STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-175	A. BUILDING: _____ B. WING _____	R 02/28/2020

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HARRIS HOME	103 STERLING ROAD JACKSONVILLE, NC 28546

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on February 28, 2020. 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 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 reviews and interviews the facility failed to develop and implement goals and strategies based on assessment for one of three audited clients (#1) and to include written consent or agreement by the responsible party for two of three audited clients (#1 and #3). The findings are: Finding #1: Review on 2/26/20 of client #1's record revealed: - 58 year old male admitted 12/07/04. - Diagnoses included Intellectual Disability, moderate, Cognitive Disorder, not otherwise specified, and Seizure Disorder. - "Person Centered Profile" dated 12/01/19 included documented need to wear protective helmet due to "drop seizures" and history or verbal aggression, property destruction, and mild self-injurious behaviors when frustrated. - "Short Range Goals/Interventions"with "ISP [Individual Support Plan] Meeting Date: 10/3/2019 Effective Date: 12/01/2019" included no goals or strategies to address the use of client #1's protective helmet, verbal aggression, property destruction or self-injurious behaviors. - No legally responsible person/guardian signature; the guardian's name had been typed onto the signature page and dated 11/15/2019. During interview on 2/26/20 client #1 stated he liked living at the facility and staff helped him stay safe. He wore his helmet everyday. During interview on 2/28/20 client #1's legally responsible person/guardian stated she had received a copy of the "Short Range Goals/Interventions" effective 12/01/19, but she had not signed it. She wanted to have more	V 112		

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V 112	Continued From page 2 information about client #1's "activities" included in the plan. Finding #2: Review on 2/26/20 of client #3's record revealed: -48 year old male admitted 1/10/13. -Diagnoses included Schizoaffective disorder, mild mental retardation, gout, hypertension, and gastroesophageal reflux disease. - "Short Range Goals/Interventions" documented the "Effective Date: 1/1/2020." -The guardian representative name had been typed on the signature page with the date, 11/26/2019, also typed on the form. - There was no signature of a legally responsible person/guardian, written consent, or a written statement by the provider stating why such consent could not be obtained. Telephone interview on 2/28/2020 client #3's guardian representative stated: -There had been an ISP meeting 11/13/19. -The short term goals were to be sent to her by electronic mail or fax for her to sign. -She had not received the short term residential goals for the plan effective 1/1/2020. -She had not signed any consent for the plan dated 1/1/2020. During interview on 2/26/20 the Licensee stated planning meetings had been held and the goals and strategies had been reviewed and updated.	V 112		
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	V 114		

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V 114	Continued From page 3 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 at least quarterly for each shift. The findings are: Interview on 2/26/2020 the Licensee stated: -There were 3 shifts each day during the week and on week ends. -There was a day, evening, and night shift. -He could not be specific as to the shift time changes because they could vary day to day. Review of fire drills between 1/1/19 - 12/31/19 revealed: -1st Quarter 1/1/19 - 3/31/19: Fire drills were documented at 5 pm, 7 pm, and 5 pm. Due to the close proximity of drill times, this would not represent a day, evening, and night shift for the quarter. -2nd Quarter 4/1/19 - 6/30/19: Fire drills were documented at 4:30 pm, 5 pm, and 5:30 pm. Due to the close proximity of drill times, this would not represent a day, evening, and night shift for the quarter. -4th Quarter 1/1/19 - 3/31/19: Fire drills were	V 114		

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V 114	Continued From page 4 documented at 8:15 am, 10 am, and 7 am. There was not a fire drill documented in the evening. Review of disaster drills between 1/1/19 - 12/31/19 revealed: -1st Quarter 1/1/19 - 3/31/19: Disaster drills were documented at 4 pm, 3:15pm, and 5:30 pm. Due to the close proximity of drill times, this would not represent a day, evening, and night shift for the quarter. -2nd Quarter 4/1/19 - 6/30/19: Disaster drills were documented at 5:45pm; 3 pm, and 5 pm. Due to the close proximity of drill times, this would not represent a day, evening, and night shift for the quarter. -3rd Quarter 7/1/19 - 9/30/19: No disaster drills documented in the evening shift. Disaster drills were documented at 7 am, 10:30 am, and 10 am. -4th Quarter 10/1/19 - 12/31/19: No disaster drills documented in the evening. Disaster drills were documented at 7:45 am, 7 am, and 7 am. Interview on 2/26/20 Staff #4 stated all staff shared the responsibility to hold fire and disaster drills.	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	V 118		

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V 118	Continued From page 5 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 record review, observation and interview the facility failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 3 of 3 audited clients (#1, #3, and #4), and to administer medications as ordered by the physician for 2 of 3 audited clients (#3 and #4). The findings are: Finding #1: Review on 2/26/20 of client #1's record revealed: - 58 year old male admitted 12/07/04. - Diagnoses included Intellectual Disability, moderate, Cognitive Disorder, not otherwise specified, and Seizure Disorder. - Physician's orders signed 7/11/19 for	V 118		

