

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL033-107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/17/2019
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NAME OF PROVIDER OR SUPPLIER OPEN HEARTS	STREET ADDRESS, CITY, STATE, ZIP CODE 3038 STALLINGS ROAD MACCLESFIELD, NC 27852
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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 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 12/17/19. The complaint was substantiated Intake#NC00157889. 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 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> <p>(1) an identification face sheet which includes:</p> <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; <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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 physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>(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 record review and interview the facility failed to maintain a client record for one of two former clients (FC#4). The findings are:</p> <p>Review on 12/12/19 for FC#4 revealed the following: - a handwritten November 2019 & December 2019 Medication Administration Record (MAR) - November 2019 was initialed for 11/29/19 -11/30/19 - December 2019 MAR was initialed for only 12/1/19 - no client record was maintained at the facility (no face sheet; admission or discharge date; DSM IV diagnosis...)</p> <p>Review on 12/12/19 of progress notes printed by the Licensee from her computer revealed: - 10/23/19 - representative Department of Social Services (DSS) inspect home - 10/28/19 - FC#4 arrived at the facility....transporter hand us bandages and we</p>	V 113		

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V 113	<p>Continued From page 2</p> <p>asked what were they for and he stated his colostomy bag...we were unaware of him having a bag...it was not noted on his paperwork and no one told us...called guardian and he said he thought we were aware...I told him we are not properly trained to deal with the bag and that we would not be admitting FC#4...stated he understood and would start searching...</p> <ul style="list-style-type: none"> - 10/31/19 - I received a call from [nursing home] stated they were interested in FC#4...I call DSS representative and he agreed for nursing home representative to come out - 11/1/19 - ...nursing home admitted FC#4...DSS guardian contacted <p>Review on 12/17/19 of a faxed FL2 for FC#4 from DSS revealed:</p> <ul style="list-style-type: none"> - a diagnosis of Schizoaffective Disorder, Unspecified - Bowel -continent/colostomy <p>During interview on 12/12/19 Licensee reported:</p> <ul style="list-style-type: none"> - FC#4 was admitted to the facility from psychiatric hospital with an FL2 - FC#4's client record was given to the nursing home - the only documentation at the facility was the MARs - in the future former clients records would be maintained at the facility <p>During interview on 12/12/12 the DSS guardian reported:</p> <ul style="list-style-type: none"> - FC#4 was placed at the group home October 28, 2019 - client made him aware beginning of November 2019 he was at nursing home 	V 113		

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V 118 V 118	Continued From page 3 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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure medications were administered	V 118 V 118		

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V 118	<p>Continued From page 4</p> <p>on the written order of a physician for one of two former clients (FC#4). The findings are:</p> <p>Review on 12/12/19 for FC#4 revealed the following:</p> <ul style="list-style-type: none"> - a handwritten November 2019 & December 2019 Medication Administration Record (MAR) - November 2019 was initialed for 11/29/19 -11/30/19 - December 2019 MAR was initialed for 12/1/19 - no client record was maintained at the facility <p>Review on 12/17/19 of a faxed FL2 for FC#4 from Department of Social Services revealed:</p> <ul style="list-style-type: none"> - Trazadone 100mg in the evening - Zyprexa 5mg in the evening <p>During interview on 12/17/19 the Licensee reported:</p> <ul style="list-style-type: none"> - medications were administered based on the FL2 given when FC#4 was admitted - the FL2 was given to the nursing facility when FC#4 was discharged 	V 118		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p>	V 289		

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V 289	<p>Continued From page 5</p> <p>(2) two or more adult clients. Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205</p>	V 289		

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V 289	<p>Continued From page 6</p> <p>(a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure one of two former clients (FC#4)'s diagnosis met the scope of the program. The findings are:</p> <p>Review on 12/12/19 for FC#4 revealed the following:</p> <ul style="list-style-type: none"> - a handwritten November 2019 & December 2019 Medication Administration Record (MAR) - November 2019 was initialed for 11/29/19 -11/30/19 - December 2019 MAR was initialed for 12/1/19 - no client record was maintained at the facility <p>Review on 12/17/19 of a faxed FL2 for FC#4 from DSS revealed:</p> <ul style="list-style-type: none"> - a diagnosis of Schizoaffective Disorder, Unspecified - Bowel -continent/colostomy <p>During interview on 12/17/19 Licensee reported:</p> <ul style="list-style-type: none"> - she would ensure clients diagnoses met the scope of the program 	V 289		

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V 291	Continued From page 7	V 291		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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 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 with other other professionals who are responsible for the treatment of one of two former clients (FC#4) needs. The findings</p>	V 291		

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V 291	<p>Continued From page 8</p> <p>are:</p> <p>Review on 12/12/19 for FC#4 revealed the following:</p> <ul style="list-style-type: none"> - a handwritten November 2019 & December 2019 Medication Administration Record (MAR) - November 2019 was initialed for 11/29/19 -11/30/19 - December 2019 MAR was initialed for 12/1/19 - no client record was maintained at the facility <p>Review on 12/12/19 of progress notes printed by the Licensee from her computer revealed:</p> <ul style="list-style-type: none"> - 10/23/19 - representative Department of Social Services (DSS) inspect home - 10/28/19 - FC#4 arrived at the facility....transporter hand un bandages and we asked what were they for and he stated his colostomy bag...we were unaware of him having a bag...it was not noted on his paperwork and no one told us...called guardian and he said he thought we were aware...I told him we are not properly trained to deal with the bag and that we would not be admitting FC#4...stated he understood and would start searching... - 10/31/19 - I received a call from [nursing home] stated they were interested in FC#4...wanted to come out and do an assessment...I call DSS representative and he agreed for nursing home representative to come out - 11/1/19 - ...nursing home admitted FC#4...DSS guardian contacted <p>During interview on 12/12/19 the DSS guardian reported:</p> <ul style="list-style-type: none"> - the agency was not aware FC#4 was admitted to the nursing facility - the agency was aware the nursing home was 	V 291		

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V 291	<p>Continued From page 9</p> <p>coming to complete an assessment for FC#4, however after the visit the Licensee was supposed to contact the guardian</p> <ul style="list-style-type: none"> - the guardian was not contacted by the Licensee - FC#4 called the agency and made the guardian aware he was at the nursing facility - he did not inform the Licensee FC#4 had a colostomy bag but it was written on the FL2 - the FL2 was given to the Licensee when FC#4 was admitted <p>During interview on 12/12/19 Licensee reported:</p> <ul style="list-style-type: none"> - FC#4 was admitted from the psychiatric hospital with a FL2 - the FL2 given to her did not have colostomy written on it - FC#4's record was given to the nursing home including the FL2 	V 291		