

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL081-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/28/2020
NAME OF PROVIDER OR SUPPLIER DIRECTCARE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 106 ORCHARD STREET FOREST CITY, NC 28043		
(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 and follow up survey was completed on 2/28/20. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to hold fire and disaster drills on each shift at least quarterly. The findings are: Review on 2/25/20 of fire and disaster drills from February 2019 - January 2020 revealed: -No documentation of fire drills having been conducted during: --1st, 2nd or 3rd shifts from November 2019	V 114		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 114	Continued From page 1 through January 2020. -No documentation of disaster drills having been conducted on: -- 3rd shifts from February 2019 through April 2019. --1st, 2nd or 3rd shifts from November 2019 through January 2020. Interview on 2/26/20 with the House Manager/Qualified Professional (QP) revealed: -Had a lot of staff turn over so she had to work more than her regular shifts in the facility. -Had slacked off completing fire and disaster drills trying to keep up with other group home matters. Interview on 2/25/20 with the Licensee/QP revealed: -No documentation was found that indicated drills were conducted after October 1, 2019. -He had assigned the House Manager/QP to conduct the drills but staff turn over was constant. -Was hoping to transfer the license to another location so he could find reliable staff. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	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	V 118		

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V 118	<p>Continued From page 2</p> <p>client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current and failed to follow the written order of a physician affecting 1 of 1 former clients (FC) (FC #2). The findings are:</p> <p>Record review on 2/25/20 for FC #2 revealed:</p> <p>-Admitted on 7/9/19 with Attention Deficit Hyperactivity Disorder, Cannabis Use Disorder and history of Depression.</p> <p>-Discharged on 2/15/20.</p> <p>-Age 17</p> <p>Physician ordered medications included:</p>	V 118		

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V 118	Continued From page 3 -Risperidone (antipsychotic) 0.5mg once daily ordered 10/16/19. -Citalopram (depression) 10mg once daily ordered 12/4/19. -Amoxicillin (antibiotic) 875mg twice daily for 10 days ordered 1/23/20. No MAR for February 2020 could be located. Unable to verify FC #2 received medications as ordered by physician. Interview on 2/26/20 with the House Manager/Qualified Professional (QP) revealed: -She placed all previous MARs in client's notebook. -The February MAR was in FC #2's notebook. Interview on 2/25/20 with the Licensee/QP revealed: -He was in the middle of a MCO audit and had pulled documents out of the client notebooks to fax to the MCO. -He could not locate the February MAR for FC #2. This deficiency constitutes a recite deficiency and must be corrected within 30 days.	V 118		
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for	V 296		

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V 296	<p>Continued From page 4</p> <p>one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on interviews, observations and record</p>	V 296		

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V 296	<p>Continued From page 5</p> <p>reviews the facility failed to provide the minimum number of staff required when children/adolescents are present in the home. The findings are:</p> <p>Observation on 2/25/20 at approximately 10am revealed:</p> <ul style="list-style-type: none"> -Client #1 and Staff #2 in facility. Client #1 was watching TV lounging on the couch in the living area. Staff #2 was sweeping the floors and then washing the counter tops. Staff #2 contacted the Licensee/Qualified Professional (QP) and then took Client #1 reportedly to day treatment. <p>Record review on 2/25/20 for Client #1 revealed:</p> <ul style="list-style-type: none"> -Admitted on 7/17/19 with Oppositional Defiant Disorder, Unspecified Trauma and Cannabis Use Disorder. -Age- 15. <p>Interview on 2/25/20 with Client #1 revealed:</p> <ul style="list-style-type: none"> -He was the only resident for the past couple weeks. -There was usually 1 overnight staff. That staff was awake all night. -Sometimes there would be 2 staff during the day but he usually had just 1 staff with him. <p>Interview on 2/26/20 with House Manager/QP revealed:</p> <ul style="list-style-type: none"> -She covered shifts when staff would call out. -There were always 2 staff in the facility. There was no time that she was aware of when there was only 1 staff working. <p>Interview on 2/25/20 with Licensee/QP revealed:</p> <ul style="list-style-type: none"> -Had difficulty getting paraprofessionals to come in when they were scheduled or even show up on time. -He was aware there were times when only 1 staff 	V 296		

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V 296	Continued From page 6 worked but he and the House Manager/QP covered a lot of direct care time so there would be 2 staff working. -The House Manager/QP kept up with staffing schedules and time sheets. He did not know how to use that particular program to assess staff's actual working times. The House Manager/QP was out of town at a training for her new job. -He was hoping to close this facility due to the constant staffing problems and transfer the license to another area where he could find workers.	V 296			