STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL014-076	A. BUILDING: _____ B. WING _____	R 01/21/2020

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 1/21/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Individuals with Mental Illness.	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		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to update strategies to address the needs and behaviors effecting 3 of 3 sampled clients (Client #1, #2 and #3). The findings are: Record review on 1/14/20 for Client #1 revealed: -Admission date of 1/22/03 with diagnoses of Schizoaffective Disorder, Hep C and Hypertension. -No assessment for unsupervised time was available and no strategies for unsupervised time in Treatment plan. Record review on 1/14/20 for Client #2 revealed: -Admission date of 8/6/07 with diagnoses of Schizoaffective Disorder and Type II Diabetes. -Had assessment for unsupervised time but no strategies were in Treatment Plan. Record review on 1/14/20 for Client #3 revealed: -Admission date of 4/5/16 with diagnoses of Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Panic Disorder and Asthma. -Had assessment for unsupervised time which noted medical concerns of "Asthma - carries inhaler and EpiPen with her". No strategies were in Treatment Plan. Interview on 1/14/20 with Client #1 revealed: -Attended PSR (Psychosocial Rehabilitation) 3 days a week. The other 2 days he went to the local recreation center to play basketball for 2-3 hours. Staff did not go with him. -Enjoyed going to church every Sunday. Staff did not go with him. -In the summer time he might walk downtown independently. Staff did not go with him.	V 112		

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V 112	Continued From page 2 Interview on 1/14/20 with Client #2 revealed: -Walked to the local store for sodas several times a day. -Was supposed sign in and out in notebook but would forget. "Staff knew where I was." -Had a part time job washing cars but they went out of business. Staff did not go with him. Interview on 1/14/20 with Client #3 revealed: -Went to PSR 5 days a week. -Went to visit her mom every other week and would miss PSR. She was not allowed to visit with her 2 daughters that were in foster care. -Not left unsupervised at any time. Interview on 1/14/20 with Staff #1 revealed: -Client #1 "did not go anywhere unsupervised." He attended PSR 3 days a week and went to the Rec Center the other 2 days. He also attended church every Sunday for a couple of hours. -Client #2 walked to the local store often. "If he wasn't sitting out front smoking, we knew he was at the store. Everyone in town knows him." -"[Client #3] was the neediest. She would go with her mom for the day-never overnight." Interview on 1/21/20 with Group Home Manager revealed: -Every resident got unsupervised time- up to 6 hours. -Staff were responsible for completing assessment every 6 months. -Was not aware unsupervised time needed to be in the treatment plans. -She didn't write the plans. PSR wrote the plans for Client #1 and Client #3 and ACTT (Assertive Community Treatment Team) wrote the plan for Client #2.	V 112		

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V 118	Continued From page 3	V 118		
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. This Rule is not met as evidenced by: Based on observation, record review and	V 118		

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V 118	Continued From page 4 interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 2 of 3 sampled clients (Clients #2 and #3). The findings are: Record review on 1/14/20 for Client #2 revealed: -Admission date of 8/6/07 with diagnoses of Schizoaffective Disorder and Type II Diabetes. -Physician ordered medications on 7/11/19 included: --Montelukast 10mg (allergies)-one at bedtime. Review of MAR on 1/14/20 for Client #2 for November 2019-January 2020 revealed: --Montelukast was blank for 1/8/20. Record review on 1/14/20 for Client #3 revealed: -Admission date of 4/5/16 with diagnoses of Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Panic Disorder and Asthma. -Physician ordered medications included: --Fluticasone 50mcg (asthma) 1spray each nostril daily ordered 1/3/19 and discontinued 12/16/19. --Montelukast 10mg (allergies) 1 tab daily ordered 12/4/18. --Pantoprazole 40mg (acid reflux) twice daily before breakfast and dinner ordered 4/2/19. --Buspirone 15mg (anxiety) 3 times daily ordered 7/8/19. -There was no physician's order to self administer medication. Review of MAR on 1/14/20 for Client #3 for November 2019-January 2020 revealed: --Fluticasone - was administered on 12/17/19, 12/18/19 and 12/23/19 after the discontinue order on 121/16/19. (3 doses) --Montelukast - initials circled on 11/29/19 and 12/7/19- self administered offsite. (2 doses)	V 118		

