| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| V 000 | INITIAL COMMENTS<br><br>A complaint and follow up survey was completed on 12/16/20. The complaint was unsubstantiated Intake #NC00168427. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness | V 000 | | |
| V 115 | 27G .0208 Client Services<br><br>10A NCAC 27G .0208 CLIENT SERVICES<br>(a) Facilities that provide activities for clients shall assure that:<br>(1) space and supervision is provided to ensure the safety and welfare of the clients;<br>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and<br>(3) clients participate in planning or determining activities.<br>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule.<br>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.<br>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.<br>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children. | V 115 | | |

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| V 115 | Continued From page 1 | V 115 | | |

This Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure meals were nutritious for six of six clients (#1-#6). The findings are:

Observation on 10/5/20 at 5:06pm of the facility's freezer revealed the following:
- meats labeled manager special with expiration dates for the following meats:
- chicken breast dated 9/21/20; lean beef bites dated 9/10/20; ground beef (turned brown in color) dated 9/9/20; chicken dated 9/14/20 (2 different packs); Boston butt dated 8/28/20 & and another Boston butt dated 9/13/20

Observation on 10/5/20 at 5:36pm the Qualified Professional (QP) observed the expired meats

During interview on 10/5/20 the QP reported:
- the hamburger has turned brown
- the Licensee/Registered Nurse (RN) shopped for all the meats
- she shopped in bulk
- she (QP) checked the food supply for expired meats monthly

During interview on 10/5/20 the Licensee/RN reported:
- she purchased the food for the facility including the meats
- some food was donated to the facility
- she doesn't check to see when the meat expired
- the QP was responsible for ensuring meat was not expired

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| V 118 | Continued From page 2 | V 118 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(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.<br><br>This Rule is not met as evidenced by: | V 118 | | |

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| V 118 | Continued From page 3<br>Based on record review and interview the facility failed to administer medication on the written order of a physician & failed to keep MARs current for one of three audited clients (#1). The findings are:<br><br>Review on 10/12/20 of client #1's record revealed:<br>- admission date: 1/6/14<br>- diagnoses including: Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity, Hypertension (HTN), Hyperlipidemia and Incontinence<br><br>Review on 11/17/20 & 12/8/20 of client #1's physician summaries revealed:<br>- "7/28/20 - call provider if blood sugar over 300 (3) consecutive times...you should be checking blood sugars 2 times a day with a fasting blood sugar..."<br>- "9/23/20 - check blood sugars three times day...patient here with a caregiver to discuss his diabetes. His diabetes is uncontrolled..."<br>- he was also seen by his physician on 10/22/20 & 11/18/20 for diabetes follow up<br><br>Review on 11/17/20 & 12/8/20 of client #1's September and October 2020 MARs revealed:<br>- September blood sugars recorded at 8am; 12pm & 4pm<br>- 9/6/20: (8am) 497, (12pm )378, (4pm) 373<br>- 9/7/20: (8am) 347 and( 12pm) 348<br>- 9/14/20: (4pm) 555<br>- 9/15/20: (8am) 520, (12pm) 405, (4pm) 422<br>- October MAR transcribed as follows: "times are requested per facility"...blood sugars recorded at 8am, 12pm & 4pm; however, times are also transcribed in a different column as 8am; 4pm & 8pm with staff initials only, no blood sugar recorded | V 118 | | |

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| V 118 | Continued From page 4<br>- October 2020 blood sugars consisted of the following:<br>- 10/4/20: (12pm) 331, (4pm) 391<br>- 10/5/20: (8am) 357, (12pm) 519, (8pm) 300<br>- 10/6/20 (8am) 320, (12pm) 484, (8pm) 536<br>- 10/7/20: (8am) 336, (12p) 390, (4pm) 426<br>- 10/8/20: 8am (279), (12pm) 463, (8pm) 501<br>- 10/23/20 (12pm) 350; (4pm) 360<br>- 10/24/20 (8am) no documentation & (12pm) no documentation<br>- the #2 documented on the MAR meant out of the facility<br>- #2 was listed for the following dates: October 20-22; 27-29 (all at 12pm)<br><br>Review on 11/9/20 of an emergency discharge summary dated 10/8/20 for client #1 revealed:<br>- "10:37pm...presents for hyperglycemia...caretaker provides history...she states that today blood glucose over 500...he has close follow up with personal care physician..."<br><br>During interview on 12/7/20 the triage nurse at client #1's physician's office reported:<br>- there were no documentation the facility's staff contacted the physician's office in September 2020 for 3 consecutive blood sugars over 300<br>- a staff called October 8, 2020 and reported blood sugars were high...client ate a large size candy bar on 10/7/20<br>- no other contact from the facility<br><br>During interview on 10/5/20 client #1 reported:<br>- He checked his own blood sugars<br>- staff looked at the meter and recorded the blood sugars<br><br>During interview on 10/5/20 staff #1 reported:<br>- client #1 checked his own blood sugars after | V 118 | | |

