STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-826	A. BUILDING: _____ B. WING _____	R 02/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LOVING HOME, INC #2	2162 DOBBIN HOLMES ROAD FAYETTEVILLE, NC 28312

(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, complaint, and follow up survey was completed on February 21, 2020. The complaint was unsubstantiated (Intake NC#00160612). 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 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 3 of 3 audited staff (#1, #4, #5) received training to meet the needs of clients. The findings are: Review on 2/14/20 and 2/21/20 of client #3's record revealed: -30 year old male admitted 11/28/07. -Diagnoses included schizoaffective disorder, depressive type; anxiety disorder; mild mental retardation; ankylosing spondylitis; obsessive compulsive disorder; borderline personality disorder with antisocial features. -History of surgical removal of part of his colon which resulted in a colostomy. -Client #3 required ostomy care. Review on 2/14/20 of Staff #1's personnel file revealed: -Hired 2/21/10. -Was a direct care staff, a Residential Tech. -No documentation of training to provide ostomy care for client #3. Review on 2/14/20 of Staff #4's personnel file revealed: -Hired 12/23/08. -Was a direct care staff, a Residential Tech. -No documentation of training to provide ostomy care for client #3.	V 108		

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V 108	Continued From page 2 Review on 2/14/20 of Staff #5's personnel file revealed: -Hired 3/31/19. -Was a direct care staff, a Residential Tech. -No documentation of training to provide ostomy care for client #3. Unable to reach Staff #1 on 2/21/20 via telephone for interview. Interview on 2/13/20 Staff #4 stated -She had received ostomy training in the past. -She has changed client #1's ostomy. -The manager did the ostomy bag changes most of the time. Telephone interview on 2/21/20 staff #5 stated she had not received training on ostomy care. Interview on 2/14/20 the Clinical Director stated: -He was told by the General Manager that staff had been trained on ostomy care by a nurse at the hospital. -Staff #1 and #5 were likely not included in the hospital nurse's training and therefore, did not have documentation of ostomy care training.	V 108		
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	V 118		

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V 118	Continued From page 3 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 observations, record reviews, and interviews, the facility failed to ensure medications were administered as ordered by the physician and accuracy of MARs for 3 of 3 audited clients (#1, #2, #3). The findings are: Finding #1: Review on 2/13/20 of client #1's record revealed: -40 year old female admitted 3/13/19. -Diagnoses included schizoaffective disorder; mild mental retardation; depressive disorder. Review on 2/13/20 of client #1's orders by order	V 118		

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V 118	Continued From page 4 date revealed: -1/7/20: Benztropine 0.5 mg (milligrams) daily as needed for tremors. -1/8/20: Doculace 100 mg twice daily. (Prevent or treat constipation.) -1/7/20: Haloperidol 5 mg every evening. (Anti-psychotic medicine used to treat mental and mood disorders, including schizophrenia.) -1/7/20: Hydroxyzine 50 mg twice daily. (Used to treat anxiety, or allergic skin reactions such as hives or contact dermatitis.) -1/8/20: Latanoprost 0.005% eye drops, 1 drop in each eye at bedtime. (Used to treat high pressure inside the eye, i.e. due to glaucoma.) -1/7/20: Quetiapine 400 mg every evening. (Used to treat certain mental/mood disorders, i.e. schizophrenia.) -1/8/20: Simvastatin 40 mg every evening. (Lowers cholesterol.) -1/8/20: Nicotine polacrelex (Nicorette) 4 mg gum, chew 1 if needed for smoking cessation (as needed for cravings). Review on 2/13/20 of client #1's January and February 2020 MARs revealed: -The 7 pm scheduled doses of the following medications had not been documented as administered on 2/12/20: Doculace 100 mg, Haloperidol 5 mg, Hydroxyzine 50 mg, Latanoprost 0.005% eye drops, Quetiapine 400 mg, and Simvastatin 40 mg -The transcribed order for Benztropine 0.5 mg read to be administered as needed. The indication, "for tremors" had not been transcribed to the MARs. No Benztropine had been documented as administered. -Nicotine polacrelex (Nicorette) 4 mg gum had not been transcribed to the January or February 2020 MARs.	V 118		

