STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL036-342	A. BUILDING: _____ B. WING _____	R 02/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOSSOM COMMUNITY SERVICES, INC	1911 WILLIMAX AVENUE GASTONIA, NC 28054

(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 A complaint and follow-up survey was completed on 2/19/21. The complaint was unsubstantiated (Intake #NC171933). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying,	V 108		

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure at least one staff member was available in the facility at all times when a client was present was trained in basic first aid, cardiopulmonary resuscitation(CPR) and the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction for 4 of 4 staff (#1, #2, #3, #4), 1 of 1 Associate Professional (AP) and 1 of 1 Qualified Professional(QP). The findings are: Review on 2/4/21 of personnel records revealed: -staff #1 was hired on 11/1/20 with the job title of Direct Care Paraprofessional. A certification of completed training in CPR/First Aid with National CPR Foundation dated 11/1/20 was present in the record; -staff #2 was hired on 11/24/20 with the job title of Direct Care Paraprofessional. A certification of completed training in CPR/First Aid with CPR Today, Inc. dated 11/30/20 was present in the record; -staff #3 was hired on 9/30/20 with the job title of Direct Care Paraprofessional. A certification of completed training in CPR/First Aid with CPR Today, Inc. dated 11/1/20 was present in the record; -staff #4 was hired on 11/30/20 with the job title of	V 108		

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V 108	Continued From page 2 Direct Care Paraprofessional. A certification of completed training in CPR/First Aid with National CPR Foundation dated 11/30/20 was present in the record; -the AP was hired on 7/23/20. A certification of completed training in CPR/First Aid with CPR Today, Inc. dated 7/24/20 was present in the record; -the QP was hired on 11/5/20. A certification of completed training in CPR/First Aid with National CPR Foundation dated 11/19/20 was present in the record. Interview on 2/8/21 with staff #1 revealed: -completed CPR/First Aid training; -training was on-line. Interview on 2/8/21 with staff #2 revealed: -completed CPR/First Aid training; -training was on-line. Interview on 2/8/21 with staff #3 revealed: -completed CPR/First Aid; -someone came out to do training; -also did some of the training on-line. Attempted interviews on 2/8/21, 2/10/21 and 2/12/21 with staff #4 were unsuccessful due to no answered phone calls and no response to voicemail messages left. Interview on 2/18/21 with the AP revealed: -completed training in CPFR/First Aid; -someone came out and did some training; -some of the training was on-line. Interview on 2/19/21 with the Chief Executive Officer revealed: -was not aware the curriculum her staff had for CPR/First Aid was not accepted;	V 108		

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V 108	Continued From page 3 -will ensure her staff complete CPR/First Aid in approved curriculums.	V 108		
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 file followed up by appointment or consultation with a physician.	V 118		

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V 118	Continued From page 4 This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure prescription or non-prescription drugs were administered to a client on the written order of a person authorized by law to prescribe drugs affecting 1 of 1 client(#1). The findings are: Review on 1/28/21 of client #1's record revealed: -date of admission 11/3/20; -diagnoses of Post Traumatic Stress Disorder (PTDS), Major Depressive Disorder and Borderline Personality Disorder. Review on 2/16/21 of client #1's MARs(Medication Administration Records) for the months of December 2020, January 2021 and February 2021 revealed the following: -hydroxyzine pamoate (generic for Vistaril) 25 mg(milligrams) one tablet four times a day as needed documented as administered in the months of December 2020, January 2021 and February 2021; -Albuterol Sulfate HFA 90mcg(microgram) as needed documented as administered in the months of December 2020 and January 2021; -fluoxetine (generic for Prozac) 20mg on tablet in the am documented as discontinued on the December 2020 MAR on 12/6; -Trazadone 50mg one and a half tablets at night documented as discontinued on the December 2020 MAR on 12/8; -documentation instructions on back of the MARs listed "C" as the code for client being out of the facility; -blanks on the MARs for the dosing dates when client #1 was out of the facility and no "C" was in	V 118		

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V 118	Continued From page 5 the dosing dates. Observation on 2/16/21 at 10:10am of client #1's medications on-site revealed: -hydroxyzine pamoate (generic for Vistaril) 25 mg(milligrams) one tablet four times a day as needed dispensed 10/26/20; -Albuterol Sulfate HFA 90mcg(microgram) as needed with expiration date of 4/2022; -fluoxetine (generic for Prozac) 20mg on tablet in the am and Trazadone 50mg one and a half tablets at night not on-site. Further review on 2/16/21 of client #1's record revealed: -print-out from a local mental health provider regarding the above listed medications(hydroxyzine pamoate, Albuterol Sulfate, fluoxetine and Trazadone) with the following information: name of medication, amount, dosing instructions, name of prescribing physician and date medication prescribed but no physician's signature; -no discontinued signed physicians' orders for fluoxetine 20mg on tablet in the am and Trazadone 50mg one and a half tablets at night; -print-out from a local health provider dated 12/7/20 with the instructions to stop fluoxetine (generic for Prozac) 20mg on tablet in the am but no physician's signature. Interview on 2/16/21 with client #1 revealed: -gets her medications in the morning and at night; -staff never forgets her medications; -went on home visits to her aunt's on several occassions including a 2 week stay recently. Interviews on 2/16/21 and 2/19/21 with the Chief Executive Officer(CEO) revealed: -not aware she had to have a physician's	V 118		

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V 118	Continued From page 6 signature on the documentation of the medications; -received the print-out from the local mental health agency when client #1 was admitted; -will ensure obtain all signed physician orders for all medications administered; -will ensure staff completely fill out dosing dates when clients out of the facility.	V 118		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observations, record review and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 2/16/21 at 10:05 am revealed: -vacant client bedroom #1 off dining room had a large picture window with an one inch by one inch round hole with two cracks near the bottom of the Plexiglas pane; -vacant client bedroom #2 at the end of the hallway on right had an unpainted patched area on wall under switchplate approximately five inches by twelve inches; -dirty vent cover in hallway; -occupied client bedroom #3 at the end of the	V 736		

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V 736	Continued From page 7 hallway on left had an unpainted patched area located behind the bedroom door approximately six inches by six inches; -also in occupied client bedroom #3 was 2 dresser with missing drawers; -beeping smoke alarm. Interview on 2/16/21 with the Chief Executive Officer(CEO) revealed: -not sure when hole happened in window pane; -client #1 did not have access to this room; -will call a contractor immediately and get someone to replace the broken window. Review on 2/16/21 of an email sent on 2/16/21 at 4:45pm from the CEO revealed an attached photo of the repaired window pane. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		