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V 118	Continued From page 6 zonisamide (anti-convulsant) 100 milligrams (mg) 5 capsules at bedtime; signed 8/21/19 for Depakote (anti-convulsant) 500 mg 2 tablets twice daily; signed 10/14/19 for oxcarbazepine (anti-convulsant) 600 mg 1 1/2 tablet twice daily; signed 11/07/19 for sertraline (can treat anxiety and depression) 100 mg 2 tablets daily, quetiapine (anti-psychotic) 100 mg 2 1/2 tablets at bedtime; and signed 11/11/19 for Vitamin B-6 100 mg 1 tablet once daily; undated physician's order for the use of a vagus nerve stimulator (VNS) magnet (used to treat seizures), swipe over chest left shoulder to right shoulder in the morning and in the evening. Review on 2/26/20 of client #1's MARs for December 2019 - January 2020 revealed: - Transcriptions for medications as ordered. - No staff initials for any medications administered or use of the VNS magnet 1/31/20 or 12/31/19. - No staff initials for 12/31/19 7:00 pm doses of Depakote, oxcarbazepine, quetiapine, zonisamide, or VNS magnet. - No documented explanation for the omissions. During interview on 2/26/20 client #1 stated staff gave him his medications daily and he had never missed any medications. Staff had his VNS magnet and swiped it daily. Finding #2: Review on 2/26/20 of client #3's record revealed: -48 year old male admitted 1/10/13. -Diagnoses included Schizoaffective disorder, mild mental retardation, gout, hypertension, and gastroesophageal reflux disease. - Physician's orders signed 10/29/19 for propranolol (can treat high blood pressure) 40 mg one tablet once daily, allopurinol (can treat gout and kidney stones) 100 mg one tablet once daily,	V 118		

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V 118	Continued From page 7	V 118		

omeprazole (can treat heartburn and gastroesophageal reflux disease) 20 mg one tablet once daily 30 minutes prior to breakfast, and multi-vitamin one tablet once daily; signed 12/01/19 for paliperidone (anti-psychotic) 3 mg one tablet in the morning, one at 4:00 pm, benztropine (can treat side effects of other medications) 2 mg one tablet twice daily; signed 12/10/19 for Depakote 500 mg one tablet in the morning and two tablets at bedtime, Depakote 250 mg one tablet in the evening with the two 500 mg tablets, clonazepam (can treat seizures and anxiety) 1 mg one tablet in the morning and at 4:00 pm, two tablets at bedtime, trazodone (anti-depressant) 150 mg two tablets at bedtime, Saphris (anti-psychotic) 10 mg one tablet sublingually three times daily, and haloperidol (anti-psychotic) 5 mg one tablet once daily as needed for agitation.
- No signed physician's order for haloperidol 5 mg one tablet twice daily as needed.

Observation on 2/26/20 at 11:00 am of client #3's medications on hand revealed:
- Propranolol 40 mg one tablet twice daily, dispensed 11/26/19.
- Haloperidol 5 mg one tablet once daily as needed for agitation, dispensed 11/21/19.

Review on 2/26/20 of client #3's MARs for December 2019 - January 2020 revealed:
- No staff initials for any medications administered 1/31/20 or 12/31/19.
- No staff initials for 12/30/19 4:00 pm or 7:00 pm doses of Depakote 500 mg, Depakote 250 mg, benztropine, clonazepam, trazodone, or Saphris.
- No documented explanation for the omissions.
- Transcription for propranolol 40 mg one tablet twice a day, with administration times of 7:00 am and 7:00 pm; staff initials that propranolol was

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V 118	Continued From page 8	V 118		

administered twice daily 12/01/19 - 12/30/19 and 1/01/20 - 1/30/20.
- Transcription for haloperidol 5 mg "take 1 tablet once a day as needed for agitation" with staff initials the medication was administered twice daily 9 times 12/01/19 - 2/26/20.

During interview on 2/26/20 client #3 stated:
-The pharmacy delivered the medications to the facility.
-Staff give him his medications.
-As far as he knows the staff administer his medications as ordered by the physician.

Finding #3:
Review on 2/26/20 of client #4's record revealed:
- 56 year old male admitted 11/25/12.
- Diagnoses included Autistic Disorder, and Intellectual/Developmental Disability, mild.
- Physician's orders signed 5/13/19 for finasteride (can treat enlarged prostate) 5 mg one tablet once daily; signed 9/12/19 for loratadine (can treat allergy symptoms) 10 mg one tablet once daily, metoprolol (can treat high blood pressure) 50 mg one tablet twice daily, tamsulosin (can treat enlarged prostate) 0.4 mg one tablet in the afternoon or evening, and methimazole (can treat hyperthyroidism) 5 mg one tablet once daily; signed 10/15/19 for trazodone 50 mg one tablet at bedtime; signed 9/12/19 and 2/03/20 for risperidone (anti-psychotic) 0.5 mg one tablet once daily.
- No signed physician's order for risperidone 0.5 mg one tablet twice daily.

