STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 000	INITIAL COMMENTS A complaint and follow up survey was completed on March 11, 2021. The complaint was unsubstantiated (intake # NC00174037). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities.	V 000		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews the facility failed to administer medications on the written order of a physician for 3 of 5 audited clients (#1, #2, and #5), keep MARs current for 3 of 5 audited clients (#1, #4 and #5) and to record medications administered on the MAR immediately after administration for 2 of 5 audited clients (#1 and #4). The findings are: Review on 2/25/21 of client #1's record revealed: - 43 year old admitted 2/01/19. - Diagnoses included Intellectual/Developmental Disability, moderate, Schizoaffective Disorder, Major Depressive Disorder, severe with psychotic features, and Seizure Disorder. - In-patient at a state operated psychiatric hospital 1/29/21 - 2/09/21. - Physicians' orders signed 11/17/20 carbamazepine (used to treat seizures, nerve pain, and bipolar disorder) 100 mg 3 tablets by mouth twice daily; levetiracetam (used to treat seizures) 500 mg 3 tablets by mouth twice daily; Linzess (used to treat irritable bowel syndrome with constipation and chronic constipation) 72 mcg 1 capsule by mouth every day; haloperidol (anti-psychotic) 5 mg 1 tablet every day at noon; haloperidol 5 mg 2 tablets twice daily in the morning and at 8 pm; zonisimide (used to treat partial seizures) 100 mg 5 capsules at bedtime; prazosin (used to treat hypertension and water	V 118		

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V 118	Continued From page 2 retention 2 mg 2 capsules every evening at 8:00 pm (discontinued 2/15/21); simvastatin (used to treat high cholesterol) 10 mg 1 tablet at bedtime; Senna Lax (laxative) 1 tablet every evening; fluticasone (used to relieve allergy symptoms) 50 mcg 1 spray each nostril daily; clotrimazole 1% cream (anti-fungal) apply between toes twice daily; medroxyprogesterone (birth control) 150 mg/ml inject 1 ml intramuscularly every three months; ferrous sulfate (used to treat iron deficiency) 325 mg 1 tablet daily; fluoxetine (can treat depression) 20 mg 2 capsules every morning; Vitamin B12 (used to help keep nerve and blood cells healthy) 500 mcg 2 tablets daily; folic acid (can treat certain types of anemia) 0.4 mg 2 tablets daily; loratadine (used to treat seasonal allergies) 10 mg 1 tablet daily; montelukast (can treat allergies and prevent asthma attacks) 10 mg 1 tablet daily; potassium (helps nerves to function and muscles to contract) 20 mcq 1 tablet daily; Vitamin D3 (helps the body absorb calcium and phosphorus) 1000 units 1 tablet daily; vitamin E (antioxidant) 400 international units 1 capsule daily; docusate (stool softener) 100 mg 1 capsule twice daily; aspirin (reduces the risk of heart attack) 81 mg 1 tablet daily; Calcium Reg + D3 (helps strengthen bones) 1 tablet twice daily with meals. - Physician's orders signed 1/12/21 for clonazepam (can treat seizures, anxiety, and panic disorders) 0.5 mg 1 tablet in the morning and one at 8 pm; benztropine (anti-tremor and can treat side effects of other medications) 0.5 mg 1 tablet twice daily; - No signed Physicians' orders for: zonisimide 100 mg one capsule every morning; haloperidol 10 mg 1 ½ tablets every morning; haloperidol 10 mg 2 tablets at 6 pm; Linzess 145 mcg 1 capsule every day; ClearLax Powder (used to treat constipation) mix 17 grams in 8 ounce of	V 118		

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beverage and take twice daily; benztropine 1 mg 1 tablet twice daily.
- No signed Physicians' order to discontinue: clonazepam 0.5 mg one tablet in the morning; zonisimide 100 mg 5 capsules at bedtime; haloperidol 10 mg 1 tablet three times daily in the morning, at noon and at 8 pm; haloperidol 10 mg 2 tablets at bedtime; Linzess 72 mcg 1 capsule every day.