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| V 118 | Continued From page 5 | V 118 | | |

meals
- he (staff #1) recorded the blood sugars on the MAR
- he did not work everyday
- he and another staff alternated days until she left recently
- the Qualified Professional (QP) reviewed the MARs

During interview on 12/8/20 the QP reported:
- she was responsible for the accuracy of the MARs & medications
- she visited the facility at least 4 times a week
- she made an attempt on each visit to look over MARs for accuracy
- she looked for missed signatures by staff and if orders were correct
- she was responsible for taking client #1 to his physician appointments
- client #1's physician said client #1's blood sugars could be taken up to 3 times a day
- she was aware the blood sugar order was for 3 times a day
- she contacted the on-call physician at client #1's primary physician's office on 10/8/20
- client #1's blood sugars were over 500
- he requested staff wait an hour and retake, if still over 500, take to the emergency room
- she couldn't recall if client #1's physician's office was contacted for blood sugars being over 300 (3) consecutive times
- she needed to review client #1's paperwork to recall if the physician's office was contacted
- if #2 was documented on the MAR, it meant client #1 was out of the facility
- he was either at the day program or the office
- staff didn't have his equipment at the office, for client #1 to check his blood sugars

During interview on 12/11/20 the

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| V 118 | Continued From page 6<br><br>Licensee/Registered Nurse (RN) reported:<br>- she was aware of the order to contact client #1's physician for 3 consecutive blood sugars over 300<br>- she reviewed MARs, however, since the pandemic she has not<br>- the QP reviewed the MARs and reported any concerns to her<br>- she doesn't have client #1's paper work near her to see if the QP had contacted her with any concerns<br>- any physician orders from a physician, needed to be followed at all times<br><br>During interview on 12/15/20 & 12/16/20 the QP reported:<br>- client #1 didn't check his blood sugars at the day program<br>- he attended the program on Tuesdays and Thursdays but it changed to only Tuesdays due to the pandemic<br>- it wasn't discussed for him to check his blood sugars at the program<br>- however, staff at the day program were aware he was a diabetic<br>- client #1 checked his own blood sugars at the facility<br>- she knew there were two different times on the MARs for client #1's blood sugars to be checked<br>- times to check his blood sugars were changed on the MARs, so client #1 could check his blood sugars at the facility<br>- she does not recall when the change took place<br>- the pharmacy put duplicate times on the MARs<br>- she had requested the pharmacy to put the correct times on the MARs<br>- client #1 checked his blood sugars at 8am, | V 118 | | |

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| V 118 | Continued From page 7<br><br>4pm and 8pm<br>- staff recorded at the incorrect times if recorded at 8am, 12pm and 4pm<br>- the blood sugar times are prior to his meals and medications<br>- she has not reviewed her documentation to see if the physician's office was contacted for 3 consecutive blood sugars over 300<br>- the day (10/8/20) client #1 went to the ER, staff rechecked his blood sugars and texted her the reading<br>- she would have to review her text messages to recall the reading<br>- on 12/16/20, she recalled the staff did not text her the reading because the blood sugar was so high, it did not register<br>- that's why the on-call physician was contacted<br><br>During interview on 12/15/20 a nurse with the day program reported:<br>- the nurse for the program client #1 attended was not available<br>- she would have her to call back<br>- no return call by close of survey<br><br>During interview on 12/16/20 a representative with the pharmacy reported:<br>- there was an order on file dating back to July 2019 to check blood sugars three times a day<br>- the facility notified the pharmacy of times to transcribe on the MAR based on the client's meal times<br>- initially, staff requested 8am, 12pm & 4pm, a staff called on 10/26/20 and requested times be changed to 8am, 4pm & 8pm<br>- there was nothing documented after 10/26/20 that staff contacted the pharmacy<br><br>Review on 12/16/20 of the Plan of Protection | V 118 | | |

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| V 118 | Continued From page 8 | V 118 | | |

dated 12/16/20 written by the QP revealed: "Effective 12/16/2020 ED Emmanuel Homes will conduct an internal review of all MAR's and evaluate the discrepancies with orders that are duplicated or not written properly. QP will thoroughly check MAR's, meet/discussed with CEO, and follow through with [pharmacy] to verify orders as well as Primary Care Physician for clarification about the orders during visits, email and/or [hospital chart]. E D Emmanuel Homes will adhere to the policies of DHS to ensure the safety of all residents are protected and in compliance. E D Emmanuel Home will continue to reinforce and conduct monthly staff meetings to review policies and reiterate the safety/rights of Residents as a priority. E D Emmanuel Homes will continue to monitor all resident's safety and report accordingly any concerns as well as take the necessary measures to stay in compliance."

