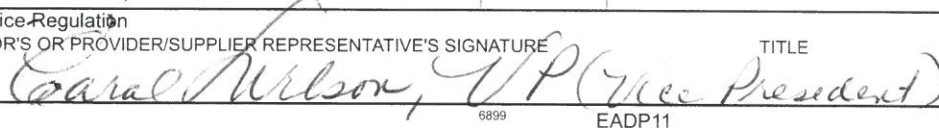


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	--

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on October 28, 2020. The complaint was substantiated (intake NC00169006). 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 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105	<p style="color: blue; font-size: 1.2em;">DHSR - Mental Health</p> <p style="color: red; font-size: 1.2em;">NOV 25 2020</p> <p style="color: blue; font-size: 1.2em;">Lic. & Cert. Section</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE VP (Vice President)	(X6) DATE 11/18/2020
--	------------------------------	-------------------------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 105	<p>Continued From page 2</p> <p>Based on record review, observation, and interviews, the facility failed to implement written standards that assure applicable standards of practice amidst the COVID-19 (Coronavirus-Disease-2019) pandemic. The findings are:</p> <p>Review on 10/22/20 of the facility COVID-19 Policy and Procedure dated May 2020 revealed: -The facility would follow the North Carolina Department of Health and Human Services "3 W's (Wear, Wait, Wash) to reduce the risk of COVID-19," which included staff wearing a cloth mask over their nose and mouth.</p> <p>Observation while in the facility on 10/15/20 from approximately 11:20am to 2:30pm, the House Manager had not worn a face mask during the onsite visit.</p> <p>Interview on 10/26/20 the House Manager stated: -Anyone who entered the facility had to wash their hands. -Staff and anyone who entered the facility had to wear a mask. -Staff had their temperature checked every shift. -She agreed she had not worn her face mask on 10/15/20 while surveyors were onsite.</p> <p>Interview on 10/27/20 the Qualified Professional stated: -Staff had to wash their hand when they entered the facility. -Staff had to keep frequently used surfaces clean. -Staff had to wear a face mask. -She agreed the House Manager had not worn a face mask on 10/15/20 during onsite survey.</p>	V 105	<p>V 105 - Mask wearing for COVID-19</p> <p>It was clear after investigation with QP that it was apparent that the house Manager did not follow the rules as outlined in the COVID-19 Manual provided. Vice President questioned and counsel her on the inappropriateness of not following the Covid-19 guidelines of WEAR, wait, and wash. Program Manager received a Disciplinary Action and was interred in personnel file. All Staff in the home has received another copy of the COVID Manual. All direct care received a coaching on COVID safety and was placed in personnel files. All disciplinary actions and coaching & counseling completed on 11-16-2020.</p>	
-------	---	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 114	Continued From page 3	V 114		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 interviews, the facility failed to hold fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 10/15/20 of facility fire drill records from 1/1/20-9/30/20 revealed: -2nd Quarter 4/1/20-6/30/20: No 2nd shift drill. -3rd Quarter 7/1/20-9/30/20: No 3rd shift drill. -9/13/20 8:00-8:30am drill listed as 3rd shift.</p> <p>Review on 10/15/20 of facility disaster drill records from 1/1/20-9/30/20 revealed: -No 2nd shift disaster drill for 1st (1/1/20-3/31/20), 2nd, or 3rd quarter. -No 3rd shift disaster drill for 1st or 3rd quarter.</p> <p>Interview on 10/15/20 the House Manager stated: -1st shift 7am-3pm.</p>	V 114	<p>V 114 Fire and Disaster Drills</p> <p>After investigation and consultation with Program Manager there is still misunderstanding on what drills to be completed by quarters. VP had developed a grid to follow as well for the last survey.</p> <p>Plan:</p> <ul style="list-style-type: none"> VP will simplify the grid for better understanding by divisions of shifts for completion of disaster and fire drills and separate the CARF drill from DHHS drills. VP visit the home for assurance once a month and QP will visit the home bi-weekly for assurance of completion. VP will have the completion of the grids by shifts by 11/20/2020 for distribution to the home and training one on one via person or on zoom/duo due to COVID-19. All staff will be trained again on the difference between CARF required drills and DHHS required by 11/26/2020 by VP via zoom. Program Manager and staff will all receive disciplinary actions and will be placed in personnel files by 11/25/2020.. 