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V 000	INITIAL COMMENTS An annual and follow up survey was completed on January 31, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E, Supervised Living for Adults with Substance Abuse Dependency.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement	V 105		

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V 105	Continued From page 1 activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption	V 105		

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V 105	Continued From page 2 of standards that assure operational and programmatic performance meeting applicable standards of practice for the use of Urine Drug Screen Testing including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are: Interviews on 1/3/2020 and 1/7/2020 the Program Supervisor stated: -The staff performed urine drug screen testing on clients admitted to the facility. She would contact her corporate office for the CLIA waiver. -On 1/7/20 the the Program Supervisor provided a CLIA Waiver number for this facility, 34D1058848. Telephone interview on 1/8/2020 the CLIA Consultant stated the CLIA waiver number (34D1058848) did not include this facility.	V 105		
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	V 118		

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V 118	Continued From page 3 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 reviews and interviews, the facility failed to ensure medications were administered as ordered by the physician, and MARs kept current/accurate, affecting 2 of 3 audited clients (clients #8, #14) and 1 of 1 former clients (FC) audited (FC#15). The findings are: Finding #1: Review on 1/2/2020 and 1/3/2020 of client #8's record revealed: -42 year old male admitted to the facility 7/25/19. -Diagnoses included Opioid Use Disorder, Severe; Unspecified Stimulant Use Disorder, Severe; Alcohol Use Disorder, Severe; Post Traumatic Stress Disorder (PTSD); Sedative, Hypnotic, Anxiolytic Use Disorder, Moderate; Generalized Anxiety Disorder; Attention Deficit Hyperactive Disorder (ADHD), Combined Type; Tobacco Use Disorder, Moderate. -Order dated 10/21/19 for Topiramate 25 mg (milligrams), 1 tablet daily for 1 week, then	V 118		

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increase by 1 tablet every week until client reached 100 mg daily. (Used to prevent and control seizures (epilepsy); also used to prevent migraine headaches.)
-Order dated 12/9/19 for Remeron 15 mg at bedtime. (Antidepressant)

Review on 1/3/2020 of client # 8's MARs from 10/1/19 - 1/2/2020 revealed:
-Topiramate 25 mg was first documented as administered on 10/23/19 at 6:30 pm. There was no documentation when the dosage had been increased per the order. (Should have increased to 2 tablets on 10/30/19, 3 tablets on 11/6/19, and to 4 tablets on 11/13/19.)
-Remeron 15 mg at bedtime had been scheduled to be administered at 8:00 pm on the October, November, and December 2019 MARs.
-Remeron 15 mg was documented as "missed" on 12/2/19 at 8:00pm.

Review on 1/3/2020 of client #8's incident report dated 12/2/19 revealed the pharmacy was not able to deliver the medications on 12/2/19 which resulted in a missed Remeron 15 mg 8:00 pm dose on that day.

Finding #2:
Review on 1/2/2020 and 1/3/2020 of client #14's record revealed:
-24 year old male admitted to the facility 11/15/19.
-Diagnoses included Opioid Use Disorder, Cocaine Use Disorder, Other Stimulant Use Disorder, and Generalized Anxiety Disorder
- Order dated 12/20/19 for Buspirone 15 mg twice daily. (Used to treat anxiety.)

Review on 1/3/2020 of client #14's December 2019 MAR revealed:
-Buspirone 15 mg twice daily was scheduled to

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be administered at 6:30 am and 9:30 pm.
-Buspirone 15 mg 9:30 pm dose was documented as "missed" on 12/23/19.

Review on 1/3/2020 of client #14's incident report dated 12/23/19 revealed he missed his 9:30 pm dose of Buspirone 15 mg on 12/23/19 because, "Patient did not report to the office for this dose of medication as is expected."

Finding #3:
Review on 1/3/2020 of FC #15's record revealed:
-20 year old male admitted to the facility 6/27/19 and discharged 10/23/19.
-Diagnoses included Opioid Use Disorder, Severe; Other Specified Stimulant Use Disorder, Severe, Methamphetamine; Alcohol Use Disorder, Severe; Sedative, Hypnotic, Anxiolytic Use Disorder, Severe; Generalized Anxiety Disorder; Cannabis Use Disorder, Severe; Cocaine Use Disorder, Moderate; history of ADHD.
-Order dated 8/27/19 and 9/17/19 for Suboxone 8-2 mg Sublingual Film twice daily.

