

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl018-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VOCA-8TH AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>212 8TH AVENUE N W HICKORY, NC 28601</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on November 22, 2019. The complaint was substantiated (#NC00156244). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
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"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <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>	V 110		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

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V 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that 2 of 4 (#2, #4) audited paraprofessional staff demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 11/20/19 of the personnel record for Staff #2 revealed: -Hired on 10/17/05 as a paraprofessional staff.</p> <p>Review on 11/20/19 of the personnel record for Staff #4 revealed: -Hired on 2/22/19 as a paraprofessional staff.</p> <p>Review on 11/22/19 of Training notes for Staff Meetings revealed: -Staff #4 was trained to never reschedule appointments unless the client was sick and unable to go. -Training occurred on 5/14/19, 6/18/19, and 8/19/19.</p> <p>Interview on 11/8/19 with Client #3 revealed: -Staff #2 yelled at him a lot. -He stated that if Staff #2 got mad at him she would curse and say "g*d d**n" if he didn't do something right. -She would also yell at him about snacks or would yell about using his pull up.</p> <p>Interview on 11/9/19 with Staff #1 revealed: -She had seen Staff #2 yell at Client #3. She</p>	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 2</p> <p>indicated that she constantly yelled at him. -She had heard her yell "I'm sick of this" or "get in here and get your laundry done." -She stated that Staff #2 got frustrated with Client #3. -She stated that Staff #2 came across mean and angry with Client #3. Her face would get "beet red."</p> <p>Interview on 11/12/19 with Staff #2 revealed: -She indicated that because Client #3 was hard of hearing you had to speak loudly to him. He wore hearing aids and at times would forget to change the batteries. She stated that staff had to speak loud and slow for him to understand. -She stated that she had "yelled" out his name when calling for his attention before but had never yelled at him in a berating way.</p> <p>Interviews on 11/19/19 with Staff #4 revealed: -She rescheduled the appointment for Client #3 so that she could take him to see his sister. -She stated that the Supervisor or Qualified Professional could have taken him to his appointment. -She had witnessed Staff #2 yell at the clients. -Staff #2 has yelled "get your a*s in the d**n van" or "I'm tired of you getting medical supplies and not using them." -She stated that "you know she is mad" -She stated that she had reported this to the House Manager and the Qualified Professional.</p> <p>Interview on 11/19/19 with the House Supervisor revealed: -On 11/6/19, Staff #4 rescheduled the medical appointment for Client #3 that was scheduled for 11/7/19. There was no approval for that change. He was unaware of the change until 11/7/19 after 2:00PM. He confirmed with the doctor's office</p>	V 110		

Division of Health Service Regulation

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V 110	<p>Continued From page 3</p> <p>that the staff member had rescheduled the appointment.</p> <p>Interviews on 11/19/19 and 11/20/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-Staff were not allowed to cancel or reschedule medical appointments for clients without supervisor approval or unless due to a medical reason.</li> <li>-Corrective action process implemented with Staff #4 because she had not followed the protocol related to medical appointments for clients.</li> <li>-A medical appointment was scheduled for Client #3 for 11/7/19. On 11/6/19 Staff #4 cancelled the appointment in order to take Client #3 to visit his sister. She rescheduled the appointment for the same date but later in the afternoon. When Staff #2 came on shift on 11/7/19 at 2:00PM she learned that the appointment had been rescheduled. Staff #2 contacted the house supervisor but due to the late notice no one was able to take Client #3 to the appointment and therefore it was rescheduled for the following week. Staff #2 was working alone and could not leave the other clients to transport for a medical appointment.</li> <li>-No approval was given to reschedule the appointment.</li> <li>-Staff #4 had been trained on multiple occasions about the protocol for medical appointments.</li> <li>-She had never received any reports from Client #3 or any staff member that Staff #2 yelled at clients. She had never observed Staff #2 yell at Client #3. She stated that Client #3 had a hearing deficit and at times he would not have his hearing aids turned up.</li> </ul> <p>Interview on 11/12/19 with the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>-Client #3 would sometimes need to turn up his</li> </ul>	V 110		