Review on 2/24/21 of client #1's MARs for December 2020 - February 2021 revealed:
December 2020 MAR:
- Transcribed entry for Linzess 72 mcg 1 capsule every day, "Orig: 13-Feb-2019 Date Written 1-Jul-2020 Stop Date: 21-Dec-2020 . . . DC;d"; transcription "grayed out" 12/22/20 - 12/31/20 with staff initials documenting administration of the medication daily.
- Transcribed entry for Linzess 145 mcg 1 capsule every day "Orig: 21-Dec-2020 Date Written: 21-Dec-2020 . . . "; staff initials documented administration of the medication 7:00 am 12/22/20 - 12/31/20.

January 2021 MAR:
- 1/13/21 Staff #9's initials signifying administration of 7:00 am aspirin, benztropine, calcium, carbamazepine, diclofenac gel, docusate, ferrous sulfate, fluoxetine, fluticasone, folic acid, haloperidol, levetiracetam, Linzess, loratadine, montelukast, potassium, and vitamin B12.
- 1/13/21 the Group Home Manager/QP's (GHM/QP) initials signified administration of 7:00 am clonazepam and prazosin.

February 2021 MAR:
- Transcribed entry for haloperidol 10 mg 1 ½ tablets (15 mg) every morning " . . . Suspended

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V 118	Continued From page 4 01 Feb 2021 to 05 Feb 2021: Client out of facilkity/ hospitalized . . . Orig: 9-Feb-2021 Date Written: 15-Feb-2021 . . . " with staff initials that medication was administered at 7:00 am daily 2/16/21 - 2/24/21. - Transcribed entry for haloperidol 10 mg 1 tablet three times daily in the morning, at noon, and at 8 pm "Suspended 01 Feb 2021 to 05 Feb 2021: Client out of facilkity/hospitalized . . . Orig: 12-Jan-2021 Date Written: 12-Jan-2021 Stop Date 9-Feb-2021 . . . "; grid was "grayed out" 8:00 pm 2/09/21 - 2/28/21; staff initials documented administration of the medication 8:00 pm 2/09/21 and 7:00 am 2/10/21. - Transcribed entry for clonazepam 0.5 mg 1 tablet by mouth twice daily in the morning and at 8 pm "DC'd" (discontinued), "Suspended 01 Feb (February) 2021 to 05 Feb 2021: Client out of faciilkity/hospitalized . . . Stop Date: 9-Feb-2021 4:00 pm . . . ", transcription was "grayed out" 8:00 pm 2/09/21 - 2/28/21; staff initials documented administration of the medication at 8:00 pm on 2/09/21, and at 7:00 am on 2/10/21. - Transcribed entry for benztropine 0.5 mg 1 tablet twice daily; grid blocks were grayed out 8:00 pm 2/09/21 - 2/28/21, with staff #7's initials 8:00 pm 2/09/21 - 2/11/21, and staff #9's initials 7:00 am 2/10/21. - Transcribed entry for benztropine 1 mg 1 tablet twice daily with staff #1's initials 8:00 pm 2/09/21. Observation on 2/23/21 at 10:45 am of client #1's medications on hand revealed: - Carbamazepine 100 mg 3 tablets twice daily, dispensed 2/01/21 - Ferrous sulfate 325 mg 1 tablet daily, dispensed 2/01/21. - Fluoxetine 20 mg 2 capsules (40 mg) every morning, dispensed 2/01/21. - Vitamin B-12 500 mcg 2 tablets daily, dispensed	V 118		

