

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL026-813	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 03/13/2020
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NAME OF PROVIDER OR SUPPLIER  RAINBOW OF SUNSHINE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 4661 PENNYSTONE DRIVE FAYETTEVILLE, NC 28306
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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 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow-up survey was completed on March 13, 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 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ol> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111	<p><i>See Attachment</i></p> <p style="text-align: center;"><b>RECEIVED</b> <b>APR 02 2020</b> DHSR-MH Licensure Sect</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Tara A. G...* TITLE *President* (X6) DATE *4/1-1-2020*

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V 111 Continued From page 1

This Rule is not met as evidenced by:  
Based on record review and interview, the facility failed to complete an assessment prior to admission affecting one of three audited clients (#1). The findings are:

Review on 03/12/20 of client #1's record revealed:  
-38 year-old male.  
-Admission date of 1/14/12.  
-Diagnoses of Intellectual Developmental Disability (moderate), Mood Disorder, Schizoaffective Disorder, and Hypothyroidism.  
-No initial assessment completed prior to the date of admission.

Interview on 3/12/20 the Licensee stated:  
-Client #1 was previously a resident in a sister facility and was transferred into the current facility owned/operated by the Licensee.  
-It was not understood to complete admission assessments for clients who were discharged from one sister facility and admitted to another sister facility.  
-She would complete admission assessments prior to the delivery of services for any future clients transitioning from a sister facility.

**RECEIVED**  
By DHSR Mental Health Licensure & Certification at 3:13 pm, Apr 02, 2020

V 118 27G .0209 (C) Medication Requirements

10A NCAC 27G .0209 MEDICATION REQUIREMENTS  
(c) Medication administration:  
(1) Prescription or non-prescription drugs shall

*See Attachment*

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V 118	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting one of three clients (#2). The findings are:</p> <p>Review on 03/12/20 of client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-38 year-old male.</li> <li>-Admission date of 1/14/12.</li> <li>-Diagnoses of Intellectual Developmental Disability (moderate), Mood Disorder, Schizoaffective Disorder, and Hypothyroidism.</li> </ul> <p>Review on 03/12/20 of client #2's medication orders revealed: 5/07/19</p> <ul style="list-style-type: none"> <li>-Omeprazole (treats stomach and esophagus problems) 20 milligrams (mg) - Take 1 capsule once daily.</li> <li>2/25/20</li> <li>-Haloperidol (treats mental disorders) 10mg - Take 1 tablet twice daily.</li> <li>-Nuedexta (treats mental/mood disorders) 20-10mg - Take 1 capsule every 12 hours.</li> <li>-Olanzapine (treats mental disorders) 20mg - Take ½ tablet in the morning and 1 tablet in the evening.</li> <li>-There was no medication order present at time of survey for Docusate Sodium (treats constipation). Medication order dated 3/13/2020 read, "...docusate sodium 100 mg capsule.take 1 capsule ... 1 (one) time each day."</li> </ul> <p>Review on 03/12/20 of client #2's December 2019 - March 2020 MARs revealed the following:</p> <ul style="list-style-type: none"> <li>-Entry for Omeprazole 20mg - 1 capsule taken twice daily.</li> <li>-Staff initials to indicate Omeprazole was administered twice daily from 12/01/19 - 03/11/20.</li> <li>-Entry for Docusate Sodium (treats constipation) 100mg - 1 capsule twice daily as needed.</li> <li>-The 6pm doses of the following medications had not been documented as administered on 1/31/20: Haloperidol 10mg, Nuedexta 20-10mg, and Olanzapine 20mg.</li> </ul> <p>Observation on 3/12/20 at approximately 2:30pm</p>	V 118	See Attachment	
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V 118	<p>Continued From page 4</p> <p>revealed: -A bubble blister pack labeled for client #2 for Omeprazole -20mg dispensed from the pharmacy on 01/09/20. -Instructions to administer Omeprazole twice daily. -A bubble blister pack labeled for client #2 for Docusate Sodium -100mg dispensed from the pharmacy on 12/17/19. -Instructions to administer Docusate twice daily as needed.</p> <p>Interview on 03/12/20 the House Manager stated: -He would seek to gain clarification on order for Omeprazole 20mg and Docusate Sodium 100mg.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician</p>	V 118	<i>See Attachment</i>	
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p><b>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</b></p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p>	V 536	<i>See Attachment</i>	

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V 536	<p>Continued From page 5</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> </ol>	V 536	See Attachment	