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 114	<p>Continued From page 4</p> <p>-2nd shift 3pm-11pm. -3rd shift 11pm-7am. -Sometimes staff will work 3pm to 7am shift.</p> <p>Interview on 10/15/20 the Qualified Professional stated: -Some drills may have been CARF (Commission on Accreditation of Rehabilitation Facilities) emergency drills and not disaster drills.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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</p>	V 118	<p>V 118 Medication Requirements</p> <p>VP spoke with Manager. VP explained that she is ultimately responsible for all medical appointments, scheduling and follow-ups. VP explained there is no excuse for the continued errors on MAR due to not documenting the administration of medication. VP explained that all medical appointments she is to accompany the client and document in accordance to rules as written in the policy and procedure manual on the MAR if needed and in client service record. All staff will receive a disciplinary action and coaching and counseling and shall be placed in personnel files.</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 3 clients audited (#1, #2, #3). The findings are:</p> <p>Finding #1: Review on 10/15/20 of client #3's record review revealed: -53 year old female admitted 2/1/18. -Diagnoses of Severe Intellectual Disability, Cerebral Palsy, Anxiety Disorder, Seizure disorder by history. -9/3/20 Dental procedure at local hospital, required local anesthetic and prescribed pain medication.</p> <p>Review on 10/15/20, 10/23/20 and 10/26/20 of client #3's dated orders revealed: -9/3/20, APAP (acetaminophen)/Codeine 5ml (milliliter) every 4 hours for 5 days. (Pain reliever) -10/6/20, Lamictal tab 200mg (milligrams), 1 by mouth every morning and 1½ (and half) (300mg) tablets at bedtime. (Prevent/Control Seizures) -9/28/20, Cephalexin 500mg, 1 tablet twice daily. (antibiotic)</p>	V 118	<p>Plan:</p> <ul style="list-style-type: none"> • Program Manager will look over MAR record every morning of work for accuracy and documentation (effective date immediately)- • If there is an open date, the staff is to be called in and to complete the paperwork after the med count is completed. If the count is correct the staff will insert initials. If the count is off the Program Manager will have staff complete an incident report for missed medication and the staff shall receive a disciplinary action for the first 2 accounts and termination for not following directions as written by regulations (effective date immediately)- • All staff will SIGN INITIALS as medications are administered as written in policies as all times (effective date immediately). • Mediation orders are to be written on the MAR by the Program Manager only (effective date immediately). 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 6</p> <p>-10/5/20, Fluconazole 150mg, 1 tablet, repeat after antibiotics. (Treat fungal/yeast infections) -8/27/20, Sulfamethoxazole/Trimethoprim 800/160mg, 1 every 12 hours. (antibiotic) -9/3/20, Peridex .12, 15ml by mouth 2 times daily for 10 days. (Gingivitis) -10/22/20, Diazepam 5mg-7.5-10mg rectal kit, 10mg for seizure lasting more than 5 minutes for clusters, may repeat every 4-12 hours. -8/27/20, Neurologist office visit summary, "Medication added, continued, or stopped today" listed Lamictal 200 mg, 1 in the morning and 1½ at bedtime. Medication had been started 4/15/19. -8/24/20, 9/16/20, and 10/5/20 Primary Care office visit summaries, "Medication added, continued, or stopped today" listed Lamictal 200 mg twice daily.</p> <p>Review on 10/15/20, 10/23/20 and 10/26/20 of client #3's MARs from 8/1/20 - 10/15/20 revealed: -Client #3's APAP/Codeine was scheduled to be administered at 8am, 12am, 4pm, and 8pm. -APAP/Codeine had been documented as administered at 8am, 12am on 9/4/20 and lined through, not administered 4pm or 8pm on 9/4/20. - APAP/Codeine was not documented as administered until 9/4/20 when it was documented twice at 8am and at 12am; then 9/5/20-9/9/20 at 8am, 12am, 4pm, 8pm, not administered at 8am on 9/9/20. -Lamictal was transcribed on October/20 MAR as 1 by mouth every morning and 1½ (250mg) tablets at bedtime. -Cephalexin was documented as administered 15 times, starting at 8am on 9/29/20, blank on 10/2/20 at 8pm, and the last dose on 10/6/20 at 8pm. -Fluconazole documented as administered at 8am on 10/5/20 and 10/6/20. -Sulfamethoxazole/Tormentor was documented</p>	V 118	<ul style="list-style-type: none"> • Program Manager is to attend all medical appointments with consumer and document in the client