Division of Health Service Regulation

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V 110	Continued From page 4  hearing aid in order to be heard. -No prior reports about Staff #2 yelling at Client #3. -He would occasionally drop in on second shift for observation of Staff #2. He indicated that Staff #2 was always appropriate with the clients. He had not observed her yelling at clients. He indicated that Staff #2 would redirect Client #3 but would not yell. -He had not received any reports from families, guardians or other staff about the conduct of Staff #2.	V 110		
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	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>(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 observation, record review and interviews the facility failed to ensure medications were administered as ordered and failed to ensure MARs were current for 2 of 3 clients (#1, #3). The findings are:</p> <p>Client #1:</p> <p>Observation on 11/19/19 at 10:30AM of the medications for Client #1 revealed: -Benefiber powder dispensed on 11/5/19. -Paxil and Levofloxacin were not included in the medication supply for Client #1.</p> <p>Record review on 11/8/19 and 11/19/19 for Client #1 revealed: -Admitted on 9/8/15 with diagnoses of Moderate Intellectual Disability, Bi Polar Disorder, Diabetes, Ogilvie Syndrome, hypertension, potassium deficiency, hyperlipidemia, and depressive episode. -Physician's order dated 8/20/19 for Paxil 10mg (milligram) (anti-depressant), 1 tablet daily. -Physician's order dated 11/4/19 for Paxil 10mg, talk one half (5mg) at bedtime for 3 days, then stop completely on 11/7/19. -Physician's order dated 11/5/19 for Benefiber powder, 3G (grams) three times daily.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 6</p> <p>-Physician's order for Levofloxacin 500mg (antibiotic), 1 tablet daily for 5 days, was not dated.</p> <p>Review on 11/19/19 of the 10/2019 and 11/2019 MARs for Client #1 revealed:</p> <p>-November MAR indicated that the Levofloxacin was ordered for Client #1 on 11/12/19.</p> <p>-Levofloxacin was administered 4 days, from 11/14/19-11/17/19.</p> <p>-No administration of Paxil was documented on 11/5/19. Only two days of the taper 5 milligram dose of Paxil was documented as administered on 11/6/19 and 11/7/19.</p> <p>-On the November 2019 MAR the Benefiber powder was twice at 8:00AM. Only 2 daily administrations were documented on 11/13/19, 11/14/19, 11/16/19, and 11/18/19.</p> <p>Client #3:</p> <p>Observation on 11/19/19 at 11:30AM of the medications for Client #3 revealed:</p> <p>-Triamcinolone Cream dispensed 11/11/19.</p> <p>-Benzoyl Wash dispensed 6/21/19.</p> <p>-Mometasone solution dispensed 3/21/19.</p> <p>-Tamsulosin (for enlarged prostate) .4mg dispensed 10/21/19.</p> <p>Record review on 11/8/19 and 11/19/19 for Client #3 revealed:</p> <p>-Admitted on 6/29/98 with diagnoses of Mild Intellectual Disability, Mood Disorder, hearing loss, hypertension, Attention Deficit Hyperactivity Disorder, asthma, and gastroesophageal reflux disease.</p> <p>-Physician's orders dated 10/16/19 for Triamcinolone cream .025% cream to face, axillae and groin twice daily for 2 weeks and then taper off and Clobetasol .05% solution to scalp</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 7</p> <p>twice daily for 2 weeks and taper off.</p> <p>-No physician's order for Fluocinonide solution for the scalp.</p> <p>-The order sheet signed by the physician on 10/16/19 also indicated a note to the pharmacist signed by the physician that indicated "pharmacist: topical solution is acceptable substitution".</p> <p>-Physician's order dated 10/24/19 to discontinue the triamcinolone cream and clobetasol solution.</p> <p>-Physician's order dated 11/11/19 to Restart Triamcinolone cream .025% once daily to groin area and underarms.</p> <p>-Physician's orders dated 5/9/19 for Benzoyl Liquid 10% Wash, apply once daily and Mometasone Solution .1% apply to scalp once daily.</p> <p>-Physician's order dated 5/9/19 for Tamsulosin .4mg, 2 capsules once daily.</p> <p>Review on 11/19/19 of the 10/2019 and 11/2019 MARs for Client #3 revealed:</p> <p>-On the October MAR Clobetasol solutions was documented as administered once on 10/23/19, 10/24/19 and 10/25/19.</p> <p>-Fluocinonide Solution .05% was included on the October and November MARs. The directions were to apply to scalp twice daily for 2 weeks then taper off. Administration was documented beginning in the PM on 10/18/19 and then was documented twice daily through the AM dose on 11/19/19 (except for 10/23/19 and 10/24/19 when it was documented only once).</p> <p>-Triamcinolone Cream administration to face, axillae and groin did not begin until 10/18/19, 2 days following the order.</p> <p>-Administration of the Benzoyl Wash was not documented on 10/25/19 and 11/17/19.</p> <p>-Administration of the Mometasone was not documented on 10/27/19.</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-The November MAR did not include administration of the Triamcinolone cream ordered on 11/11/19.</li> <li>-Tamsulosin was not documented as administered on 11/17/19.</li> </ul> <p>Interview on 11/19/19 with the local pharmacist revealed:</p> <ul style="list-style-type: none"> <li>-The Clobetasol Solution for Client #3 was not covered by insurance. The pharmacy received a verbal order from the physician for Fluocinonide as a replacement, however, insurance would not cover that medication either. There was no additional order received from the physician as a replacement. Neither the Clobetasol or the Fluocinonide were dispensed to the facility.</li> <li>-The Mometasone Solution that Client #3 was using would have been effective for the scalp.</li> </ul> <p>Interview on 11/19/19 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-She had seen the fax arrive from the pharmacy on 10/17/19 for the 2 new topical medications for Client #3. She had called the doctor for a new medication to replace the Clobetasol. The doctor indicated that he would call a replacement medication into the pharmacy.</li> <li>-She then placed the fax from the pharmacy in the box to be filed. She stated that she informed the House Supervisor.</li> </ul> <p>Interview on 11/19/19 with the House Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-Staff were supposed to report any medication changes ordered by a physician.</li> <li>-When a new medication was ordered for any client, he updated the MAR.</li> <li>-He was not informed about the topical medication changes for Client #3 and he never saw the fax from the pharmacy on 10/17/19.</li> <li>-He had not had any contact with the pharmacy or</li> </ul>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 9</p> <p>the physician for Client #3 to resolve the medication changes for the skin and scalp.</p> <p>Interviews on 11/19/19 and 11/20/19 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> <li>-She saw the 10/17/19 fax from the pharmacy for Client #3's medications on the date of this interview.</li> <li>-She had not been made aware of the changes to the topical medications for Client #3.</li> <li>-She had not had any contact with the pharmacy or the physician for Client #3 to resolve the medication changes for the skin and scalp.</li> <li>-She acknowledged that staff were documenting medications for Client #3 that had never been dispensed to the facility.</li> <li>-She stated that all staff had been trained in the proper documentation of medication administration.</li> <li>-She occasionally looked at MARs. She attempted to review them weekly but stated that was not always done.</li> <li>-She stated that the House Supervisor should be reviewing MARs daily to identify errors and to ensure that new medications were added. The current House Supervisor was recently promoted in August.</li> <li>-MARs had not been reviewed daily.</li> <li>-Consistent communication among staff about medical appointments and medication changes was lacking.</li> <li>-She indicated that staff were going into the electronic MAR and "clicking off meds" as being administered. She stated that staff were to scan the bar code on each medication as it was administered but had failed to do that consistently.</li> <li>-She had not seen the Benefiber errors on the MARs for Client #1 until this date.</li> <li>-She stated that Client #1 had received all 5</li> </ul>	V 118		