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V 118	Continued From page 5 2/01/21. - Folic Acid 0.4 mg 2 tablets daily, dispensed 2/01/21. - Levetiracetam 500 mg 3 tablets twice daily, dispensed 2/01/21. - Linzess 145 mcg 1 capsule daily, dispensed 2/01/21. - Loratadine 10 mg 1 tablet daily, dispensed 2/01/21. - Montelukast 10 mg 1 tablet daily, dispensed 2/01/21. - Potassium 20 meq 1 tablet daily, dispensed 2/01/21. - Vitamin D3 1000u 1 tablet daily, dispensed 2/01/21. - Vitamin E 400iu 1 capsule daily, dispensed 2/01/21. - Vitamin D3 1000u 4 tablets (4000u) daily, dispensed 2/22/21. - Docusate 100 mg 1 capsule twice daily, dispensed 2/01/21. - Aspirin 81 mg 1 tablet daily, dispensed 2/01/21. - Calcium Rg + D3 1 tablet twice daily with meals, dispensed 2/01/21. - Haloperidol 10 mg 1 ½ tablets by every morning, dispensed 2/19/21. - Haloperidol 10 mg 1 tablet three times daily, am, noon, 8 pm, dispensed 1/12/21 and 2/01/21. - Haloperidol 10 mg, 2 tablets (20 mg) at 6 pm, dispensed 2/19/21. - Benztropine 1 mg 1 tablet twice daily, dispensed 2/09/21. - Zonisimide 100 mg 1 capsule every morning, dispensed 2/09/21. - Clonazepam 0.5 mg 1 tablet every morning and 8 pm, dispensed 2/01/21. - Clonazepam 0.5 mg 1 tablet at bedtime, dispensed 2/20/21. - Clonazepam 0.5 mg 1 tablet twice daily in the morning and at 8 pm, dispensed 2/01/21.	V 118		

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- Prazosin 2 mg 1 capsules every evening at 8 pm, dispensed 2/01/21.
- Trazodone 50 mg ½ tablet (25 mg) at bedtime, dispensed 2/09/21.
- Simvastatin 10 mg 1 tablet at bedtime, dispensed 2/18/21, and 2/09/21.
- Senna Lax 1 tablet every evening, dispensed 2/01/21.
- Fluticasone 50 mcg, 1 spray each nostril every day, dispensed 12/30/20.
- Clotrimazole 1% Cream apply between toes twice daily, dispensed 2/09/21

During interview on 3/03/21 client #1 stated she took her medications daily with staff assistance and she had never missed any medications.

Review on 2/25/21 of client #3's record revealed:
- 51 year old, admitted 8/01/08.
- Diagnoses included Intellectual/Developmental Disability, severe, Cerebral Palsy, Seizure Disorder, gastroesophageal reflux disease, hypertension, insomnia, and blindness.
- Signed Physician's order dated 1/07/21 for Eliquis (anti-coagulant used to treat and prevent blood clots and to prevent stroke) 5 mg 1 tablet twice daily.

Review on 2/25/21 of client #3's MARs for December 2020 - February 2021 revealed:
January 2021 MAR:
- Transcribed entry for Eliquis 5 mg 1 tablet twice daily ". . . Suspended 14 Jan (January) 2021 to 21 Jan 2021: Awaiting doctor signature for refill . . . Orig: 21-Aug-2020 Date Written: 3-Feb-2021 Stop Date: 3-Feb-2021 . . . "
- Circled staff initials with "Exception" documented "Out of Facility" or "Medication Unavailable" listed 30 times and "Withheld per Dr./RN (Doctor/Registered Nurse) Orders" 3

