

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-253</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>JUST IN TIME YOUTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>432 WEST 5TH STREET BURLINGTON, NC 27215</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on 12/5/19. The complaint was unsubstantiated (intake #NC00158481). Deficiencies were cited.</p> <p>This facility is licensed for the following services category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:            (A) composition and activities of a quality assurance and quality improvement committee;            (B) written quality assurance and quality improvement plan;            (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;            (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;            (E) strategies for improving client care;            (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;            (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;            (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>facility failed to develop and implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:</p> <p>Review on 12/4/19 of client #3's record revealed: -Admission date of 5/12/19. -Diagnoses of Diabetes, Severe Intellectual Disability, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Hypothyroidism, Sleep Apnea and Seasonal Allergies. -Medication Administration Records (MAR) for October and November 2019 indicated staff checked blood sugars three times daily. -The December 2019 MAR indicated staff checked client #3's blood sugar three times daily 12/1 through 12/3.</p> <p>Review of facility records on 12/4/19 revealed: -No evidence the facility had a CLIA waiver to check client #3's blood sugars.</p> <p>Interview with client #3 on 12/4/19 revealed: -He had been living in the group home since May 2019. -Staff checked his blood sugar three times daily. -Staff had been checking his blood sugar three times daily for several months.</p> <p>Interview with House Manager on 12/4/19 revealed: -Client #3 was diabetic and staff were checking his blood sugar. -Staff were required to check client #3's blood sugar three times a day.</p>	V 105		

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V 105	Continued From page 3  -There was not a physician's order to check client #3's blood sugar. -They were checking client #3's blood sugar as a precaution. -He confirmed the facility failed to have a CLIA waiver to check client #3's blood sugar.  Interview on 12/4/19 with the Program Director revealed: -He had never heard of a CLIA waiver. -They rarely had clients admitted to the group home whose blood sugar had to be checked. -He confirmed the facility failed to have a CLIA waiver to check client #3's blood sugar.	V 105		
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;	V 118		

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V 118	<p>Continued From page 4</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure there was a physician's order for one of three clients (#3). The findings are:</p> <p>Review on 12/4/19 of client #3's record revealed: -Admission date of 5/12/19. -Diagnoses of Diabetes, Severe Intellectual Disability, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Hypothyroidism, Sleep Apnea and Seasonal Allergies. -Physician's order dated 7/9/19 for Metformin HCL 1000 mg, one tablet two times daily with meals. -Medication Administration Records (MAR) for October and November 2019 indicated staff checked blood sugars three times daily. -The December 2019 MAR indicated staff checked client #3's blood sugar three times daily 12/1 through 12/3. -There was no evidence of a physician's order for staff to check client #3's blood sugar three times daily.</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Interview with client #3 on 12/4/19 revealed: -He had been living in the group home since May 2019. -Staff checked his blood sugar three times daily. -Staff had been checking his blood sugar three times daily for several months.</p> <p>Interview with House Manager on 12/4/19 revealed: -Client #3 was diabetic and staff were checking his blood sugar. -Staff were required to check client #3's blood sugar three times a day. -There was not a physician's order to check client #3's blood sugar. -They were checking client #3's blood sugar as a precaution. -He confirmed facility staff failed to ensure there was a physician's order to check client #3's blood sugar.</p> <p>Interview on 12/4/19 with the Program Director revealed: -They rarely had clients admitted to the group home whose blood sugar had to be checked. -He confirmed facility staff failed to ensure there was a physician's order to check client #3's blood sugar.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive</p>	V 736		

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V 736	<p>Continued From page 6</p> <p>odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation on 12/4/19 at approximately 11:05 AM of the facility revealed the following issues: -Client #1's bedroom-Both windows were boarded with plywood. -Hallway near bathroom-The area rug was torn and the edges were curled. -Client #3's bedroom-There was paint peeling towards bottom of wall. There were pink spots on the wall. The carpet was stained. The door frame had peeling paint. -Hallway-The carpet was stained and torn. -Bathroom #2-The paint on the wall was cracking. The door frame had peeling paint. -Clients' #2 and #4 bedroom-Carpet had faded spots. The bedroom door had peeling paint. There was a wooden brace on one of the windows. The wooden brace prevented the window from opening. -Den area-The carpet was stained and had a burn like marking. The area rug was stained. One side of the sofa was sagging. -Staff office-The door knob was missing.</p> <p>Interview with House Manager on 12/4/19 revealed: -The clients were responsible for some of the major maintenance issues with the group home. -Client #2 was responsible for breaking out the windows in client #1's bedroom.</p>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>-Client #2 used to reside in client #1's bedroom prior to them changing the room assignments.</li> <li>-Client #2 got upset and used his elbow to bust out the windows.</li> <li>-He thought client #2 busted the windows out about three weeks ago.</li> <li>-The wooden brace was on the window because one of the clients busted out the window.</li> <li>-The glass window was replaced with a plexiglass window.</li> <li>-The wooden brace was there to hold the plexiglass in place.</li> <li>-He confirmed the facility was not maintained in a safe, clean, attractive and orderly manner.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		