

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL020034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/18/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN HALLS OF UNAKA #2			STREET ADDRESS, CITY, STATE, ZIP CODE 14949-B JOE BROWN HIGHWAY MURPHY, NC 28906		
(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 survey was completed on 12/18/19. 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112			

DHSR - Mental Health
JAN 3 2020
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shy H. Ruby

TITLE

Director/OP-Bs

(X6) DATE

12/29/19

STATE FORM

6809

51QQ11

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 112

This Rule is not met as evidenced by:
Based on record review and interview the facility failed to update strategies in the treatment plans to reflect the current needs of the clients effecting 2 of 3 sampled clients (Client's #2 and #3). The findings are:

Record review on 12/18/19 for Client #2 revealed:

- Admitted on 6/1/04.
- diagnoses of Seizures, Diabetes Mellitus- insulin dependent, Gastroesophageal Reflux Disease, Hypertension, Disruptive Behavior Disorder, moderate Intellectual Developmental Disorder, Chronic Kidney Disease, and Intermittent Explosive Disorder.
- Physician orders dated 10/8/19 included Buspirone 15 mg, 1 - 3 times a day.
- signed physician's authorization dated 4/18/19 for the client to self-administer his medications.

Review on 12/18/19 of Client #2's treatment plan last revised 4/29/19 revealed:

- no strategies regarding the client's ability to self-administer his medications.

Interview on 12/17/19 with Client #2 revealed:

- he took medication while he was at the day program, but did not know what he took.
- the Director got out the medications he was to take.

Review on 12/18/19 of Client #3's record revealed:

- Admitted 3/18/11.
- diagnoses of Depression, Mild Anxiety, Mild Intellectual Developmental Disability, Diabetes Mellitus Type II, Acid Reflux, Allergies, and Obesity.
- Physician orders dated 10/16/19 included

What:
All clients who take medications while away from the facility will have an addendum added to their service plan. While away indicates while at their day program/workshop. The addendum will specify that trained medication staff will ensure the correct dose of each medication will go into client's medication bottle for the lunch dose or dose while away on a daily basis. When new service plans are completed, this will be added to the medication goal in order to specify the procedure for lunch/day doses while away.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

AUTUMN HALLS OF UNAKA #2

**14949-B JOE BROWN HIGHWAY
MURPHY, NC 28906**

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V 112

Hydroxyzine 25 mg, 1 - 2 times a day, and 2 at bedtime.

-signed physician's authorization dated 9/30/19 for the client to self-administer his medications.

Review on 12/18/19 of Client #3's treatment plan last revised 8/28/19 revealed:

-no strategies regarding the client's ability to self-administer his medication.

Interview on 12/17/19 with Client #3 revealed:

-he took medications at the day program, but had "no idea" what they were.

-his medications were already packed and his worker made sure he took them.

Interview on 12/18/19 with the Qualified Professional/Director revealed:

-for the client's who took medications at the day program she received empty bottles with the labels on them from the pharmacy.

-she packed each bottle with the medication the client was to take while at the day program and put it in their lunch bags.

-their worker at the day program made sure the client's took all the medications she packed during lunch.

-she checked the bottles when the client's returned to the facility to ensure the medications were taken.

Prevention:

It will be reviewed annually with service plans reviews to ensure it does not happen again.

Who:

The director/QP will monitor to ensure this is part of the service plan on an annual basis.

How often:

Annually