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V 118	Continued From page 7 times. - Staff documented administration of the medication 12 times. - Documentation boxes on the MAR grid were blank 8:00 pm 1/14/21 - 7:00 am 1/21/21. February 2021 MAR: - Transcribed entry for Eliquis 5 mg 1 tablet twice daily. - Circled staff initials with "Exception" "Medication Unavailable" or Out of Facility" listed 3 times and "Withheld per DR/RN Orders" documented 4 times. Observation on 2/23/21 at 10:25 am of client #3's medications on hand revealed: - Eliquis 5 mg 1 tablet twice daily, dispensed 2/01/21. Review on 2/25/21 of client #4's record revealed: - 71 year old admitted 8/15/88. - Diagnoses included Intellectual/Developmental Disability, severe, Cerebral Palsy, type 2 Diabetes, anemia, and hyperlipidemia. - Physician's orders signed 1/27/21 for Novolog Flexpen (used to improve blood sugar control in individuals with diabetes) inject subcutaneously (sub-q) at breakfast, lunch and dinner as directed per sliding scale " . . . daily at 7:00, daily at 12:00, daily at 17:00 (5:00 pm) . . ." - Sliding scale: Blood Glucose: 0-150 give 0 units, 150-200 give 1 unit, 201-250 give 2 units, 251-300 give 3 units, 301-350 give 4 units, 350+ give 5 units. - Check blood sugar levels at 7:00 am, 12;00 pm and 4:00 pm. Review on 2/26/21 of client #4's MARs for December 2020 - February 2021 revealed: December 2020 MAR:	V 118		

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V 118	Continued From page 8 - Transcribed entry for Novolog Flexpen Syringe inject sub-q at breakfast, lunch and dinner as directed per sliding scale; administration times included 7:00 am, 12:00 pm, and 5:00 pm; other information documented included site of the injection, blood glucose level, and amount of Novolog injected. - Blanks for 12:00 noon on 12/14/20, 12/17/20, and 12/21/21 - 12/23/20. - Transcribed entry for blood sugar level checks at 7:00 am, 12:00 pm, and 4:00 pm; other information documented included blood glucose levels. - Blood glucose levels and staff initials conducting the checks and administering the Novolog did not correspond for 8 entries; for example, client #3's blood glucose level was documented as 187 at 4:00 pm on 12/23/20; his blood glucose level was documented as 88 at 5:00 pm on 12/23/21 and no Novolog injection was documented; on 12/27/20 at 7:00 am staff #7 documented the blood glucose check, while former staff #13 (fs #13) documented the blood glucose level for the Novolog administration. January 2021 MAR: - Transcribed entry for Novolog Flexpen Syringe inject sub-q at breakfast, lunch and dinner as directed per sliding scale; administration times included 7:00 am, 12:00 pm, and 5:00 pm; other information included site of the injection, blood glucose level, and amount of Novolog injected. - Blanks on 1/04/21 12:00 noon, 1/09/21 7:00 am, and 1/13/21 7:00 am. - Transcribed entry for blood sugar level checks at 7:00 am, 12:00 pm, and 4:00 pm; other information included blood glucose levels. - Blank on 1/13/21 7:00 am. - Blood glucose levels and staff initials conducting the checks and administering the Novolog did not	V 118		

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correspond for14 entries; for example, client #3's blood glucose at 12:00 noon on 1/10/21 was documented as 102 but was documented as 208 on the Novolog administration grid.

February 2021 MAR:
- Transcribed entry for Novolog Flexpen Syringe inject sub-q at breakfast, lunch and dinner as directed per sliding scale; administration times included 7:00 am, 12:00 pm, and 5:00 pm; other information included site of the injection, blood glucose level, and amount of Novolog injected.
- Blanks for 7:00 am 2/12/21 and 12:00 noon 2/16/21.
- Transcribed entry for blood sugar level checks at 7:00 am, 12:00 pm, and 4:00 pm; other information included blood glucose levels.
- Blank for 12:00 noon on 2/16/21.
- Blood glucose levels and staff initials conducting the checks and administering the Novolog did not correspond for 5 entries.

Observation on 2/23/21 at 10:35 am of client #4's medications on hand revealed:
- Novolog Flexpen inject subcutaneously at breakfast, lunch and dinner per sliding scale, dispensed 1/11/21, 1/16/21, and 2/01/21.

During interview on 3/03/21 client #4 stated he took is medications daily and staff checked his blood sugar three times daily.