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V 536	<p>Continued From page 6</p> <p>(g) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee</p>	V 536	See Attachment	

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V 536	<p>Continued From page 7</p> <p>performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(K) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p>	V 536	See Attachment	



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V 536	<p>Continued From page 8</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure all staff were trained on alternatives to restrictive interventions using the approved curriculum chosen by the facility affecting 1 of 3 staff audited (Staff #2). The findings are:</p> <p>Review on 3/12/20 of Staff #2's personnel file revealed: -Paraprofessional hired 12/27/14. -Completed NCI+ Part A and Part B on 7/20/19. -No documentation of Evidence Based Protective Interventions (EBPI) curriculum training.</p> <p>Interview on 3/12/20 Staff #2 stated he had taken NCI+ from an instructor outside of the facility.</p> <p>Interview on 3/12/20 the Qualified Professional (QP) stated: -The facility had chosen EBPI to be the training curriculum for alternatives to restrictive interventions. -The Licensee was the facility trainer for EBPI. -He was not aware all staff had to be trained using the curriculum chosen by the facility.</p>	V 536	See Attachment	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p>	V 736	See Attachment	

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V 736	<p>Continued From page 9</p> <p>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:</p> <p>Observations on 3/12/2020 between 10 am and 11 am revealed:</p> <ul style="list-style-type: none"> <li>-Stove storage drawer: Black and brown colored debris and food particle build up inside the drawer. Dried liquid on the top edge of the drawer.</li> <li>-Base cabinet drawer to the right of the sink: Hair adhered to the bottom of the drawer. Small specks of debris, black, brown, and green, collected inside the drawer. Oven mitt, discolored black, and moist, inside the drawer with other kitchen linens.</li> <li>-Dishwasher: Food particles and debris particles collected inside the dishwasher.</li> <li>-Countertop (sink side of kitchen) separated from wall.</li> <li>-Window mounted air conditioner over the kitchen sink: The space between the unit and the window frame, approximately 12 inches on each side, had been filled in with cardboard secured with clear plastic tape, and duct tape.</li> <li>-Upper cabinet to left of stove: bottom shelf swayed and separated from the wall support. Inside the cabinet 18 glass/ceramic plates were stored on the shelf.</li> <li>-Base cabinet to the left of the refrigerator: Rust colored staining and small specks of debris particles inside the drawers. Debris particles inside the base cabinet along with 2 small insect casings.</li> <li>-Exit door from dining area to outdoor porch: painted surface peeling away.</li> </ul>	V 736	See Attachment	

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V 736	<p>Continued From page 10</p> <ul style="list-style-type: none"> <li>-Back outdoor area: Metal railing picket completed rusted away at the base. Grass needed to be cut. A short very steep ramp had been built to the left side of the porch.</li> <li>-Hall bathroom: flooring planks separated and easily moved moved back and forth when pressure applied. Shower curtain secured with 5 hooks. Multiple holes along the top without a hook, leaving the curtain to sag between the existing hooks. A hole in the back of the door would measure about 6 inches by 4 inches in size.</li> <li>-Strong pungent odor in client #1's room. A bedside toilet was positioned between the the head of the bed and exterior wall. Dark brown smears present along the back of the toilet seat and by the arm rest. Bottom of the toilet bucket stained a dark yellow color. Two pillows on the bed without pillow cases. One pillow fabric discolored with stains. Green fitted sheet coving the window. Four slats of mini blinds had been broken.</li> </ul> <p>Interview on 3/12/20 the Group Home Manager stated:</p> <ul style="list-style-type: none"> <li>-The odor in client #1's room was from urine.</li> <li>-Client #1 had a bedside toilet in case he needed to use the restroom and it was occupied at the time. Client #1 had been admitted to the hospital. (Admitted 3/5/20). He was not aware the bedside toilet had not been cleaned.</li> <li>-The ramp on the back porch was built to move furnishing in and out of the home. It was not intended to be used for clients to enter and exit the home.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V736	See Attachment	

**Tara Ingram, President/Executive Director  
Rainbow of Sunshine. Inc  
4661 Pennytone Drive  
Fayetteville, NC 28306  
910-527-3083**

March 31, 2020

Re: Annual and Follow Up Survey completed March 13, 2020  
Rainbow of Sunshine 1, 4661 Pennystone Drive, Fayetteville, NC 28306  
MHL # 026-813  
E.-mail Address: [danny05dan@aol.com](mailto:danny05dan@aol.com)

**V 111**

Rainbow of Sunshine recognize that our agency did not discharge this client from their current location to another agency location by not preparing a new admission assessment.