Client #1 was diagnosed with Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity, Hypertension (HTN), Hyperlipidemia and Incontinence. He was seen by his physician for uncontrollable diabetes on 7/28/20, 9/23/20, 10/22/20 and 11/18/20. There was a physician's order dated 7/28/20 & 9/23/20 for staff to contact the physician's office if client #1 had 3 consecutive blood sugars over 300. In September 2020, he had 3 consecutive blood sugars over 300 between the dates of 9/6/20 -9/7/20 and 9/14/20-9/15/20 that ranged from 347-555. The October 2020 MAR had 2 different sets of times for blood sugars to be recorded; 8am, 12pm & 4pm and 8am, 4pm & 8pm. A representative with the pharmacy said blood sugar times were changed by a facility's staff on 10/26/20 to 8am, 4pm & 8pm. Blood sugars were recorded during the times of 8am, 4pm, & 12pm with 3 consecutive blood sugars over 300 from 10/4/20 -

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| V 118 | Continued From page 9<br><br>10/8/20 & 10/23/20 - 10/24/20. During these dates the blood sugars ranged from 331-519. There were at least 2 days in October with no blood sugars recorded. There was 6 days client #1 was out of the facility, either at his day program or the facility's office. The triage nurse at client #1's physician's office said they were contacted 1 time on 10/8/20 for a high blood sugar. He was rushed to the emergency room on 10/8/20 for hyperglycemia. The Qualified Professional visited the facility at least 4 times a week. She audited the MARs during her visit. Staff are supposed to record blood sugars at 8am, 4pm and 8pm. Client #1's blood sugars weren't checked if he was at the office or day program. She could only recall one time client #1's physician office was contacted for 3 consecutive blood sugars over 300 and it was on 10/8/20. The blood sugar did not register on the meter and he was taken to the emergency room. She was responsible for contacting client #1's physician if he had 3 consecutive blood sugars over 300. These failures were detrimental to the health, safety and welfare of client #1 and constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of $200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day. This deficiency constitutes a re-cited deficiency. | V 118 | | |
| V 542 | 27F .0105(a-c) Client Rights - Client's Personal Funds<br><br>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS<br>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. | V 542 | | |

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| V 542 | Continued From page 10<br>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts.<br>(c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:<br>(1) assure to the client the right to deposit and withdraw money;<br>(2) regulate the receipt and distribution of funds in a personal fund account;<br>(3) provide for the receipt of deposits made by friends, relatives or others;<br>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;<br>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;<br>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;<br>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and<br>(8) provide the client with a quarterly accounting of his personal fund account.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to: assure the clients the right to deposit and withdraw money; regulate the receipt and distribution of funds in a personal fund account; provide for the keeping of adequate financial | V 542 | | |

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| V 542 | Continued From page 11<br>records on all transactions and provide quarterly accounting of personal funds account for two of two audited clients (#4 & #5). The findings are:<br><br>Review on 11/19/20 of the facility's policy revealed:<br>- "CREATING A SYSTEM - CONSUMER PERSONAL FUNDS-does not include Stimulus (stimulus funds are by request):<br>E D EMMANUEL HOMES, LLC will work with individual and assigned payee to ensure that funds of consumers residing in residential treatment are managed appropriately. On the first of each month consumers receive their Special Assistance (SA) funds, once received the medication and or physician charge/copayments will be deducted from the SA amount. Deductions from personal funds also include, but aren't limited to bank fees ( with authorization), criminal fees ( court fees, probation, offender programs etc.), and damages to ED EMMANUEL HOMES,LLC property. The remaining balance will be distributed to the consumer for personal funds usage unless otherwise noted by the guardian in written notice. E D EMMANUEL HOMES, LLC distribution each individual with a $66 dollar spending allowance monthly from their SA funds. A tracking form is kept inside the same locked box that maintains individual's receipts. The administrator and consumer initial off on each month individuals receive their $66 allowance (initials are placed beside the remaining balance once deductions are taken out). Authorized personnel will purchase needed material for consumers based on the consumers requests. After authorized personnel make requested purchases the receipts are filed, and items are distributed to designated consumers...."<br><br>Review on 11/19/20 of the client's Personal | V 542 | | |

