

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2020
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NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING AT RANSOM RD	STREET ADDRESS, CITY, STATE, ZIP CODE 355 RANSOM ROAD WINSTON SALEM, NC 27106
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 1/17/2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p>	V 000	<p>DHSR - Mental Health</p> <p>FEB 13 2020</p> <p>Lic. & Cert. Section</p>	
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 reviews and interviews, the facility failed to conduct disaster drills on each shift at least quarterly. The findings are:</p> <p>Review on 1/15/2020 of the facility's fire and disaster drill log revealed: - No documentation of disaster drills during the following shifts and quarters: - April - June 2019: 1st shift - July - September 2019: 1st shift</p>	V 114	<p>The agency will ensure that there are disaster and fire drills done on all three shifts of every quarter. The qualified professional will train the house managers on</p>	<p><i>sl</i></p> <p>3/31/2020</p> <p>3/17/2020</p>

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

Shanita Bralau

TITLE

Director

(X6) DATE

2/11/2020

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> - October - December 2019: 3rd shift. - Disaster drills were conducted twice on 2nd shift during April - June, twice on 3rd shift during July - September, and twice on 1st shift during October - December. <p>Interview attempt on 1/14/2020 with client #1 revealed:</p> <ul style="list-style-type: none"> - Client #1 was minimally verbal and could not answer questions regarding disaster drills at the facility. <p>Interview on 1/14/2020 with client #2 revealed:</p> <ul style="list-style-type: none"> - Client #2 could only report that he put his head down for disaster drills but could not specify the frequency or type of disaster drills the facility conducted. <p>Interview on 1/14/2020 with client #3 revealed:</p> <ul style="list-style-type: none"> - Tornado drill had been conducted at the facility, but client #3 could not specify the frequency of drills or which shifts they had been conducted on. <p>Interview on 1/14/2020 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Staff #1 had been working at the facility in April of 2019; - Staff #1 had not been present for any disaster drills conducted at the facility; - He thought that the House Manager (MH) might be the staff who conducted disaster drills. <p>Interview on 1/14/2020 with the HM revealed:</p> <ul style="list-style-type: none"> - Disaster drills were conducted on every shift at least monthly. <p>Interview on 1/17/2020 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - The HM was responsible for ensuring disaster drills were conducted. - The QP would talk to the HM about completing 	V 114	<p>the documenting of the fire drills and will be responsible for ensuring that they are done according to the rules and regulations. This will be ongoing.</p>	<p>3/1/2020 3/17/2020</p>
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V 114	Continued From page 2 disaster drills as required. Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - The HM was responsible for ensuring disaster drills were conducted. - The D/CO was not aware that disaster drills had not been conducted on each shift.	V 114		
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	V 118	The agency will re-train the staff on ensuring that all medications administered are on the MAR for the staff to sign off on appropriately. The house manager and director will be responsible for the ^{see} ensuring that this is done and this will be ongoing.	

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V 118	<p>Continued From page 3</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure administration of medications was documented immediately following administration affecting 1 of 3 audited clients (#1). The findings are:</p> <p>Review on 1/15/2020 of client #1's record revealed: - Admission date: 10/5/2018 - Diagnoses: Autism Spectrum Disorder (D/O); Selective Mutism; and Psychomotor D/O - Age: 13 - A physician's order for Concerta 27 milligrams (mg), 1 tablet every morning, dated 4/3/2019.</p> <p>Review on 1/14/2020 of client #1's MARs dated 10/1/2019 to 1/14/2020 revealed: - The December 2019 MAR did not list Concerta. - There was no documentation of administration of Concerta during the month of December 2019.</p> <p>Interview attempt on 1/14/2020 with client #1 revealed: - Client #1 was minimally verbal and unable to answer questions about his medications.</p> <p>Interview on 1/14/2020 with the House Manager (HM) revealed: - There had not been any medication errors or other issues with client #1's medications. - Client #1's medications had all been administered correctly.</p>	V 118		
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V 118	Continued From page 4 Interview on 1/17/2020 with the Qualified Professional (QP) revealed: - The QP thought that client #1 had been administered Concerta every day as ordered. Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - Client #1 was administered Concerta every day during December. - The D/CO was not sure why the pharmacy did not list Concerta on the pre-printed MAR forms for December 2019.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.	V 120		

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V 120	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to store internal and external medications separately affecting 1 of 3 audited clients (#2). The findings are:</p> <p>Review on 1/15/2020 of client #2's record revealed: - Admission date: 9/22/2017 - Diagnoses: Autistic Disorder (D/O); Oppositional Defiant D/O; Attention Deficit Hyperactivity D/O (ADHD); Impulse Control D/O; Pervasive Developmental D/O; Suicidal Ideation: Disruptive Mood Dysregulation D/O; Mixed Receptive Expressive Language D/O; Bipolar Affective D/O in remission; Aggression; Eczema; Borderline Diabetes "Prediabetes"; - Age: 16 - A physician' orders for: 1- Minercin cream, apply topically 3 times daily (TID), dated 8/19/2019, and 2- Carbamide 6.5% ear wax remover drops, 5 drops into both ears as needed (PRN), dated 8/19/2019.</p> <p>Observation at approximately 2:57PM on 1/14/2020 of client #2's medications revealed: - Minercin cream and Carbamide ear wax remover drops were stored in the same container as client #2's internal medications.</p> <p>Interview on 1/14/2020 wit staff #1 revealed: - Staff #1 was not aware that internal and external medications had to be stored separately.</p> <p>Interview on 1/14/2020 with the House Manager (HM) revealed: - The HM was not aware that internal and external medications had to be stored separately;</p>	V 120	<p>The agency will re-train staff on how to appropriately store external and internal medications. The QP and house managers will be responsible for ensuring that this is done. This will be ongoing.</p>	<p><i>SA</i> 3/31/2020 3/17/2020</p>
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V 120	Continued From page 6 - The HM would ensure external medications were removed from the contained holding internal medications. Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - The internal and external medications should have been stored separately in order to prevent cross-contamination of the medicines.	V 120		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this	V 133		

