

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-201</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/10/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUPREME LOVE 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3001 NASH STREET WILSON, NC 27896</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 10, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 113	<p><b>27G .0206 Client Records</b></p> <p><b>10A NCAC 27G .0206 CLIENT RECORDS</b></p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders</p>	V 113		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 113	<p>Continued From page 1</p> <p>diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a consent for emergency treatment was maintained for one of three audited clients (#4). The findings are:</p> <p>Review on 03/10/20 of client #4's record revealed: - 67 year old male. - Admission date of 01/01/20. - Diagnoses Schizoaffective Disorder, Gastroesophageal Reflux Disorder, Hypertension and Hypothyroidism. - No signed consent for emergency treatment by client #4's guardian.</p> <p>Interview on 03/10/20 the Licensee stated: - Client #4's guardian was a local Department of Social Services representative. - She would send the consent for emergency treatment to client #4's guardian for signature.</p>	V 113		

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V 114 V 114	<p>Continued From page 2</p> <p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></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 review and interview, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 03/10/20 of facility records from April 2019 through December 2019 revealed the following:</p> <ul style="list-style-type: none"> <li>- No 1st shift disaster drill documented for the 2nd and 3rd quarter of 2019.</li> <li>- No 3rd shift disaster drill documented for the 4th quarter of 2019.</li> </ul> <p>Interview on 03/10/20 the Licensee stated:</p> <ul style="list-style-type: none"> <li>- 1st shift-7am-3pm</li> <li>- 2nd shift-2:30pm-11pm.</li> <li>- 3rd shift-11pm-7am.</li> <li>- The facility staff conducted fire and disaster drills at the facility.</li> </ul>	V 114 V 114		

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V 114	Continued From page 3  - She would ensure drills are completed on each shift quarterly.	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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three audited clients (#3 and #4). The findings are:</p> <p>Finding #1: Review on 03/10/20 of client #3's record revealed: - 51 year old female. - Admission date of 05/22/19. - Diagnoses of Schizophrenia, Chronic Constipation and Anemia.</p> <p>Review on 03/10/20 of client #3's signed physician orders dated 03/06/20 revealed: - Vitamin D-3 (treats vitamin D deficiency) 1,00 units - take one capsule every morning. - Haldol (antipsychotic) 5 milligrams (mg) - take twice daily. - Buspar (antianxiety) 15mg - take one tablet twice daily. - Metoprolol (treats hypertension) 25mg - take one tablet every morning.</p> <p>Review on 03/10/20 of client #3's March 2020 MAR revealed the following blanks: - Vitamin D-3 - 03/10/20 at 7am. - Haldol - 03/10/20 at 7am. - Buspar - 03/10/20 at 7am. - Metoprolol - 03/10/20 at 7am.</p> <p>Interview on 03/10/20 client #3 stated she received her medications daily as prescribed.</p> <p>Finding #2: Review on 03/10/20 of client #4's record</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>revealed:</p> <ul style="list-style-type: none"> <li>- 67 year old male.</li> <li>- Admission date of 01/01/20.</li> <li>- Diagnoses Schizoaffective Disorder, Gastroesophageal Reflux Disorder, Hypertension and Hypothyroidism.</li> </ul> <p>Review on 03/10/20 of client #4's signed medication orders revealed: 01/08/20</p> <ul style="list-style-type: none"> <li>- Miralax (treats constipation) - use as directed daily.</li> <li>- Multivitamin (treats vitamin deficiency) - take one daily.</li> <li>- Levothyroxine (treats hypothyroidism) 88 micrograms - take one tablet daily.</li> <li>- Carvedilol (treats hypertension) 6.25 milligrams (mg) - take one tablet twice daily.</li> <li>- Amlodipine (treats Hypertension) 5mg take one tablet daily.</li> <li>- Docusate Sodium (stool softner) 100mg - take one capsule twice daily.</li> </ul> <p>03/06/20</p> <ul style="list-style-type: none"> <li>- Clozapine (antipsychotic) 200mg - take one and 1/2 tablets twice daily.</li> <li>- Trileptal (treats seizures) 600mg - take one tablet twice daily.</li> <li>- Trazodone (antidepressant) 50mg - take one tablet at bedtime.</li> </ul> <p>Review on 03/10/20 of client #4's March 2020 MAR revealed the following blanks:</p> <ul style="list-style-type: none"> <li>- Miralax - 03/10/20 at 7am.</li> <li>- Multivitamin - 03/10/20 at 7am.</li> <li>- Levothyroxine - 03/10/20 at 7am.</li> <li>- Carvedilol - 03/10/20 at 7am.</li> <li>- Amlodipine - 03/10/20 at 7am.</li> <li>- Docusate Sodium - 03/10/20 at 7am.</li> <li>- Clozapine - 03/10/20 at 7am.</li> </ul>	V 118		

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V 118	Continued From page 6  - Trileptal - 03/10/20 at 7am. - Trazodone - 03/08/20 and 3/09/20 at 7pm.  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 constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
V 367	27G .0604 Incident Reporting Requirements  10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified	V 367		

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V 367	<p>Continued From page 7</p> <p>or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the</p>	V 367		



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V 367	<p>Continued From page 8</p> <p>definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure a critical incident report was submitted to the Local Management Entity (LME) within 72 hours as required. The findings are.</p> <p>Review on 03/10/20 of the North Carolina Incident Response Improvement System (IRIS) website from December 2019 thru present revealed no Level II incident reports submitted.</p> <p>Review on 03/10/20 of facility records from December 2019 thru present revealed no Level II incident reports submitted.</p> <p>Review on 03/10/20 of client #2's record revealed: - 36 year old female. - Admission date of 12/28/11. - Diagnoses of Schizoaffective Disorder and</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>Mood Disorder.</p> <p>Review on 03/10/20 of a facility incident reporting form completed by staff #1 revealed:</p> <ul style="list-style-type: none"> <li>- Date of Incident: 01/14/20.</li> <li>- Time of Incident: 7:10.</li> <li>- Client #2 had been exhibiting aggressive and sexual behaviors with staff #1. The Licensee and staff #3 came and spoke with client #2 regarding behaviors. "They (Licensee and staff #3) left, she came out of her room and with out the door and slammed it. I heard the door and they said she just lefted out. I called Mrs. [Licensee]."</li> <li>- "Additional information, including preventive action: Mrs. [Licensee] and Mr. [Staff #3] came back to the house. Mrs. [Licensee] called the police to make a report. Police came out to the house."</li> <li>- Recommendations/Follow-up needed: She (client #2) needs to talk to her doctor and try to get therapy."</li> </ul> <p>Interview on 03/10/20 the Licensee stated:</p> <ul style="list-style-type: none"> <li>- Client #2 had eloped from the facility and was gone for approximately 5 hours.</li> <li>- She had not completed an IRIS report.</li> <li>- She understood an Iris report should be generated for a client absence greater than 3 hours or a consumer act which requires law enforcement intervention.</li> </ul>	V 367		