STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-048	A. BUILDING: _____ B. WING _____	R-C 03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODHAVEN FAMILY CARE FACILITY	436 WEST ROAD CAMERON, NC 28326

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V 000	INITIAL COMMENTS A complaint and follow-up survey was completed on March 10, 2021. The complaint was unsubstantiated (Intake #NC00175083). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 3/10/21 of the facility's fire drill log revealed the following: -2/26/21 3rd shift	V 114		

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V 114	Continued From page 1 -2/5/21 1st shift -12/17/20 2nd shift -12/1/20 1st shift -10/11/20 1st shift -10/30/20 3rd shift -9/16/20 1st shift -6/27/21 3rd shift -3/16/20 1st shift -3/5/20 3rd shift -2/6/20 3rd shift -2/1720 2nd shift -During the 3rd quarter of 2020 there were no fire drills conducted for 2nd and 3rd shifts. -During the 2nd quarter of 2020 there were no fire drills conducted for 1st and 2nd shifts. Review on 3/10/21 of the facility's disaster drill log revealed the following: -2/22/21 1st shift -12/10/20 3rd shift -11/7/20 3rd shift -10/23/20 3rd shift -10/17/20 1st shift -9/19/20 1st shift -9/7/20 3rd shift -8/22/20 3rd shift -7/12/20 1st shift -7/18/20 3rd shift -6/21 (no day indicated) 1st shift -4/14/20 2nd shift -4/20/20 3rd shift -3/21/20 2nd shift -3/23/20 3rd shift -2/27/20 1st shift -During the 4th quarter of 2020 there were no disaster drills conducted for 2nd shift. -During the 3rd quarter of 2020 there were no disaster drills conducted for 2nd shift. Interview with the Director of Quality Management	V 114		

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V 114	Continued From page 2 on 3/10/21 revealed: -Staff worked three separate shifts at the group home. -Staff were supposed to be using a calendar to complete the fire and disaster drills on a monthly basis. -The Former Associate Professional was supposed to ensure staff were conducting the drills on a monthly basis. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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;	V 118		

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V 118	Continued From page 3 (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. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to keep the MAR current for two of three clients (#1 and #2). The findings are: a. Review of client #1's record on 3/9/21 revealed: -Admission date of 6/15/17. -Diagnoses of Mild Intellectual Disability, Mood Disorder, Psychotic Disorder, Schizoaffective Disorder, Intermittent Explosive Disorder, Type II Diabetes, Hypertension, Methicillin-Resistant Staphylococcus Aureus and Overactive Bladder. Review of physician's orders for client #1 on 3/10/21 revealed: -Order dated 3/3/21 for Dorzolamide/Timolol eye drops, instill one drop into both eyes twice daily. -Order dated 2/22/21 for Metformin HCL 500 mg, one tablet three times daily. -Order dated 1/28/21 for Oxcarbazepine 300 mg, one tablet in the morning and 2 tablets in evening; Quetiapine 200 mg, one tablet every morning,	V 118		

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V 118	Continued From page 4	V 118		

one tablet at noon and Duloxetine 30 mg, one capsule daily.
-Order dated 1/6/21 for Coenzyme q-10 100 milligrams (mg), one capsule daily.
-Order dated 12/21/20 for Levothyroxine 50 mcg, one tablet daily in morning.
-Order dated 7/31/20 for Clonazepam 2 mg, one tablet two times daily.

Review of the March 2021 MAR for client #1 on 3/10/21 revealed:
-There were blank boxes for the above medications on the following dates: Coenzyme q-10 100 mg on 3/1; Levothyroxine 50 mcg on 3/1; Oxcarbazepine 300 mg on 3/1 AM dose; Quetiapine 200 mg on 3/1 AM dose; Duloxetine 30 mg on 3/1; Dorzolamide/Timolol eye drops on 3/1 AM dose; Metformin HCL 500 mg on 3/1 and 3/5 AM doses and Clonazepam 2 mg on 3/1 AM dose.

b. Review of client #2's record on 3/9/21 revealed:
-Admission date of 7/1/2020.
-Diagnoses of Pervasive Developmental Disorder, Anxiety Disorder, Bipolar Disorder, Moderate Intellectual Disability, Hearing Loss and Seizure Disorder.

Review of physician's orders for client #2 on 3/10/21 revealed:
-Order dated 3/9/21 for Fluoxetine 20 mg, one capsule daily.
-Order dated 2/8/21 for Docusate 100 mg, one capsule two times daily;
Levothyroxine 0.1 mg, one tablet daily and Fluoxetine 10 mg, one capsule daily.
-Order dated 1/27/21 for Omeprazole 20 mg, one cap daily and
Ferrous Sulfate 325 mg, one tablet twice daily.

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V 118	Continued From page 5 -Order dated 1/21/21 for Levetiracetam 500 mg, one tablet two times daily. -Order dated 12/8/20 for Clozapine 50 mg, three tablets twice a daily. -Order dated 12/2/20 for Lorazepam 0.5 mg, one tablet three times daily. -Order dated 9/29/20 for Fluocinolone 0.01% ear drops, instill 5 drops into right ear 2 times daily. Review of the March 2021 MAR for client #2 on 3/10/21 revealed: -There were blank boxes for the above medications on the following dates: Docusate 100 mg on 3/1 AM dose; Levetiracetam 500 mg on 3/1 AM dose; Omeprazole 20 mg on 3/1; Fluocinolone 0.01% ear drops on 3/1 AM dose; Clozapine 50 mg on 3/1 AM dose; Lorazepam 0.5 mg on 3/1 AM dose; Levothyroxine 0.1 mg on 3/1; Fluoxetine 20 mg on 3/1; Fluoxetine 10 mg on 3/1 and Ferrous Sulfate 325 mg on 3/1 AM dose. Interview with Director of Quality Management on 3/10/21 revealed: -There were no issues with clients #1 and #2 getting their prescribed medications daily. -The MAR's not being filled out daily was clearly a documentation error by staff. -The Former Associate Professional was supposed to be checking the MAR's to ensure there were no errors. -He confirmed the facility staff failed to keep the MAR's current for clients #1 and #2. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		

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V 736	Continued From page 6	V 736		
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 observation and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are: Observation on 3/10/21 at approximately 10:00 AM of the facility revealed the following: -Dining Room-There was a crack in the wall approximately six inches long. The vermiculite substance on the ceiling was peeling off in three areas. -Kitchen- The vermiculite substance on the ceiling was peeling off in five areas. The wall vent was covered with dust. -Client #3's bedroom-The paneling outside of her bedroom door was broken. -Den Area-There were four quarter sized holes in the ceiling over the television. The bottom panel of the storm door was missing. -Bathroom #1-The door panel was broken, the lock to the door was broken, and door would not close all the way. -Client #1's bedroom-There was a strong urine smell. -Bathroom #2-There was a glue like substance in the sink. There was mold on the front bottom	V 736		

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V 736	Continued From page 7 portion of the walk-in shower and mold on wall near the shower. Interview on 3/10/21 with the Director of Quality Management revealed: -They had a maintenance person doing the repairs for the group home. -Most of the repairs were completed after the annual survey. -Client #1's bedroom spelled like urine because she hid her depends from staff. -He thought client #1 had been hiding the depends for at least 6 months or longer. -He confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		