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V 118	Continued From page 5 --Pantoprazole - initials circled on 11/29/19, 12/7/19, 12/18/19 and 12/29/19 all 4pm doses- self administered offsite. (4 doses) --Buspirone - initials circled on 11/16/19, 11/17/19, 11/24/19, 11/29/19, 11/30/19, 12/7/19, 12/8/19, 12/9/19, 12/14/19, 12/15/19, 12/21/19, 12/23/19, 1/8/20, 1/11/20 all 2pm doses- self administered offsite. (14 doses) Interview on 1/14/20 with Client #2 revealed: -Staff gave him all his medications. They never forgot. Interview on 1/14/20 with Client #3 revealed: -She carried her Epipen but staff would not let her have her inhaler. -She did not take medications with her when she left the facility to administer to herself at a later time. Interview on 1/21/20 with the Group Home Manager revealed: -Client #3 will use her inhaler too much if they did not supervise her use. -There was a Corporate Nurse who reviewed the quick MAR system. She looked at blood pressures, vitals, weight, refusals or gaps. If she saw anything out of the ordinary, she would contact the group home. -She thought Client #3 had a self-administer order but could not locate it. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 118		

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V 123	Continued From page 6	V 123		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure medication errors were reported immediately to a physician or pharmacist affecting 1 of 3 sampled clients (Client #3). The findings are: Record review on 1/14/20 for Client #3 revealed: -Admission date of 4/5/16 with diagnoses of Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Major Depressive Disorder, Panic Disorder and Asthma. -Physician ordered medications included: --Loratadine 10mg (allergies) 1 tab daily ordered 12/4/18. --Triamcinolone 0.1% cream (dermatitis) apply to rash on buttocks twice daily ordered 5/3/19. --Polyethylene Glycol 3350 Powder (laxative) mix 17gms in 8oz beverage daily ordered 4/2/19. Review of MAR on 1/14/20 for Client #3 for November 2019-January 2020 revealed: --Loratadine - initials circled on 12/22/19- refused	V 123		

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V 123	Continued From page 7 (1 dose). --Triamcinolone - initials circled for AM doses on 11/1/19-11/7/19, 11/9/19, 11/10/19, 11/12/19-11/15/19,11/19/19-11/21/19, 11/23/19, 11/24/19, 11/26/19, 11/27/19, 11/30/19, 12/4/19, 12/5/19, 12/7/19, 12/9/19-12/13/19, 12/17/19-1/13/20 -refused (57 doses). --Initials circled for PM doses on 11/1/19, 11/2/19, 11/7/19, 11/14/19, 11/15/19, 11/19/19, 11/23/19, 12/4/19,12/8/19, 12/11/19, 12/12/19, 12/17/19-1/13/20- refused (39 doses). --Polyethylene Glycol - initials circled on 11/1/19-1/13/20- refused. (74 doses). There were no medication error or incident reports to review. Interview on 1/21/20 with the Group Home Manager revealed: -Had been trying to get a discontinue order or change to PRN order for several medications for Client #3 from her Primary Care Physician. -No one had ever told her she need to write up refused meds as incident reports much less to contact a doctor or pharmacist. -No pharmacist or physician was contacted when medications were refused.	V 123		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.	V 131		

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V 131	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 2 of 3 sampled staff (Group Home Manager (GHM) and Staff #3). The findings are: Record review on 1/21/20 for GHM revealed: - Hire Date: 3/16/17. -HCPR check dated 3/27/17. Record review on 1/21/20 for Staff #3 revealed: -Hire Date: 4/2/19. -HCPR check dated 4/8/19. Interview on 1/21/20 with GHM revealed: -The Corporate HR (human resources) department was responsible for conducting background checks as well as the HCPR checks at initial hiring. -She was not aware her HCPR check was out of compliance because she had never been cited for it before.	V 131		