Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL053-076	A. BUILDING: _____ B. WING _____	C 06/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
I INNOVATIONS, INC - 5023 VALLEY VIEW	5023 VALLEY VIEW SANFORD, NC 27330

(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	INITIAL COMMENTS Acomplaint survey was completed on June 29, 2020. The complaint was substantiated (intake #NC00165283). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000	In efforts for this deficiency not to re-occur is that medication rules will be followed per state guidelines. If an order is not followed through with, an incident report will be completed. However, the plan to promote compliance in regards to medication and orders, there will be a log of scheduled appointments for each consumer and plans will be arranged at least a week in advance to ensure availability for staff and consumer for the day the order is scheduled to be completed.	11/11/2020 11/11/20-ongoing
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	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Program Manager (X6) DATE 11/11/2020

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the medication administration was available and current for one of one former client (#1). The findings are . Review on 6/25/20 of FC #1's record revealed: - Admission date of 7/25/16. - Diagnoses of Schizoaffective Disorder, Bipolar type, Disruptive Behavior Disorder, Generalized Anxiety Disorder, Moderate Intellectual Disability and Asthma. Review on 6/25/20 of FC #1'sClient #3's Physicians order revealed: -Depo Medroxyprogesterone 150mg IM Q 3momths. Review on 6/25/20 of the Facility's Care Coordination & Medical Visitation Form dated 2/19/20 revealed: - "[FC#1] would need to pick up Depo from pharmacy and bring with [FC#1] Q 3 Months. Will do pregnancy test today. Bleeding and headaches caused by missed depo schedule. Will send reminder appointment Q 3 months in the future ..." Interview on 6/29/20 with the CEO/President revealed: -Missed depo shot was due to non-compliance by	V 118	In order to ensure that medication administration requirements are completed within compliance, the staff's clinical documents and medication records will be monitored per week. If there are any errors within the records there will be an incident report completed for such.	11/11/20 11/11/20 -ongoing

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V 118	Continued From page 2 the former manager. -Reported FC#1 received her last depo shot in June 2020.	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. (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.	V 291		

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V 291	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to coordinate services with other professionals responsible for treatment/habilitation of one of one Former Client (#1). The findings are: Review on 6/25/20 of FC #1's record revealed: - Admission date of 7/25/16. - Diagnoses of Schizoaffective Disorder, Bipolar type, Disruptive Behavior Disorder, Generalized Anxiety Disorder, Moderate Intellectual Disability and Asthma. Review on 6/25/20 of the FC#1's Updated Intake/Emergency Medical Information form dated 4/15/20 revealed: - " ...There are also concerns of inappropriate sexual behavior, e.g. engaging in sexual acts while in the hospital with male peer and walking around naked." - "Loves men and will react negatively to problems within her relationship." Review on 6/26/20 of the Facility's Client Transfer from Facility to Facility dated 4/1/20 revealed: - "[FC#1] record #5996 moved from Innovations, Inc. 5023 Valley View Drive Sanford, NC 27330 to sister facility I Innovations, Inc. 11 Sean Lane Sanford NC 27312 on the evening of 4/1/20. [FC#1] temporarily moved due to having to be in a 5600C facility instead of a 5600A facility according to [LME] and [FC#1's] recent psych eval in March of 2020 until updated license for 5023 Valley View was being changed to 5600C facility. [FC#1's] guardian representative was made aware of move." Interview on 6/24/20 - 6/25/20 with FC#1's Guardian Revealed:	V 291	To bring this rule back into compliance starting promptly the agency will coordinate services to the appropriate professionals to ensure the client recieves the best care from a clinical and professional stand point; such as following through with all recommendations from one professional to the next. The form used currently is called the care coordination form that has a section for physicians recommendations. These re commendations will be followed accordingly as evidenced by the form being placed in a specific location within the client's chart.	11/11/20-ongoing

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V 291	Continued From page 4 -She was FC#1's guardian for about 13 years. -She had conversations with the CEO/President via text messaging. -She was aware the changes in the group home license but unaware of the transfer. -She learned FC#1 was moved to the sister facility on 4/29/20. -In March 2020 she was informed the facility was not getting money for FC#1. -The care coordinator told her the CEO/President did not fill out the proper paperwork to get funds. -She would not have approved the transfer because the sister home was co-ed. -FC#1 was promiscuous and flirtations and did not need to be around men. - "FC#1 libido was pretty high; FC#1 wanted a husband/home/baby." - "Most males were FC#1's target." -She was informed FC#1 was currently at the hospital for biting the CEO/President. -She and the CEO/President agreed that FC#1 would not return to group home. - "To my knowledge FC#1 was never moved back into the original group home despite asking repeatedly for FC#1 to be moved back. Interview on 6/26/20 with the Director revealed: -She was the Director and supervised all the group homes. -Confirmed FC#1 moved to the sister facility on April 1, 2020. -Reported she did not inform FC#1's guardian of the move. -The CEO/President was responsible for contacting FC#1's guardian. -Prior to being hospitalized, FC#1 was in the process of moving back to original home. Interview on 6/26/20 and 6/29/20 with the CEO/President revealed:	V 291		

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V 291	Continued From page 5 -She reported on 6/26/20 FC#1 lived at the sister facility for a week. -Confirmed the sister facility was co-ed. -She confirmed FC#1 would flirt and talk to men in the park and anywhere. -FC#1 was the only client living at the original group home prior to hospitalization. -She moved FC#1 out the facility until a change of license was approved. -She was not getting funding for FC#1 while living in the 5600A. -She did not realize how long the change of license would take. -FC#1 was re-evaluated with confirmation that FC#1 should be in a 5600C. -Confirmed she had conversations with FC#1's guardian via text messaging. -Reported FC#1's guardian was informed of the transfer. -She was not sure when she informed FC#1's guardian of the transfer. -Reported FC#1 was living at the original facility prior to hospitalization.in June 2020. -FC#1 was at the hospital for behaviors but denied FC#1 bit her.	V 291		