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V 118	Continued From page 5 Observations on 2/13/2020 at 4:39 pm of client #1's medications on hand revealed there was no Nicorette gum on hand. Finding #2: Review on 2/13/20 of client #2's record revealed: -45 year old male admitted 1/12/13. -Diagnoses included moderate intellectual disability; intermittent explosive disorder; reflux esophagitis; mix hyperlipidemia; attention deficit disorder of childhood without mention of hyperactivity. Review on 2/13/20 of client #2's orders by order date revealed: -1/15/20: Benztropine 2 mg twice daily. -6/12/19: Latanoprost 0.005% eye drops, 1 drop in each eye at bedtime. -1/15/20: Olanzapine 15 mg twice daily. (Used to treat certain mental/mood conditions, i.e., schizophrenia, bipolar disorder.) -4/11/19: Tamsulosin 0.4 mg at bedtime. (Used to treat the symptoms of an enlarged prostate). -1/15/20: Clonidine 0.1 mg daily at 9 pm. (Used to treat high blood pressure, attention deficit hyperactivity disorder, drug withdrawal.) -1/15/20: Trazadone 100 mg, 2 tablets at bedtime. (Used to treat major depressive disorder and insomnia related to depression.) -1/27/20: Ensure 8 ounces 4 times daily. (Dietary supplement.) Review on 2/13/20 of client #2's MARs from 12/1/19 - 2/13/20 revealed: -The 9 pm scheduled doses of the following medications had not been documented as administered on 2/12/20: Benztropine 2 mg, Latanoprost 0.005% eye drops, Olanzapine 15 mg, Tamsulosin 0.4 mg, Clonidine 0.1 mg, Trazadone 100 mg, and Ensure 8 ounces.	V 118		

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V 118	Continued From page 6 -Clonidine 0.1 mg had not been documented as administered on 12/24/19 at 9 pm. -Ensure 8 ounces, scheduled to be administered at 9 am, 12 pm, 4 pm, and 9 pm, had not been documented as administered on 1/9/20 at 9 am. Finding #3: Review on 2/13/20 of client #3's record revealed: -30 year old male admitted 11/28/07 -Diagnoses included schizoaffective disorder, depressive type; anxiety disorder; mild mental retardation; ankylosing Spondylitis; obsessive compulsive disorder; borderline personality disorder with antisocial features. Review on 2/13/20 of client #3's orders by order date revealed: -2/10/20: Levetiracetam 500 mg twice daily. (Prevent seizures) -11/14/19: Montelukast Sodium 10 mg every evening (Prevents the wheezing and shortness of breath caused by asthma and allergies.) -1/15/20: Perphenazine 2 mg twice daily (Used to treat psychotic disorders such as schizophrenia.) -1/15/20: Trazadone 100 mg at bedtime. -1/15/20: Topiramate 100 mg twice daily. (Controls seizure; prevent migraine headaches.) Review on 2/13/20 of client #3's MAR for February 2020 revealed: -Levetiracetam 500 mg, Montelukast Sodium 10 mg, Perphenazine 2 mg, Trazadone 100 mg, and Topiramate 100 mg were scheduled to be administered at 7 pm daily. -Levetiracetam 500 mg, Montelukast Sodium 10 mg, Perphenazine 2 mg, Trazadone 100 mg, and Topiramate 100 mg were not documented as administered at 7 pm on 2/12/20. Interview on 2/13/19 client #1 stated:	V 118		

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V 118	Continued From page 7 -She had shaking in her legs, but the emergency room doctor told her these would never go away. -She had shaking in her hands sometimes. -She never received medication for the shaking in her hands or legs. Interview on 2/13/20 Staff #4 stated: -She would give client #1 her Benztropine if needed for agitation or if she became combative. -She had not given client #1 any of the Benztropine medication. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	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	V 120		

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V 120	Continued From page 8 subsequent amendments. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure medications that required storage between 36 degrees and 46 degrees Fahrenheit were stored in a separate, locked compartment or container in a refrigerator for 2 of 3 clients audited (#1, #2). The findings are: Review on 2/13/20 of client #1's record revealed: -40 year old female admitted 3/13/19. -Diagnoses included schizoaffective disorder; mild mental retardation; depressive disorder. -Order dated 1/8/20: Latanoprost 0.005% eye drops, 1 drop in each eye at bedtime. (Used to treat high pressure inside the eye, i.e. due to glaucoma.) Observations on 2/13/20 at approximately 4:39 pm of client #1's medications on hand revealed -1 opened bottle of Latanoprost 0.005% eye drops stored in a file cabinet, dispense date, 11/27/19. -10 unopened bottles of Latanoprost 0.005% eye drops stored in an un-refrigerated file cabinet with the following dispense dates: 4/2/19, 4/29/19, 5/28/19, 6/26/19, 7/22/19, 8/13/19, 8/14/19, 10/14/19, 12/27/19, and 1/22/20. -The instructions on the boxes of unopened Latanoprost 0.005% eye drops read, during shipment the medication could be maintained at temperatures up to 104 degrees Fahrenheit, not to exceed 8 days. Once opened the eye drops did not require refrigeration for up to 6 weeks. Unopened bottles should be stored under	V 120		