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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 542 | Continued From page 12<br><br>Funds Distribution Log/Cash Disbursements revealed:<br>- the facility failed to show how the special assistance funds were deducted on a monthly basis<br>- receipts/bank statements were not received after several request<br><br>Review on 11/19/20 of a facility's letter for client #5 revealed:<br>- a letter of agreement to client #5 in regards to his stimulus check<br>- $300 would be disbursed into his stimulus payment account<br>- they will hold $900 for personal savings fund for future moving cost<br>- signed 9/7/20 by client #5 & Licensee<br><br>During interview on 10/5/20 client #2 reported:<br>- the office staff handles his funds<br>- he thought he had a bank account<br>- he had not received any bank statements<br>- from his stimulus check he only received pants and shorts<br>- he gave $20.00 to his mom from his stimulus check<br><br>During interview on 10/5/20 client #4 reported:<br>- he received some money from the facility<br>- he did not receive any of his stimulus check<br>- he was supposed to get $66.00 ...he only got $39.00 ...have to pay med copays<br>- he told them to put his stimulus check in the bank<br>- he had not received any bank statements or receipts<br><br>During interview on 10/5/20 client #5 reported:<br>- he was frustrated about his stimulus check<br>- he received some of his stimulus check | V 542 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL092-654 | A. BUILDING: _____ B. WING _____ | R-C 12/16/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| V 542 | Continued From page 13<br>- he received clothes - 3 shirts, 3 pair shorts, medium pizza, $20 and hygiene products<br>- the Licensee/Registered Nurse (RN) & Human Resource manager/Licensee/RN's daughter didn't like for clients to ask about the stimulus<br>- he told his probation officer (PO) and she said she would handle it<br>- He only got $40.00 a month from the facility<br>- the copays for his medication was paid with his side jobs<br>- he doesn't receive any monthly statements<br><br>During interview on 10/5/20 staff #1 reported:<br>- clients complained to him about not getting their stimulus check<br>- he reported all complaints to the Qualified Professional (QP)<br><br>During interview on 10/12/20 client #1's guardian reported:<br>- in the past he has not asked the facility to provide a financial record for client #1<br>- he planned to request financial records for client #1 in the future<br>- in treatment team meetings, they discussed how client#1's monies were used<br>- client #1 received a $1200.00 stimulus check that was managed by the facility<br>- the HR manager/Licensee/RN's daughter sent a spreadsheet on how it was managed<br>- she purchased the following for client #1: bedspread, sheets, clothes: 3 shirts, 3 shorts, undergarments, laundry products, deodorant, snacks, coca butter<br>- a laptop computer was being purchased today by the facility<br><br>During interview on 10/12/20 client #5's PO reported: | V 542 | | |

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| V 542 | Continued From page 14<br>- the only concern she had was the client's finances<br>- she was the PO for client #4 and #5<br>- they always complained about not getting money<br>- they have not received all their stimulus checks<br>- they are their own guardian's<br><br>During interview on 10/12/20 the QP reported:<br>- she didn't handle the clients finances<br>- the Licensee/RN placed the clients monies in an envelope with their names on it<br>- she distributed the envelopes to the facility and had the clients signed for their money<br><br>During interview on 10/14/20 the HR manager/Licensee/RN daughter reported:<br>- she was in charge of the stimulus checks<br>- the stimulus checks went into a Trust fund for the clients<br>- She kept a spread sheet on how the clients spent their money<br>- the Licensee/RN and QP were responsible for the Special Assistance checks<br>- client #5 was his own guardian<br>- he requested $900.00 be held by the agency for a security deposit (independent living)<br>- client #1's guardian didn't have a system in place for how he spent his money<br>- Management gave client #1 $10.00 a week<br>- he was a diabetic and high risk<br>- he would purchase a lot of sweets if given too much money<br><br>During interview on 12/11/20 the Licensee/RN reported:<br>- the HR manager/Licensee/RN daughter were responsible for the clients' $1200 stimulus check<br>- she (Licensee/RN) was responsible for the | V 542 | | |

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| V 542 | Continued From page 15<br>Special Assistance the clients received<br>- she (Licensee/RN) deducted the clients med pay and placed the rest in an envelope and the QP distributed to the facilities.<br>- the QP was responsible for the distribution of the clients personal fund log | V 542 | | |