service record as required by policy and procedure manual (effective date immediately) • Program Manager will check for renewal of all medication every Monday to ensure that medications are always in stock (effective 11/23/2020). • Program Manager will ensure that all medications are given as prescribed such as given every 4 hours does not mean 8a, 12n, 4p, and 8p. Medications will be administered as prescribed (effective date immediately). • Each shift shall work as a team and review each other staffs initial in the count of meds to notify the leaving staff, to fill in the missing space in the MAR (effective date immediately) • Emergency medication shall not be filled by Neil Medical. Program Manager shall call Neil Medical to inform them of the emergency medication and let them refer to 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 7</p> <p>as administered 8/28/20-8/31/20 twice daily; none documented on 9/1/20-9/3/20, then once daily at 8am from 9/4/20-9/7/20.</p> <p>-Peridex .12 was not administered until 9/5/20 at 8am.</p> <p>-Diazepam rectal kit, 10mg for seizures, was not transcribed on August/20, September/20 or October/20 MARs.</p> <p>Observation on 10/15/20 at approximately 2pm of client #3 medications revealed no Diazepam rectal kit for seizures.</p> <p>Finding #2: Review on 10/15/20 of client #1's record revealed: -48 year old female admitted 3/6/97. -Diagnoses included Moderate Intellectual Developmental Disabilities and Scoliosis.</p> <p>Review on 10/15/20, 10/22/20, and 10/23/20 of client #1's dated orders revealed: -7/28/20 and 9/14/20, 1 multivitamin daily. (Diet supplement) -7/28/20 Jolessa, 1 daily. (preventing pregnancy, regulate menstrual cycle) -4/15/19, Levocarnitine 330 mg (Carnitor) twice daily. (Diet supplement) -7/7/20, Lacosamide 200 mg (Vimpat) twice daily. (Seizure control) -7/28/20, Crestor 10 mg at bedtime. (Lowers cholesterol) -7/7/20, Phenobarbital 60 mg at bedtime. (Seizure control) -6/11/20, Epidiolex 100 mg, 2 ml (milliliters) twice daily. (Seizure control)</p> <p>Review on 10/15/20 and 10/20/20 of client #1's MARs from 8/1/20 - 10/15/20 revealed: -The order for a daily multivitamin was not</p>	V 118	<p>which pharmacy to take the medication which will allow Neil Medical access to the Rx. This will eliminate late dosage or refills of medication because Neil Medical delivers between 11pm and 2am(effective date immediately).</p> <ul style="list-style-type: none"> • Program Manger is to ask the attending physician for a copy of the orders upon exit OR if orders are sent to Neil Medical, it is the Program Manger is to call Neil Medical and have orders faxed to facility (effective date immediately). If office will supply medical worksheet it will suffice. • QP will visit and check in with Program Manager every 2 weeks for with caution due COVID-19. On the weeks there is no visit, Program Manager will zoom or duo with QP for assistance (effective 11/23/2020). • VP will come unannounced and sit outside in vehicle and review documentation due to Covid-19 (start date of 12/1/2020 to review November 2020 MAR's) 	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 8</p> <p>transcribed onto the October 2020 MAR and there was no documentation the client received a multivitamin from 10/1/20 - 10/15/20.</p> <p>-Crestor 10 mg had been documented twice daily from 9/1/20 - 9/25/20 and 9/28/20 - 9/30/20.</p> <p>-Phenobarbital 60 mg had been documented twice daily from 9/1/20 - 9/10/20 and 9/15/20.</p> <p>-Epidiolex 100 mg, 2 ml was scheduled to be administered at 8 am and 8 pm. There was no documentation the client received the 8 am dose of Epidiolex on 10/15/20.</p> <p>-There were blanks on the MARs as follows:</p> <p>-Jolessa, 8 am dose on 8/23/20.</p> <p>-Levocarnitine 330 mg, 8 pm dose on 9/23/20.</p> <p>-Lacosamide 200 mg (Vimpat), 8 am dose on 9/30/20.</p> <p>Observations on 10/15/20 at 1:55 pm of client #1's medications revealed no multivitamins on hand.</p> <p>Finding #3: Review on 10/15/20 of client #2's record revealed:</p> <p>-52 year old female admitted 4/5/19.</p> <p>-Diagnoses included Severe Intellectual Developmental Disabilities and Spastic Cerebral Palsy.