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V 118	<p>Continued From page 10</p> <p>doses of the Levofloxacin. She indicated that the pharmacy had received the order for Levofloxacin on 11/12/19 and entered the order into the electronic MAR for 5 days which would have ended on 11/17/19. The facility received the medication from the pharmacy on 11/13/19 but because it was an AM medication, did not begin administration until 11/14/19. She stated that the 5th day of administration would have been on 11/18/19 and staff should have documented that administration on paper if unable to do so in the electronic system. Staff failed to document the 5th day of administration.</p> <p>Review on 11/22/19 of the Plan of Protection completed and signed by the Program Manager revealed: "What will you do to correct the above rule violations in order to protect clients from further risk or additional harm? QP created a medication pass checklist for each individual that home supervisor will complete daily and will be signed off on by QP weekly. All staff will attend Medication Administration class taught by company Nurse. Home Supervisor and/or QP will be attending all medical appointments for all 3 consumers in the home."</p> <p>"Describe your plans to make sure the above happens. Beginning 11/21/19, home supervisor will check MAR daily and document any holes on the medication pass checklist. QP will review checklist and compare to MAR weekly on Friday. Medication Administration training has been scheduled for Monday, 11/25/19 @ 10:00 AM, all staff, home supervisor and QP will attend training. Company nurse will be teaching this medication administration class.</p>	V 118		

Division of Health Service Regulation

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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 118	<p>Continued From page 11</p> <p>Home Supervisor OR QP will attend all medical appointments for all 3 consumers in home. Once returning to the home, supervisor/QP will fax orders to Pharmacy and the file in consumer's medical book. Home Supervisor/QP will follow with the pharmacy to ensure the order was received and then will follow up in home the next day to ensure that medication has arrived at facility. If medication is not in facility, Home Supervisor/QP will contact pharmacy to inquire as to why and when the medication will be received. Home Supervisor/QP will ensure they get hard copies of all new, changing or discontinuing medications at each appointment and will immediately fax to Pharmacy Alternatives and follow up by checking QuickMar to ensure order has been entered correctly. Home Supervisor/QP will communication any changes and give updates to the staff in the home. This process will start immediately."</p> <p>Client #1 received a daily administration of an anti-depressant until the physician ordered that he be tapered off that medication. The physician also ordered an antibiotic for Client #1 which was for 5 days. Neither medication was documented as ordered therefore there is no way to determine if those changes were implemented correctly. Client #3, who experienced chronic skin conditions was ordered medications for rashes on his skin and scalp. Medication changes were made due to insurance issues, however, the facility failed to coordinate with the pharmacy and physician to ensure proper orders were in place for administration. Furthermore, the facility failed to ensure that the MARs reflected the correct medications used to treat the conditions. Staff documented topical medications that were never dispensed to the facility. These errors went undetected for a month. There were no checks</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl018-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/22/2019</b>
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V 118	Continued From page 12  and balances in place and no system of oversight to ensure proper administration of medications which is considered detrimental to client health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 118		