Review on 1/3/2020 of FC #15's August and October 2019 MARs revealed:
-Suboxone 8-2 mg Sublingual Film was scheduled to be administered at 6:30 am and 6:30 pm.
-Suboxone 8-2 mg Sublingual Film was documented as "missed" on 8/2/19 at 6:30 pm.
-Suboxone 8-2 mg Sublingual Film was documented as "missed" on Saturday, 10/5/19 (6:30 pm); Sunday, 10/6/19 (6:30 pm); Monday, 10/7/19 (6:30 am); and 10/20/19 (6:30 pm).

Review on 1/3/2020 of FC #15's incident reports dated 8/2/19 and 10/5/19 revealed:
-FC #15's missed his 6:30 pm dose of Suboxone

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V 118	Continued From page 6 8-2 mg on 8/2/19 at 6:30 pm because, he did not come to the office for his medication. -FC #15's missed his doses of Suboxone 8-2 mg between 10/5/19 and 10/7/19 because "[FC #15] exhausted the current order of suboxone 8/2mg. The facility did not receive the order of medication from the pharmacy on Friday as expected. The pharmacy was contacted and the medication will be delivered as soon as possible." Interview on 1/6/2020 the Program Supervisor stated: -Clients were expected to come to the office for their medications at the scheduled dosing times. -When there was only 1 staff on duty and a client failed to come down for their medications, the staff may not be able to go upstairs and get that client to administer their medications. -The pharmacy was not a 24 hour, 7 day a week pharmacy. -She would investigate why FC #15's medications had not been delivered on Friday, 10/4/19, resulting in missed doses over the week end. 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 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.	V 291		

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V 291	Continued From page 7 (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate professional services for 1 of 3 clients audited (client #9). The findings are: Review on 1/3/2020 of client #9's record revealed: -40 year old male admitted 9/3/19. -Diagnoses included Amphetamine Use Disorder, Severe; Cocaine and Cannabis Use Disorder in Remission; Post Traumatic Stress Disorder. -Hospital discharge summary dated 12/29/19 instructed client #9 to contact a primary care physician within 2 days of discharge.	V 291		

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V 291	Continued From page 8 -Order dated 12/29/19 by a regional medical center physician to begin Metformin 500 mg twice daily with meals (Used for blood sugar control in adults with type 2 diabetes mellitus.) Review on 1/6/2020 of client #9's incident report dated 12/26/19 revealed: -On 12/26/19 at 10:45 pm, a "gurgling" sound was heard coming from client #9's room. -Staff #4 and Staff #5 were alerted by fellow clients. -Client #9 was having difficulty breathing. -Emergency Medical Service (EMS) was called and transported client #9 to the hospital. Interview on 1/2/2020 client #9 stated: -He had been transported to the hospital the prior week by EMS. -He was in the hospital 3 days. -He was not aware he had blood sugar problems before going to the hospital. -He was told he was a "borderline diabetic." -While in the hospital he received "a whole lot of insulin." -He was prescribed Metformin by the hospital physician. -The hospital gave him a physician referral. He had not followed up. Interview on 1/2/2020 Staff #5 stated: -Client #9 went to the hospital the prior Thursday. He was gasping for air and wheezing. This occurred around 10:00 pm. -He was discharged back to the facility and had discharge instructions. He was not aware if client #9 had followed up with a physician after discharge. -Staff #2 and Staff #3 were responsible to coordinate physician appointments.	V 291		

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V 291	Continued From page 9 Interview on 1/3/2020 the Program Supervisor stated: -If a client had a medical issue and did not have a primary care physician, the facility would give the client a phone number of a local primary care provider to contact. -She had been told verbally by one of client #9's hospital nurses and by client #9 that he had been diagnosed with diabetes. -The facility had not contacted a physician, or made sure client #9 had contacted a physician for follow up of his diabetes post hospital discharge on 12/29/2020.	V 291		
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 record reviews and interviews, the facility was not kept free from insects. The findings are: Review on 1/2/2020 of the facility's most recent sanitation report dated 12/13/18 revealed bed bugs had been observed in resident room #12. Review on 1/3/2020 of the pest control service record dated 1/3/2020 revealed: -Live bed bugs found in 2 rooms. -"Signs" of bed bugs found in surrounding rooms.	V 738		