</p> <p>Review on 10/15/20, 10/22/20, and 10/23/20 of client #2's dated orders revealed:</p> <p>-9/11/20, Senna Plus 8.6-50 mg, 2 tablets twice daily. (Constipation)</p> <p>-10/15/19, Risperdal 1 mg twice daily. (Mental/mood disorders)</p> <p>-9/11/20, Melatonin 3 mg daily. (Sleep aid)</p> <p>-1/16/19, Trazodone 300 mg at bedtime for sleep. (Depression, anxiety and insomnia)</p> <p>-1/14/20, Ativan 1 mg 4 times daily as needed for</p>	V 118	<ul style="list-style-type: none"> • Program Manager will get an order for all PRN medications for clarifications for administration (effective 11/23/2020). • At the beginning of each month when MAR's arrive from Neil Medical, Program Manager shall review for accuracy and make changes as need with Neil Medical (effective 12/1/2020). • Program manager will discuss changes in Medication with all staff as they occur for new meds and discontinued medications (effective immediately). • Other additional duties at other residential facility will halt on 12/1/2020 to focus on Nantucket. Another Program Manager is in Training to take over. • VP will assist Program Manager with seeking the aid of the in-house training nurse to visit with Nantucket for review monthly for 6 months effective December 1, 2020. 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 9</p> <p>agitation and ordered for an additional pill at 2:30pm. -1/14/20, Zolpidem 10 mg (Ambien) at bedtime as needed for sleep.</p> <p>Review on 10/15/20 and 10/20/20 of client #2's MARs from 8/1/20 - 10/15/20 revealed: -Ativan 1 mg was documented as administered for agitation 8/8/20 at 4 pm, 8/25/20 at 8 pm, 9/15/20 at 7 am, 9/16/20 at 9 am, 10/6/20 at 9 am, and 10/8/20 at 6 pm. -Ativan 1 mg was documented as administered on 9/3/20 and 9/5/20, and the time it was given was not documented. -There was no documentation Ativan 1 mg had been administered at 2:30 pm from 8/1/20 - 10/15/20. -There were blanks on the MARs as follows: -Senna Plus 8.6 -50 mg, 8 pm dose on 8/18/20. -Risperdal 1 mg, 8 am doses on 8/3/20 and 8/8/20; 8 pm doses on 8/1/20, 8/2/20, 8/4/20, 8/7/20 -Melatonin 3 mg, 8 pm doses on 9/30/20. -Trazodone 300 mg, 8 pm dose on 9/30/20.</p> <p>Observations on 10/15/20 at 1:55 pm of client #1's medications revealed no Zolpidem 10 mg (Ambien) on hand.</p> <p>Interview on 10/26/20 the House Manager stated: -Client #3's APAP/Codeine had not been administered every 4 hours. She divided dosage by times and medication had been administered at 8am, 12pm, 4pm, 8pm. The transcribed time "12 am" should have been "12 pm." -Client #3's Peridex was ordered on 9/3/20 following her dental procedure, dispensed by the pharmacy on 9/4/20, but not started until 9/5/20. There was no explanation for the delay.</p>	V 118	<ul style="list-style-type: none"> VP is meeting with Representative from Neil Medical on 11/30/2020 to discuss reviews and assistance where needed. VP discuss with Program Manager on the importance of seeking aid to open up portal with medical facilities to assist Manager with access to client medical records to print for client service record. QP will meet with VP weekly to discuss to progress of corrections and will be documented and filed. VP has explained to Program Manager on all of these issues and written as a disciplinary action and will be placed in personnel record on 11/23/2020. 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Client #3's Lamictal was a documentation error in the dosage (250mg) on the October/20 MAR. -Client #3's Fluconazole had to be a documentation error for time administered on 10/5/20 because it was not at the facility at 8am; it was ordered by physician on 10/5/20. -Client #3's second (last) dose of Fluconazole was supposed to have been given the morning following the last dose of the Cephalexin. -She did not know why "there had been a break on" Client #3's September MAR for Sulfamethoxazole or why it had only been administered once daily in September. -Client #3 had no Diazepam rectal kit for seizures on hand since mid September. The prescription had expired. -"If a medication had to be filled late, the pharmacy would provide a letter. She did not have any letters." -She could not explain when client #2 should receive Ativan per the order, "...But an additional pill at 2:30pm." -As the House Manager, it was her responsibility to get clarification of orders when needed. -Client #2 did not have Ambien on hand. The last time it was administered was "probably 4 months prior". The client did have trouble sleeping, but her Trazadone "does the job" most of the time. -The policy was to have "as needed" medications refilled and she would be responsible as the manager to see this was done. -Client #2's Ensure was ordered in September 2020. The policy was to document this on the MAR. She "remembered it was started in September, but they failed to record it" on the MAR. -On 10/23/20 she called the pharmacy about client #1's multivitamin and was told they needed another order. This was when she first realized client #1 did not have the vitamin on hand and it 	V 118		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 11</p> <p>was not on her October MAR. There had been no discontinue order written for the multivitamin.