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V 133	<p>Continued From page 7</p> <p>section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>(c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <ol style="list-style-type: none"> (1) The failure of the provider to employ an 	V 133		

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V 133	<p>Continued From page 9</p> <p>individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40,</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the</p>	V 133		

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V 133	Continued From page 11 facility failed to request a criminal history background check within 5 days of making the conditional offer of employment affecting 1 of 3 audited staff (#1). The findings are: Review on 1/15/2020 of staff #1's employee file revealed: - Hire date: 4/22/2019 - Documentation that staff #1's criminal history was not requested until 5/13/2019. Interview on 1/17/2020 with the Qualified Professional (QP) revealed: - The QP was responsible for requesting the criminal history record checks. - After staff #1 had initially been hired, he had a family emergency and said that he could not start work. - The QP was unsure if staff #1 would return, so he did not request the criminal history until after staff #1 contacted him later and said he was ready to start work. Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - The D/CO and QP worked together to ensure criminal history background checks were requested. - The D/CO was not aware that staff #1's criminal history was requested late.	V 133	The agency will ensure that a background check is done within five days of making a job offer. The director will ensure that this is done according to rules and regulations and this will be ongoing.	3/31/2020 3/17/2020
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2020
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NAME OF PROVIDER OR SUPPLIER
INDEPENDENT LIVING AT RANSOM RD

STREET ADDRESS, CITY, STATE, ZIP CODE
**355 RANSOM ROAD
WINSTON SALEM, NC 27106**

(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 736	<p>Continued From page 12</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean and orderly manner. The findings are:</p> <p>Observation at approximately 1:40 pm on 1/14/2020 of the facility revealed:</p> <ul style="list-style-type: none"> - A pan of used cooking oil/grease was sitting on the stove; - A pool of water was on the floor near the toilet in bathroom #1; - A wet roll of toilet paper was on the floor in the water; - Black buildup was present on the shower tiles and grout; - Nail heads had popped through the sheetrock on the bathroom wall; - There was no shower curtain present in bathroom #2; - Clothing, books, papers and other personal belongings were scattered on the floors in clients' bedrooms; - The door frame at the latch plate on bedroom #1 was broken; - Patched, but unpainted areas of sheetrock on the walls in client #1's bedroom were present; - A hole approximately 3 x 4 inches was located on one wall in client #1's bedroom; - 1 of 6 drawers was missing from client #1's dresser; - Client #2's mattress was lying on the floor with no bed frame present. <p>Interview attempt on 1/14/2020 with client #1 revealed:</p> <ul style="list-style-type: none"> - Client #1 was minimally verbal and unable to 	V 736	<p>The agency will keep the facility nice and clean. The agency will implement a cleaning checklist for the staff to complete after the task is done. All repairs will be done and the CO will be responsible for ensuring this is done. This will be ongoing.</p>	<p>3/31/2020 3/17/2020</p>

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V 736	<p>Continued From page 13</p> <p>answer questions about the facility and its grounds.</p> <p>Interview on 1/14/2020 with client #2 revealed:</p> <ul style="list-style-type: none"> - His bed had broken when he bounced on it too hard. - The bed had been broken for approximately one year. <p>Interview on 1/14/2020 with client #3 revealed:</p> <ul style="list-style-type: none"> - The facility clients were responsible for cleaning in the facility. - He did not know why there was a pool of water on the floor in bathroom #1. - There had been holes in the walls at the facility because a "broken top piece came off the closet." - He could not clarify what the broken top piece was or when it occurred. - The Co-Owner (CO) made repairs at the facility. <p>Interview on 1/14/2020 with staff #1 revealed:</p> <ul style="list-style-type: none"> - There was water on the floor in bathroom #1 because the water flowed onto the floor when clients took their showers. - The CO arranged for repairs to be made at the facility as needed. <p>Interview on 1/14/2020 with the House Manager (HM) revealed:</p> <ul style="list-style-type: none"> - The water was probably on the floor in bathroom #1 because it had splashed out when third shift staff had assisted client #1 with his bath that morning. - Third shift staff should have cleaned up the water. - The CO handled the coordination of repairs at the facility. <p>Interview on 1/17/2020 with the Qualified Professional (QP) revealed:</p>	V 736		

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V 736	<p>Continued From page 14</p> <ul style="list-style-type: none"> - The QP visited the facility every week but did not do a "walk-through" to inspect the condition of the house. - The CO was responsible for repairs at the facility. - Facility staff were supposed to clean the facility. <p>Interview on 1/14/2020 with the CO revealed:</p> <ul style="list-style-type: none"> - The CO had recently replaced the seal under the toilet, so the water on the floor in bathroom #1 was not from the toilet. - The water on the floor was probably from the clients' showers that morning. - Facility staff were supposed to clean up in the facility. - The CO coordinated repairs at the facility when needed. <p>Interview on 1/17/2020 with the Director/Co-Owner revealed:</p> <ul style="list-style-type: none"> - The CO was responsible for repairs at the facility. 	V 736		