Review on 2/26/20 of client #4's MARs for December 2019 - January 2020 revealed:
- No staff initials for any medications administered 1/31/20 or 12/31/19.
- No staff initials for 12/30/19 7:00 pm doses of

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	MHL067-175	A. BUILDING: _____ B. WING _____	R 02/28/2020

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V 118	Continued From page 9 trazodone, tamsulosin, or metoprolol. - No documented explanation for the omissions. - Transcription for risperidone 0.5 mg "Take 1 Tablet Twice Daily" with staff initials the medication was administered twice daily 12/1/19 - 12/30/19 and 1/01/20 - 1/30/20. Observation on 2/26/20 at 10:45 am of client #4's medications on hand revealed: - Risperidone 0.5 mg one tablet twice daily dispensed 1/24/20. During interview on 2/26/20 client #4 stated he took his medication daily with staff assistance. During interview on 2/26/20 the Qualified Professional stated she and the Licensee monitored the MARs for accuracy and made changes as needed according to physician's orders. Staff would assert the omissions of documentation of medication administration on 12/31/19 and 1/31/20 occurred because the date columns were "cut off" of the MARs when they were printed. She was not sure why the other errors occurred, but it "won't happen again." 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 has been cited three times since the original cite on 2/22/18 and must be corrected within 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS	V 120		

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V 120	Continued From page 10 (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. This Rule is not met as evidenced by: Based on observations and interviews the facility failed to ensure medications were stored in a securely locked cabinet. The findings are: Observation of the facility at approximately 9:30 am revealed: - Unlocked filing cabinet in the open office area of the facility. - Staff #1 opened the filing cabinet and removed 2 bubble cards of lorazepam (a control drug sometimes used to treat seizures and/or anxiety) 1 milligram, take 1/2 tablet daily dispensed 8/04/17 and lorazepam 1 mg, 1 tablet at bedtime, dispensed 8/04/17; both cards were labeled for use by client #2; each bubble card contained 30 pills. - A bottle of over the counter Mylanta (antacid)	V 120		

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V 120	Continued From page 11 and a large bottle of over the counter multi-vitamins on top of the filing cabinet. -The filing cabinet in the office area adjacent to the living/dining room areas of the home. There was no door or other partition between client space and office space. During interview on 2/26/20 staff #1 stated the lorazepam "should've been thrown away a long time ago, he doesn't take it anymore." She would dispose of the pills in the "dumpster outside." The multi-vitamins belonged to her. During interview on 2/26/20 the Qualified Professional stated she was not aware of the lorazepam in the unlocked filing cabinet and she did not realize the Mylanta was on top of the filing cabinet; the vitamins belonged to staff. During interview on 2/26/20 the Licensee stated the clients did not go into the office area. He would "turn in" the lorazepam. This deficiency has been cited three times since the original cite on 2/22/18 and must be corrected within 30 days.	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.	V 736		

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V 736	Continued From page 12 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 2/26/2020 between 9 am and 10 am during the facility tour revealed: -Broken and black discolored peg board under the kitchen sink. -Door to sink base cabinet would not remain closed. -Blinds broken in client #4's window. -Light fixture in client #4's bathroom pitted with rust colored spots. Two of the light bulbs were not working. -Wood veneer split along the top and bottom edges of client #4's door. -Pungent odor, smell of urine, present in hall bathroom. -Door to sink base cabinet would not remain closed. -Area approximately 12 inches in diameter behind hall bathroom toilet had not been painted to match the overall wall. -Musty odor, the smell of old shoes, present in client #1's room. -Drawer pulls missing on 2 dressers in client #1's room. -1 pillow without covering and curtain panels on the floor inside the hall closet. -Client #3's dresser missing drawer pulls. Middle bottom drawer broken. -External to home: spider webs and old wasp nest above the front entry door. Interview on 2/26/2020 Staff #1 stated: -The clients would frequently break their blinds. The Licensee replaced them often. -She had used deodorizing sprays in client #1's	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 736	Continued From page 13 room to remedy the odors. -The unpainted wall in the hall bathroom was where a water line had been repaired. Interview on 2/26/2020 the Licensee stated he would continue to address facility issues.	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 interviews the facility was not kept free of insects and rodents. The findings are: Observations on 2/26/2020 between 9 am and 10 am during the facility tour revealed: -Black particles the approximate size and shape of a grain of rice, consistent with mouse droppings, observed in 2 kitchen cabinet drawers between the sink and stove. -Black particles the approximate size and shape of a grain of rice, consistent with mouse droppings, observed in the hall bathroom cabinet drawers. -A stationary object in the shape of a lizard approximately 5 - 6 inches in length inside the office ceiling light fixture. Interview on 2/26/2020 Staff #1 stated: -A mouse had been seen in the home within the	V 738		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-175	A. BUILDING: _____ B. WING _____	R 02/28/2020

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V 738	Continued From page 14 last couple of days. She had seen some mouse droppings. -She wiped out the inside of cabinets and drawers daily. She had done this the prior day. Interview on 2/26/2020 the Licensee stated: -A mouse had been seen in the home within the last couple of days. -He was aware of a dead lizard inside the light fixture in the office area.	V 738		