Rainbow of Sunshine have corrected this deficiency by ensuring that all client transfers will receive an admission assessment prior to the transfer. Rainbow of Sunshine will review all potential client transfers by following the company's written policy of in-agency client discharge and transfer to another home location.

Rainbow of Sunshine Executive Director will be responsible to ensure that all discharges and transfers are carried out in accordance with the company's policy.

Rainbow of Sunshine shall monitor this process as needed when a potential discharge and transfer is anticipated.

### **V I18 27G.0209 (C) Medication Requirements**

Rainbow of Sunshine currently has corrected the medication error of client #2 by ensuring that the client's pharmacy prescription has been corrected to reflect the physician order.

Rainbow of Sunshine will ensure that measures be put in place such as submitting and requesting that the agency's physician order form with prescribed medication be provided to the physician office and given to agency's staff prior to exiting the office visit.

Rainbow of Sunshine will direct the Qualified Professional the responsibility to ensure that physician order form be given and collected after each physician visit for confirm medication compliance.

Rainbow of Sunshine physician order policy shall be monitored on a consistent basis to ensure that all client medications will be filled and distributed as ordered in accordance with the physician medication orders.

### **V 536 27E.0107 Client Rights- Training on Alt to Rest. Int**

Rainbow of Sunshine has currently conducted the required Evidence Based Protective Intervention the (EBP) to staff #2 on March 27, 2020. Rainbow of Sunshine adopted the (EBP) program and shall ensure that all current and future staff shall be curriculum trained in (EBP).

Rainbow of Sunshine employment policy shall ensure that all potential staff shall be trained in (EBP) even though the potential staff has other approved Alternative to Restrictive Interventions.

Rainbow of Sunshine Executive Director will ensure that all current and potential staff will be trained in the (EBP) as required by the statues.

Rainbow of Sunshine monitoring shall be conducted on a consistent basis by reviewing all staff personnel record as needed.

### **V 736 27G.0303 (c) Facility and Grounds Maintenance**

Rainbow of Sunshine has taken these deficiencies very serious and have corrected or in the process of correcting each deficiency as quick as possible.

1. Stove storage drawer: been clean and sanitized: **Completed**
2. Base cabinet drawer to the right of sink: been clean and sanitized and oven mitten replaced: **Completed**
3. Dishwasher: the dishwasher has been removed: **Completed**
4. Countertop: been repaired: **Completed**
5. Window mounted air conditioner over kitchen sink: space separation been repaired and secured with the proper securing equipment: **Completed**
6. Upper cabinet to left of stove: repaired the shelf properly to the wall. **Completed**
7. Base cabinet to the left of the refrigerator: drawers been clean and sanitized: **Completed**
8. Exit door from dining area to outdoor porch: to be repainted and repaired as needed by April 10, 2020. **To be Completed**
9. Back outdoor area: metal railing picket is being replaced by ordering the fence and to be replaced by April 15, 2020. Grass has been cut and will continue to be cut as needed. The short ramp located at the left side of the porch is only used by staff for transport of items into the home. **To be Completed**

10 Hall bathrooms: the bathroom floor has been replaced, including new curtains and rods installed and the replacement of a new back door: **Completed**

**Client # 1 Bedroom:**

Bedroom odor: client #1 bedroom has been cleaned and sanitized. The staff shall monitor the sanitary operation of client #1 room because of the health issues with client #1. The Group Home Manager shall be responsible for ensuring that the bedroom and care of the client will be of top priority.

Rainbow of Sunshine shall conduct at minimum monthly inspection using the Facility Inspection Form to ensure that the facility be maintained in a safe, clean, attractive and orderly manner.

Rainbow of Sunshine Executive Director shall assign the Corporate Compliance Officer the responsibility to ensure that the physical operations of the facility be adhered.

Rainbow of Sunshine shall conduct in-service training of all staff on daily facility activities centered on daily living skills as reference to cleanness of the facilities and health and care of the clients.

Rainbow of Sunshine monitoring shall be done on a consistent basis at minimum monthly.

**THE END**

Attention: Mrs. Betty Godwin

From: Rainbow of Sunshine 1 (Tara Ingram)

I will mail the original copies in.

Thank you

Tara Ingram

4-1-2020