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V 120	Continued From page 9 refrigeration between 36 degrees and 46 degrees Fahrenheit. Finding #2: Review on 2/13/20 of client #2's record revealed: -45 year old male admitted 1/12/13. -Diagnoses included moderate intellectual disability; intermittent explosive disorder; reflux esophagitis; mix hyperlipidemia; attention deficit disorder of childhood without mention of hyperactivity. -Order dated 6/12/19: Latanoprost 0.005% eye drops, 1 drop in each eye at bedtime. Observations on 2/13/20 at approximately 4:39 pm of client #2's medications on hand revealed 1 opened bottle of Latanoprost 0.005% eye drops, dispense date 1/3/20, in an unlocked box inside the refrigerator. Telephone interview on 2/13/20 the pharmacist stated: -Latanoprost 0.005% eye drops did not require refrigeration once opened if used as directed (not to exceed 6 weeks per product label). Even though not required, it was "ok" to refrigerate the eye drops once opened. -Each unopened bottle of Latanoprost 0.005% eye drops contained 2.5 ml (milliliters), and there was 20 drops per milliliter. (This would provide for a total of 50 eye drops per bottle.) -In order to have an adequate supply of eye drops, the pharmacy had dispensed 2 bottles of eye drops per month. -Once opened, the eye drops were safe to use for up to 6 weeks. Unopened bottles of eye drops were refrigerated because it could not be determined when the medication would be opened and used; therefore, refrigeration was needed to insure the medication did not	V 120		

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V 120	Continued From page 10 deteriorate prior to use. Interview on 2/13/20 the Clinical Director stated he would address the storage issues for the eye drops.	V 120		
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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 2/13/20 between 11:30 am and 12:30 pm revealed: -The covered front porch of the facility had 1 metal chair and 1 metal sofa without cushions to provide for outdoor seating. There was a piece of plywood across the metal supports in the chair that would make it possible to be used for sitting. Upholstery on the seat of a cushioned chair was worn away exposing the fabric backing of the vinyl covering. -Green discoloration/staining on the exterior vinyl siding and gutters on the home, front and back. Black speckled stains around the exterior light on the front porch. -Two smoke detectors were chirping.	V 736		

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V 736	Continued From page 11 -Finish on cabinet surfaces was worn away. -Gray particles of food and debris and water collected in bottom of the dish drainer on the counter beside the sink. -Dried beans and juice inside the base cabinet drawer to the left of the stove. -Gray black, brown, particles of food and debris collected in the stove storage drawer. -Cover on the electrical outlet in the kitchen was separated from the wall. -Air return vent between the kitchen and laundry room was occluded with dust buildup. -Fabric on one of the kitchen chairs was worn away on the seat. -Outdoor back porch: Carpet stained; light fixture on the exterior wall beside the door leading into the home was dangling by the wires, unattached to the wall. Spider webs present on the porch railings. Old mattress propped against the side of the porch. -Curtain rods sagging in the living room. -Window screen torn in the office area that was on the front of the home between the living room and kitchen. -Light fixture in the hall bath covered with rust. Overhead vent not working. -Client #1's room: Dust build up on ceiling fan blades; smoke detector chirping. Door facing split at bottom. -Hole present in the door to client #2's room, hall side. -Client #3's room: Curtain rods sagging; blinds broken; door to the entertainment type cabinet broken (used to store bedding). -Master bathroom: Vent rusted; dirt and debris particles around the toilet. Interview on 2/13/20 client #1 stated her smoke detector had been chirping since she had been admitted, almost a year. (Client #1 had been	V 736		

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V 736	Continued From page 12 admitted 3/13/19.) Interview on 2/13/20 the Clinical Director stated he would address the facility issues. This deficiency has been cited 3 times since the original cite on 1/26/18 and must be corrected within 30 days.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observations and interview, the facility was not kept free from insects and rodents. The findings are Observation on 2/13/20 between 11:30 am and 12:30 pm revealed: -Black particles the approximate size and shape of a grain of rice present on the open shelving in the kitchen, along the floor between the refrigerator and wall and stove, and inside the stove storage drawers. -2 mounds of wood colored pellets, consistent with termite excrement, built up on both sides of the widow over the kitchen sink. The surface of the window between the 2 mounds was discolored with black speckled stains. -Dead colorless winged insects were adhered to the curtain over the kitchen sink from side to side.	V 738		

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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 738	Continued From page 13 Interview on 2/13/20 client #2 stated: -There had been a couple of mice in the kitchen "a while back." -Mouse traps were set using peanut butter. -The traps were set by the refrigerator and freezer. Interview on 2/13/20 client #3 stated: -He had seen mice in the kitchen about a month prior. -Mouse traps had been put out but he did not know how many had been caught. Interview on 2/13/20 the Clinical Director stated he would follow up on the evidence of insects and rodents.	V 738		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to maintain water temperatures between 100-116 degrees Fahrenheit where clients had access to hot water. The findings are Observations on 2/13/20 between 11:30 am and	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-826	A. BUILDING: _____ B. WING _____	R 02/21/2020

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V 752	Continued From page 14 12:30 pm revealed: -The hot water temperature at the kitchen sink measured 120 degrees Fahrenheit. -The hot water temperature at the hall bathroom sink and tub measured 118 degrees Fahrenheit. -The hot water temperature at the master bathroom sink measured 120 degrees Fahrenheit. Interview on 2/13/20 the Clinical Director stated he would address the water temperatures to assure they were within the required range.	V 752		