STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-169	A. BUILDING: _____ B. WING _____	01/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON COUNTY GROUP HOME #1	308 BRAGG STREET WILSON, NC 27893

(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 January 6, 2020. 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 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 (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.	V 118		

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V 118	Continued From page 1	V 118		

This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to administer medications as ordered by a physician for one of three audited clients (#2). The findings are:

Review on 1/02/20 of client #2's record revealed;
- 67 year old male admitted 8/26/19.
- Diagnoses included Intellectual/Developmental Disability, mild; Schizoaffective Disorder, and Psychotic Disorder.
- Physician's order signed 9/03/19 for clonazepam (a sedative that can treat seizures, panic disorder, and anxiety) 0.5 milligrams (mg) 1 tablet at bedtime.

Review on 1/02/20 of client #2's MARs for November 2019 - January 2020 revealed:
- Transcription for clonazepam 0.5 mg, 1 tablet at bedtime.
- Circled staff initials on 11/6/19, 11/7/19, and 11/8/19.
- "Exceptions . . . Medication Unavailable . . . " for 11/6/19, 11/7/19 and 11/8/19.

During interview on 1/02/20 client #2 stated staff gave him his medications and he had never missed any.

During interview on 1/02/20 the Group Home Manager stated the facilty ran out of client #2's clonazepam in November. The pharmacist was contacted and stated client #2 would not experience any adverse effects from missing the medication. Incident reports were not completed

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V 118	Continued From page 2 for the missed medications.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service	V 366		

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V 366	Continued From page 3	V 366		

or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for

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V 366	Continued From page 4 minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to document their response to level I incidents. The findings are: Review on 1/02/20 of client #2's record revealed; - 67 year old male admitted 8/26/19. - Diagnoses included Intellectual/Developmental Disability, mild; Schizoaffective Disorder, and Psychotic Disorder. - Physician's order signed 9/03/19 for clonazepam (a sedative that can treat seizures, panic disorder, and anxiety) 0.5 milligrams (mg) 1 tablet at bedtime.	V 366		

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V 366	Continued From page 5 Review on 1/02/20 of client #2's MARs for November 2019 - January 2020 revealed: - Transcription for clonazepam 0.5 mg, 1 tablet at bedtime. - Circled staff initials on 11/6/19, 11/7/19, and 11/8/19. - "Exceptions . . . Medication Unavailable . . . " for 11/6/19, 11/7/19 and 11/8/19. During interview on 1/02/20 client #2 stated staff gave him his medications and he had never missed any. During interview on 1/02/20 the Group Home Manager stated the facilty ran out of client #2's clonazepam in November. The pharmacist was contacted and stated client #2 would not experience any adverse effects from missing the medication. Incident reports were not completed for the missed medications. During interview on 1/02/20 the Residential Director stated level I incident reports were not completed for the missed medications. She understood the requirement for level I incident reports to be completed for medication errors that do not meet the definition of a level II or level III incident.	V 366		