</p> <p>-Staff documented client #1 received Phenobarbital at 8am in error for those days documented in September. She crossed through these blocks. She knew it could not have been given because the only card dispensed was for the time ordered and their "count" was correct (control drug).</p> <p>-Client #1 could not have received Crestor twice daily in September because they would not have had this amount of medication on hand; this would have been a documentation error.</p> <p>-She believed that blanks on the clients' MARs were documentation errors. She could not recall a situation when a client's medication was not available when scheduled.</p> <p>Interview on 10/27/20 the Qualified Professional (QP) stated:</p> <p>-She reviewed MARs every month.</p> <p>-If there were blanks on an MAR, she would look at the client's bubble pack to determine if the client did not get the medication.</p> <p>-There had been no incident reports over the last 3 months for a client missing a medication.</p> <p>-She compared MARs, physician orders, and physician office visit summaries monthly. If she identified a discrepancy she would have the House Manager follow up with the physician.</p> <p>-She could not recall any discrepancies in the last 90 days.</p> <p>-She had not considered the signature of the physician on the office visit form for "Medications Added, Continued, or Stopped today" as a signed order.</p> <p>-The House Manager transcribed most new orders, but other staff that administered medications could transcribe.</p> <p>-She could not recall any transcription errors in</p>	V 118		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 118	<p>Continued From page 12</p> <p>the last 90 days.</p> <p>-Medications, such as pain medication, ordered following a procedure would be filled and started the same day as the procedure. They used a back up pharmacy if needed.</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> <p>This deficiency has been cited 3 times since the original cite on 12/12/18 and must be corrected within 30 days.</p>	V 118		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>10A NCAC 27G .5603 OPERATIONS</p> <p>(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.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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</p>	V 291		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 291	<p>Continued From page 13</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to coordinate services with other qualified professionals (QP) responsible for treatment/habilitation for one of three audited clients (#3). The findings are:</p> <p>Review on 10/15/20 of client #3's record revealed: -53 year old female. -Admission date 2/1/18. -Diagnoses of Severe Intellectual Disability, Cerebral Palsy, Anxiety Disorder, Seizure disorder by history.</p> <p>Review on 10/21/20 of a local emergency department visit for client #3 revealed: -Date of visit 09/28/20. -Client #3 had been seen for a cyst. -Additional Instructions included applying warm compresses to the area twice daily, take prescribed antibiotic, and follow up with primary care provider for appointment within 3 to 5 days.</p> <p>Review on 10/20/20 of client #3's primary care office visits records revealed: -Date of visit 8/24/20. "Patient Plan Will obtain CBC (complete blood count) and US (ultrasound) of mass...Plan orders Further diagnostic</p>	V 291	<p>V 291 Operations Program Manager was counseled on the importance of client treatment and habilitative needs at all times under no circumstance to not forget the documentation of the services provided.</p> <ul style="list-style-type: none"> At anytime a client receives care from the ER, there is an aftercare sheet to follow. The Aftercare sheet is an order as well. Program Manager will ensure that all documented recommendations are followed, i.e. warm or cold compresses, etc. These recommendations are to be documented on the back of the MAR and follow up with results to be documented (effective immediately). Program Manager will make sure all follow-up with Primary Care is scheduled the next day after treatment and documented in the client service record (effective immediately). 	
