

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL006006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/29/2020
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NAME OF PROVIDER OR SUPPLIER AVERY COUNTY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 198 CEMETARY ROAD NEWLAND, NC 28657
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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 and follow-up survey was completed on January 29, 2020. 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that fire and disaster drills were conducted and repeated for each shift for each quarter. The findings are:</p> <p>Review on 1/29/2020 of the facility's written fire drills from 1/31/19 to 12/31/19 revealed: -no morning (AM) drill during 2nd quarter, 2019 (April-June).</p>	V 114		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Review on 1/29/2020 of the facility's written disaster drills from 1/24/19 to 12/20/19 revealed: -no morning (AM) drill during 3rd quarter, 2019 (July-September).</p> <p>Interviews on 1/28/2020 with Clients #1, #2 and #3 revealed: -Fire and disaster drills were regularly conducted; -They were consistent about the meeting place with regard to the fire drills.</p> <p>Interview on 1/29/2020 with the Group Home Manager (GHM) revealed: -She thought staff had completed all the required fire and disaster drills for last year; -She needed to closely monitor the drill logs to ensure the drills were repeated for each shift and in each quarter.</p>	V 114		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled</p>	V 119		

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V 119	<p>Continued From page 2</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to dispose of all prescription and non-prescription medications in a manner that guarded against diversion or accidental ingestion. The findings are:</p> <p>Review on 1/28/2020 of the facility's written list of 1/2020 discontinued medications revealed: -The written list was maintained in a book at the facility; -The list had 10 medications listed and numbered; -There were no client names associated with each of the discontinued medications listed; -The list did not indicate a method in which the medications were disposed of, and it was difficult to determine which of the 2 staff acted as witness of the medication disposal and which staff disposed of the medications.</p> <p>Observation on 1/28/2020 at approximately 12:37 pm of Client #2's prescribed medications revealed: -Client #2's 1/25/19 prescribed Ventolin HFA (albuterol sulfate inhalation aerosol) 90</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>microgram (mcg) 2 puffs every 4 hours as needed (PRN) had a discard date of 1/25/2020.</p> <p>Observation on 1/28/2020 at approximately 1:00 pm of the facility's non-prescribed, over-the-counter (OTC) medications revealed: -a bottle of hydrogen peroxide with an expiration date of 4/2016.</p> <p>Interviews on 1/28/2020 and 1/29/2020 with the Group Home Manager (GHM) revealed: -1/28/2020, discarded client medications were placed monthly in a drop-off box near a local sheriff's department or local pharmacy for disposal with 2 staff present for 1 staff to serve as a witness to the disposal; -1/29/2020, she had a form she used in the past that the Executive Director (ED) developed with all the required information for medication disposal; -She could return to using the form developed by the ED to ensure all the requirements were met for medication disposal.</p>	V 119		