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V 738	Continued From page 10 Interview on 1/2/2020 client #9 stated: -He was aware other client rooms had bed bugs around September and October 2019. -He lived in room #9. -He had not been asked to wash his bed linens or clothing because of bed bugs in the facility. -He had not seen an exterminator in the facility. Interview on 1/2/2020 Staff #4 stated: -He worked 3 evenings a week. -The facility had "spells" with bed bugs. -He had not seen any bed bugs, but clients had reported being bitten around October 2019. -They inspected daily and had it "under control." To keep bed bugs "under control," Staff #5 did necessary treatments by putting a white powder on the floor around bed posts, and in floor cracks. -He thought client #9 had reported bed bugs, but he was not sure. Client #9 had been moved so his room could be treated. Interview on 1/2/2020 Staff #5 stated: -Client #9 had reported he saw some bed bugs in his room. -The facility had an exterminator that came every 6 months and sprayed for insects such as roaches. -They maintained all mattresses and box springs in bed bug encasements. These were ordered by the Program Supervisor and the packaging identified them to be encasements for bed bugs. -In 2018 the person who did the health inspection found a bed bug and put it in a test tube. -When clients told him they saw any type of bug in their room he would inspect and spray using a bug spray he bought from a local grocery store. -His training about bed bugs was information he obtained from the library and computer. When he inspected he would look for black spots.	V 738		

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V 738	Continued From page 11 Interviews on 1/2/2020 and 1/3/2020 the Program Supervisor stated: -She had called the Health Department in early December 2019 to request an inspection. She was informed the Health Department was "behind." -The sanitation report dated 12/13/18 was the most current health inspection. -There had been no follow up by a licensed exterminator for bed bugs after the 12/13/18 health inspection. -She contacted an exterminator on 1/2/2020 to inspect the facility for bed bugs. -The exterminator inspected the facility on 1/3/2020. Bed bugs were found in client rooms #9 and #12. -She would follow up to make sure treatments were done. Telephone interview on 1/3/2020 the Exterminator Staff stated: -He had completed an inspection of the facility and found bed bugs in 2 rooms and some evidence of bed bugs in other rooms. -He did not see evidence of an infestation in the walls or ceiling. -It was "extremely" important to have the facility treated by a licensed exterminator. -He was not aware of any "white powder" product that would be given to a facility to treat bed bugs. -The use of a bug spray by staff could kill bugs sprayed by the product, but any eggs in the spray residue would hatch and be immune to the spray. Telephone interview on 1/31/2020 the Exterminator Staff stated: -He had treated the facility for bed bugs on 1/6/2020. -He had done a final inspection on 1/21/2020 and did not see any evidence of live bed bugs.	V 738		

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V 738	Continued From page 12 Review on 1/3/2020 of a Plan of Protection signed by the Chief Operations Officer dated 1/3/2020 revealed: - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm: A professional exterminator will be hired to eradicate the pests." - "Describe your plans to make sure the above happens. Continue making all attempts to have patient's belongings steamed or placed in dryer. Exterminator will return to assure that the problem has been eradicated." Bed bugs had been observed during the Heath Department inspection on 12/13/18. There had been no follow up with a licensed exterminator to treat the facility following this inspection. On 1/2/2020 client #9 stated bed bugs had been seen in the facility around September or October 2019. Staff #4 and Staff #5 stated clients had told them they had seen and/or been bitten by bed bugs around this same time. Staff #4 and Staff #5 stated Staff #5 would treat client rooms when clients reported bed bugs. The Program Supervisor contacted a licensed exterminator on 1/2/2020 to inspect the facility for bed bugs on 1/3/2020. During this inspection on 1/3/2020, the exterminator found live bed bugs in rooms #9 and #12, and evidence of bed bugs in surrounding rooms. The facility's failure to obtain bed bug treatment by a licensed exterminator following the 12/13/18 health inspection, following client reports of bed bugs, and having staff treat for bed bugs using products purchased at a local grocery store, placed the clients in an unsafe environment and was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation. If the violation is not corrected within 45	V 738		

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PORT HEALTH SERVICES - STEPPING STONE	416 WALNUT STREET WILMINGTON, NC 28401

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V 738	Continued From page 13 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 738		