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 291	<p>Continued From page 14</p> <p>evaluations ordered today include(s) US EXTREMITY NON-VASC (vascular) LIMITED left to be performed." -Date of visit 9/16/20. "Assessment/Plan...Patient Plan Will order venous US of LUE (left upper extremity)...Plan orders Further diagnostic evaluations ordered today include(s) VENOUS DUPLEX, LOWER OR UPPER EXT (extremity)Left arm to be performed." -Date of visit 10/5/20. "Patient Plan Complete Keflux as prescribed. Venous US ordered for left upper extremity; call to reschedule. Continue warm compresses to aid with swelling to site."</p> <p>Interview on 10/27/20 client #3's guardian stated: -He had concerns with client #3's medical care. -He had to remind facility of medical appointments. -Client #3 went to local hospital in October 2019 and had an appointment scheduled for dental work in March 2020. March appointment had been canceled due to COVID-19 (Coronavirus disease 19). -In July, he had requested the facility call to reschedule appointment for dental procedure. -Client #3 had appointment rescheduled for September 2020 for dental procedure. -Client #3 had dental procedure on 9/3/20. -Client #3 primary care provided ordered a Doppler of her arm. -The facility had missed two appointments for scheduled Doppler. -He had been made aware the Doppler had been completed.</p> <p>Interview on 10/28/20 primary care provider stated: -8/26/20 She ordered a Doppler (ultrasound) of client #3's arm. -9/26/20 Client #3 was seen at a local Emergency</p>	V 291	<ul style="list-style-type: none"> • Program Manager will follow the directives of the Primary Care physician even if given verbally....document on the back of the MAR to indicate the care given and results are to be noted (effective immediately). • Program Manager will MAKE SURE that all medical appointments are scheduled to not interfere with other consumer medical appointments if possible. If Program manager is not able to attend, the QP will fill in for that event (effective immediately). • Program Manager and Guardian communication. It is very much aware that consumer's father is active in her medical care and likes to take over at times, BUT it is the Program Manager's responsibility to follow up and not just listen to the guardian for medical care. The guardian had the one Doppler done but there was another one (not the same one). The Program Manager is not to assume because father had one done, the other 	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 291	<p>Continued From page 15</p> <p>Department, her previous order canceled and ultrasound completed while at ED (not same as ordered).</p> <p>-10/5/20 Another order given to client #3's provider to call and reschedule.</p> <p>-10/21/20 House Manager called and requested another order stated she lost previous order.</p> <p>-10/23/20 Electronic record from local hospital stated ultrasound had been done and the results were "normal."</p> <p>-She had rarely received consult orders from other providers to include Neurologist and relied on patients for information.</p> <p>Interview on 10/26/20 the House Manager (HM) stated:</p> <p>-She had scheduled all appointments for clients.</p> <p>-She had been told by the doctor on 9/28/20 to apply warm compresses but was not given an order.</p> <p>-Warm compresses had been done at least 3 times a day but not documented.</p> <p>-She had not compared new doctor orders to what had previously been ordered while at doctor visits.</p> <p>-A Doppler of client #3's arm was scheduled for 9/30/20.</p> <p>-Client #3 was taken to the Emergency Department on 9/28/20 and client #3's guardian requested Doppler be completed.</p> <p>-On 10/5/20 client #3's primary care provider stated it was not the same study and ordered another Doppler.</p> <p>-Doppler of client #3's arm was completed on 10/16/20.</p> <p>-No other follows up for Doppler had been scheduled.</p> <p>-She had not received the office visit summary from the Neurologist.</p>	V 291	<p>Scheduled one was complete. That was not the case, there was two tests to be performed. The scheduled procedure shall always be followed as written for appointments (effective immediately).</p> <ul style="list-style-type: none"> • If Program Manager is ever in doubt about an appointment, she shall pick of the phone and call the provider to confirm the appointments (effective immediately). • If Program Manager does not here from providers Follow up with medical providers and Document the follow up. Continue to request for documentation and place in consumer medical record (effective immediately). 	
-------	--	-------	---	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/28/2020
--	---	---	---

NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
--	--

(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 291	Continued From page 16 Interview on 10/27/20 the QP stated: -It had been the HM's responsibility to ensure follow up visits had been made. -It had been a joint effort between the QP and HM to keep guardians informed. -There had not been issues with the clients' guardians being informed. -The QP had taken a copy of the clients' medical history and MARs (medication administration records) to doctor visits.	V 291		