STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-210	A. BUILDING: _____ B. WING _____	03/11/2020

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KAREN'S CARE HOME	435 BORDERS ROAD SHELBY, NC 28152

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V 000	INITIAL COMMENTS An annual survey was completed on March 11, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.	V 000		
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	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure prescription drugs were administered as on the written order of a person authorized by law to prescribe drugs and failed to keep the Medication Administration Record (MAR) current for 1 of 3 audited clients (Client #3). The findings are: Review on 3/10/20 of Client #3's record revealed: -an admission date of 5/31/17. -diagnoses including Moderate Intellectual Developmental Disability, Attention-Deficit Hyperactivity Disorder, Autistic Spectrum Disorder, Unspecified Trauma and Stressor Related Disorder, and Disruptive Mood Dysregulation. Observation on 3/10/20 at approximately 1:30 p.m. of Client #3's medications revealed: -Haloperidol 10 milligrams (mg) 2 times a day and one at 3:00 p.m. -Olanzapine 15 mg one at bedtime. -Olanzapine 10 mg one in the morning. -Lorazepam 1 mg one 2 times a day and may take one a day as needed for agitation. Review on 3/11/20 of Client #3's physician orders dated 1/10/20 revealed: -Haloperidol 10 mg 2 times a day and 1/2 of one at 3:00 p.m. -Olanzapine 15 mg one at bedtime. -Olanzapine 10 mg one in the morning. -Lorazepam 1 mg one 2 times a day and may take one a day as needed for agitation.	V 118		

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V 118	Continued From page 2 Review on 3/11/20 of Client #3's MARs for December 2019 through March 2020 revealed: -the 3:00 p.m. Haloperidol 10 mg documented 1 pill was given for all months - instead of 1/2 pill. -Olanzapine - give one in the morning did not reflect it was the 10 mg for January and February. -Lorazepam 1 mg- take one a day as needed for agitation was not listed for any of the months. Interview on 3/11/20 with the Director of Operations revealed: -she acknowledged the above was not correct. -she would be speaking with the AFL provider and conduct a refresher course on medication administration.	V 118		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements	V 366		

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V 366	Continued From page 3 set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed;	V 366		

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V 366	Continued From page 4 (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement written policies governing their response to level I and level II incidents. The findings are: Review on 3/10/20 of Client #2's record revealed: -admission date of 5/31/17. -diagnoses of Traumatic Brain Injury, Autism Spectrum Disorder, Oppositional Defiant Disorder, Past history of Physical Abuse and Neglect, and Attention-Deficit Hyperactivity Disorder. Interviews on 3/10/20 and 3/11/20 with the AFL provider and the Director of Operations revealed: -there were no incident reports from October 2019 to March 2020. Interview on 3/10/20 with the AFL provider revealed: -she had to restrain Client #2 in the past few months; it was around Halloween. -he had returned from a home visit and was upset his mother wouldn't take him to the store. -he had already kicked the windshield of his mother's car and broke it. -as he was getting out of the car, she was standing in the yard waiting for him. -he was mad, came right at her and immediately grabbed her hair. -they both fell on the ground and he was rolling and kicking. -she held him on the ground by the arms and his mother helped and got him by the feet. -Client #2 did not get hurt. -Client #2 also threw a chair into the door of his bedroom leaving a hole just above the door knob.	V 366		

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V 366	Continued From page 6 -she did not complete an incident on either of these occurrences and did not know she needed to. Review on 3/11/20 of Client #2's services grid for October 2019 completed by the AFL provider revealed: -in the comments section on 10/28 the client ran toward her and grabbed her hair. -Client #2 pulled her to the ground and hit her in the face busting her lip. -the AFL provider fractured her foot. Interview on 3/11/20 with the Director of Operations revealed: -the AFL provider told her about the restraint approximately 2 weeks afterward. -the AFL provider was not good about communicating or documenting incidents. -she was unaware Client #2 threw a chair and put a hole in his bedroom door. -she confirmed Client #2 being restrained should have been a level II incident. -him throwing a chair should have been a level I incident.	V 366		
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	V 367		

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V 367	Continued From page 7	V 367		

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 or responding.
(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:
(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(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

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V 367	Continued From page 8 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). (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: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (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. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a level II incident to the Local Management Entity (LME) within 72 hours of becoming aware of the incident. The findings are:	V 367		

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V 367	Continued From page 9 Review on 03/10/20 of the North Carolina Incident Response Improvement System (IRIS) website from October 2019 to present revealed no Level II incident reports submitted. Interviews on 3/10/20 and 3/11/20 with the AFL provider and the Director of Operations revealed: -there were no incident reports from October 2019 to March 2020. Interview on 3/10/20 with the AFL provider revealed: -she had to restrain Client #2 in the past few months; it was around Halloween. -he had returned from a home visit and was upset his mother wouldn't take him to the store. -he had already kicked the windshield of his mother's car and broke it. -as he was getting out of the car, she was standing in the yard waiting for him. -he was mad, came right at her and immediately grabbed her hair. -they both fell on the ground and he was rolling and kicking. -she held him on the ground by the arms and his mother helped and got him by the feet. -Client #2 did not get hurt. -she did not complete an incident report regarding the restraint and did not know she needed to. Review on 3/11/20 of Client #2's services grid for October 2019 completed by the AFL provider revealed: -in the comments section on 10/28 the client ran toward her and grabbed her hair. -Client #2 pulled her to the ground and hit her in the face busting her lip. -the AFL provider fractured her foot. Interview on 3/11/20 with the Director of	V 367		

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V 367	Continued From page 10 Operations revealed: -the AFL provider told her about the restraint approximately 2 weeks afterward. -she confirmed Client #2 being restrained should have been a level II incident and submitted to IRIS.	V 367		