039	A. BUILDING: _____ B. WING _____	R 10/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARSAW GROUP HOME	716 CURTIS ROAD WARSAW, NC 28398

(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	INITIAL COMMENTS An annual and follow up survey was completed 10/17/19. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (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. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and	V 108		

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V 108	Continued From page 1 clients. This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 3 audited staff (Manager #1) failed to have current First Aid and Cardiopulmonary Resuscitation (CPR) training. The findings are: Review on 10/15/19 of Manager #1's personnel record revealed: - Title of Manager, hire date 4/16/18. - American Heart Association Basic Life Support training dated 5/23/17, expired 5/2019. - No documentation of current First Aid and CPR training. Manager #1 was not available for interview. During interviews on 10/15/19 and 10/17/19 the Qualified Professional/Executive Director stated she could not locate documentation of Manager #1's current First Aid and CPR training; she thought the documentation was in the personnel record. In the event of a medical emergency, staff would call 911. She understood the requirement for First Aid and CPR training to be kept current and would schedule Manager #1 for a class within the next week.	V 108	Administration will schedule staff for CPR/FA class. Administration will make sure documentation is received upon completion class was completed by staff member.	12/5/19
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall	V 118		

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V 118	Continued From page 2 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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 1 of 3 audited clients (#3). The findings are: Review on 10/15/19 of client #3's record revealed:	V 118	RSC will retrain staff on MAR documentation. Administration will check behind RSC & house staff to ensure documentation is noted correctly. MAR will be checked weekly for completeness.	12/31/19

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V 118	Continued From page 3 - 40 year old female admitted 3/11/16. - Diagnoses included Unspecified Mood Disorder, Intellectual/Developmental Disability, mild, and Diabetes. - Physician's orders signed 7/31/19 for lisinopril (can treat high blood pressure) 2.5 milligrams (mg) 1 tablet daily, glipizide (can treat type 2 diabetes) 5 mg 1 tablet daily, Flonase 0.05% nasal spray (can treat allergy symptoms) , 2 sprays to each nostril daily, omeprazole (can treat heartburn and gastroesophageal reflux disease) 20 mg 2 capsules every morning, cetirizine (can treat allergy symptoms) 10 mg 1 tablet every morning, citalopram (can treat depression) 20 mg 2 tablets daily, ferrous sulfate (dietary supplement) 325 mg 1 tablet twice daily between meals with vitamin C juice, metformin (can treat type 2 diabetes) 500 mg 1 tablet twice daily, polyethylene glycol (can treat constipation) mix 17 grams in 8 ounces of beverage and drink every Monday, Wednesday, and Friday; signed 8/23/19 to check fasting blood sugar every morning; signed artificial tears 1.4% "as directed to right eye three times daily." Review on 10/15/19 of client #3's MARs for July - October 2019 revealed: - Transcriptions for medications as ordered by the physician. - No documentation of administration of medications at 8:00 am on 9/30/19. - No documentation of administration of lisinopril on 8/30/19; ferrous sulfate on 8/2/19, metformin at 8:00 am 8/19/19 or 8:00 pm 8/24/19, 8/25/19, or 8/29/19; artificial tears at 2:00 pm 8/1/19, 8:00 am or 2:00 pm 8/2/19, 2:00 pm 8/9/19, 2:00 pm 8/16/19, or 8:00 am 8/26/19. During interview on 10/15/19 client #3 stated she took her medications daily with staff assistance	V 118		

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V 118	Continued From page 4 and she had never missed any doses. During interview on 10/15/19 the Qualified Professional/Executive Director stated staff did not document administration of client #3's medications immediately after giving the medications. She was confident the medications were given as ordered. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536	Admunistration will obtain list of qualifying classes & schedule training for staff. Documentation of completion of training will be obtained.	1/31/20

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V 536	Continued From page 5 behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

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V 536	Continued From page 6 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

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V 536	Continued From page 7 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 audited staff (Manager #1, Manager #2, and the Qualified Professional/Executive Director) received annual training updates in alternatives to restrictive interventions. The findings are:	V 536		

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V 536	Continued From page 8 Review on 10/15/19 of Manager #1's personnel record revealed: - Title of Manager, hire date 4/26/18 - No documented training in alternatives to restrictive interventions. During interview on 10/15/19 Manager #1 stated training in alternatives to restrictive interventions was done annually. Restrictive interventions were not used at the facility. Staff would call 911 if needed. Review on 10/15/19 of Manager #2's record revealed: - Title of Manager, hire date 4/16/18. - North Carolina Interventions (NCI), Core+/Modified Physical Techniques, parts A & B, completed 4/16/18. - No documentation of updated training in alternatives to restrictive interventions. Manager #2 was not available for interview. Review on 10/15/19 of the Qualified Professional/Executive Director's personnel record revealed: - Title of Executive Director, hire date 10/15/12. - NCI Core+/Modified Physical Techniques, parts A & B, completed 2/14/18. - No documentation of updated training in alternatives to restrictive interventions. During interviews on 10/15/19 and 10/17/19 the Qualified Professional/Executive Director stated: - She was the Residential Services Coordinator and the Qualified Professional for the facility - None of the staff had current training in alternatives to restrictive interventions. - The Licensee had a "hands off" policy and	V 536		

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V 536	Continued From page 9 restrictive interventions were not used. - She could not identify a qualified provider to train staff in alternatives to restrictive interventions. - She would contact an instructor and schedule training for all staff as soon as possible.	V 536		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
MHL031-039 Y1	A. Building B. Wing Y2	10/17/2019 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0112 Reg. # 27G .0205 (C-D) LSC	Correction Completed 10/17/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Connie Anderson	DATE 10/17/19
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE Facility Compliance Consultant I	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/15/2018		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

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Homes, Inc

Fax

To: Connie Anderson **From:** J. Howell

Fax: 919.715.8078 **Pages:** (Includes cover) 12

Phone: **Date:** 12/6/19

Re: MHL #031-039 **cc:**

☑ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

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Sorry for delay

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