

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/30/2020
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NAME OF PROVIDER OR SUPPLIER HINDS' FEET FARM, INC-HART COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 14525 BLACK FARMS ROAD HUNTERSVILLE, NC 28070
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey completed on March 30, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the 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>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility failed to ensure the MARs were kept current and medications administered were recorded immediately after administration affecting 1 of 3 clients(#3). The findings are:</p> <p>Review on 3/11/20 of client #3's record revealed: -admission date of 7/25/19 with diagnoses of TBI, Impulse Disorder and Blindness in Right Eye; -physicians' orders dated 11/11/19 for the following medications: fluvoxamine maleate(Luvox) 100mg one tablet three times daily, Finasteride 5mg three tablets once daily, Flonase 50mcg 2 sprays each nostril daily, Nuedexta 20-10mg one tablet twice daily; -physician's order dated 10/24/19 for hydroxyzine pamoate(Vistaril) 50mg two tablets twice daily.</p> <p>Observation on 3/11/20 at 11:40am of client #3's medications on site revealed: -fluvoxamine maleate 100mg one tablet three times daily; -Finasteride 5mg three tablets once daily; -Flonase 50mcg 2 sprays each nostril daily; -Nuedexta 20-10mg one tablet twice daily; -hydroxyzine pamoate 50mg two tablets twice daily.</p> <p>Review on 3/11/20 of client #1's MARs from 1/1/20 until 3/11/20 revealed the following dosage dates left blank with no explanation on the form: -1/3 at 8am for fluvoxamine maleate 100mg one tablet three times daily; -1/3 at 8am for Finasteride 5mg three tablets</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>once daily; -1/3 at 8am for Flonase 50mcg 2 sprays each nostril daily; -1/3 at 8am Nuedexta 20-10mg one tablet twice daily; -1/3 8am hydroxyzine pamoate 50mg two tablets twice daily.</p> <p>Interview on 3/12/20 with client #3 revealed he received all his medications daily.</p> <p>Interview on 3/11/20 with the Residential Coordinator/Qualified Professional revealed: -have a nurse who visits the facility; -nurse checks the medications at least three times a week; -did direct care at the facility on first shift Monday, Wednesday and Thursday; -did administrative duties on Fridays; -reviewed staff documentation and medications.</p> <p>Interview on 3/30/20 with the Director of Member Services revealed: -client #3 was on a home visit; -returned the the facility on 1/3/20 at 11:00am; -staff needed to list this in the exceptions on the MAR.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for</p>	V 119		

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V 119	<p>Continued From page 3</p> <p>destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion affecting 1 of 3 clients(#1). The findings are:</p> <p>Review on 3/11/20 of client #1's record revealed: -admission date of 9/10/18 with diagnoses of Traumatic Brain Injury(TBI) and Impulse Disorder; -physicians' orders for the following medications: order dated 11/28/18 for Ibuprofen 800mg one tablet three times a day prn(as needed), order dated 4/3/19 for MAPAP 500mg one tablet every 4 hours prn and order dated 9/10/18 for MAPAP 325mg two tablets every six hours prn.</p>	V 119		

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V 119	<p>Continued From page 4</p> <p>Observation on 3/11/20 at 1:06pm of client #1's medications on site revealed: -Ibuprofen 800mg one tablet three times a day prn dispensed 11/28/18 with an expiration date of 11/28/19; -MAPAP 500mg one tablet every 4 hours prn dispensed on 11/28/18 with an expiration date of 11/28/19; -MAPAP 325mg two tablets every six hours prn dispensed on 9/10/18 with an expiration date of 9/10/19.</p> <p>Review on 3/11/20 of client #1's MARs from 1/1/20-3/11/20 revealed the above listed medications were not documented as administered.</p> <p>Interview on 3/11/20 with the Residential Coordinator/Qualified Professional revealed: -have a nurse who visits the facility; -nurse checks the medications at least three times a week.</p> <p>Interview on 3/30/20 with the Director of Member Services revealed the expired medications will be disposed.</p>	V 119		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (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</p>	V 120		

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V 120	<p>Continued From page 5</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure medications were stored separately for each client affecting 2 of 3 clients(#2, #3). The findings are:</p> <p>Review on 3/11/20 of client #2's record revealed: -admission date of 10/8/18 with diagnosis of Traumatic Brain Injury(TBI); -physicians' orders dated 1/28/20 for the following medications: Tramadol HCL 50mg one tablet up to three times daily as needed and alprazolam(Xanax) 1 mg one tablet daily.</p> <p>Review on 3/11/20 of client #3's record revealed: -admission date of 7/25/19 with diagnoses of TBI, Impulse Disorder and Blindness in Right Eye; -physicians' orders dated 11/11/19 for Belsomra 20mg one tablet at bed and dated 8/15/19 for eszopiclone(Lunesta) 3mg one half tablet at bed for two days then one at bed as needed.</p> <p>Observation on 3/11/20 at 11:40am of client #2 and client #3's controlled medications on site revealed: client #2's Tramadol HCL 50mg and</p>	V 120		

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V 120	Continued From page 6 alprazolam(Xanax) 1 mg was stored in the same metal lock box with client #3's Belsomra 20mg and eszopiclone(Lunesta) 3mg. Interview on 3/11/20 with the Residential Coordinator/Qualified Professional revealed: -have a nurse who visits the facility; -nurse checks the medications at least three times a week.	V 120		
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 or responding.	V 367		

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V 367	<p>Continued From page 7</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 definition of a level II or level III incident;</p>	V 367		

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V 367	<p>Continued From page 8</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 records review and interviews, the facility failed to report all level II incidents to the LME responsible for the catchment area where services were provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 3/11/20 of client #3's record revealed: -admission date of 7/25/19 with diagnoses of TBI, Impulse Disorder and Blindness in Right Eye; -had an unsteady gait, weakness on his right side and a fall risk.</p> <p>Review on 3/12/20 of the facility's incident reports for client #3 revealed: -a Level I dated 11/12/19 documented client #1 fell in his bedroom against his closet and hit his head resulting in treatment at a local urgent care with 10 staples to the laceration; -a Level I dated 1/23/20 documented client #1 flipped his wheelchair backwards and hit his head resulting in treatment at at local ED(emergency</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>department) with 13 staples to close the laceration.</p> <p>Review on 3/12/20 of IRIS(Incident Reporting Information System) from 9/1/19-3/11/20 revealed no reports on client #1 for the above listed incidents.</p> <p>Interview on 3/30/20 with the Director of Member Services revealed: -had put a recent report in IRIS and was not sure if it needed to be in IRIS; -can be a manner of interpretation what needs to go in IRIS.</p>	V 367		