Review on 2/25/21 of client #5's record revealed:
- 71 year old, admitted 8/11/88.
- Diagnoses included Intellectual/Developmental Disability, moderate, Cerebral Palsy, gastroesophageal reflux disease, scoliosis, hyperthyroidism, and hypertension.
- Signed Physician's orders: signed 1/27/21 for chlorthalidone (used to treat high blood pressure

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and fluid retention) 25 mg daily; signed 8/04/20 ". . .(1) Medihoney to wound bed, then cover with dry gauze - daily. (2) clean with normal saline . . . "; signed 8/14/20 ". . . (1) Continue daily dressings - clean w/ NS (with normal saline), Medihoney, cover with dry gauze . . ."; signed 8/24/20 " . . . Please leave dressing on for 1 week. (2) Remove, wash, and reapply Medihoney and gauze . . . and Daily until next visit . . . "; signed 10/14/20 ". . . (1) continue to clean wound with normal saline every other day (2) apply Prisma and foam. Change every other day (3) DC (discontinue) 2 weeks . . . "; signed 11/16/20 for wound care every other day; Promogran "Apply . . . to right ankle cover with 4x4 gauze and wrap with Kerlix/tape in place change every other day . . . Schedule: Daily at 08:00. . . "; gauze pad 4x4 sterile apply Promogran to right ankle, cover with 4x4 gauze and wrap with Kerlix/tape in place changed every other day ". . . Schedule: Daily at 08:00 . . . "; Kerlix Medium Roll apply Promogran to right ankle, cover with 4x4 gauze and wrap with Kerlix/tape in place change every other day ". . . Schedule: Daily at 08.00 . . . "; signed 1/21/21 " . . . will order antibiotic wash to wd (wound) daily from specialty pharmacy . . . "; signed 1/28/21 ". . . Discontinue previous wound care. Start daily wound care - cleanse with saline wash or spray with antibiotic wash then apply Silvercell, 4x4 gauze, Kerlix and tape daily. Apply Tubigrip . . . "; signed 2/03/21 ". . . continue to clean w/saline; spray with antibiotic wash, apply Silvercell and Foam daily to R (right) lateral ankle and web space 1st and 2nd toe R. . . "; signed 2/10/21 ". . . do not use large rubber bandade Please. We will order "Allevyn Foam" over wds only. Wash wound with antibiotic wash (apply to wd bed only, do not leave on skin - then apply Silvercell and Allevyn foam daily then Tubigrip . . . "

- No signed Physician's order for chlorthalidone

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V 118	Continued From page 11 25 mg ½ tablet daily; Diphenox/Atrop (a controlled medication used to treat diarrhea) 2.5-0.025 mg, 2 tablets four times daily as needed. Review on 2/26/21 of client #5's MARs for December 2020 - February 2021 revealed: - Transcribed entry for chlorthalidone 25 mg ½ tablet (12.5 mg) every day; documented as administered daily 12/01/20 - 2/23/21. - Transcribed entry for Promogram clean wound with baby soap, apply Promogram to right ankle every other day and cover with 4x4 gauze, wrap in Kerlix/tape in place. - Transcribed entry for gauze pad 4x4 sterile; apply Promogran to right ankle cover with 4x4 gauze and wrap with Kerlix/tape in place change every other day; documented daily 12/01/20 - 1/17/21, 1/18/21 - 1/22/21, and 1/23/21 - 2/23/21. - Transcribed entry for Kerlix Medium Roll apply Promogran to right ankle, cover with 4x4 gauze and wrap with Kerlix/tape in place - change every other day; documented daily 1/01/21 - 1/15/21, and 1/17/21 - 2/23/21. - Transcribed entry for "Wound Care Clean wound with normal saline every other day . . . Apply Prism and foam . . . change every other day . . ." documented daily 12/01/220 - 2/22/21. - Transcribed entry for Medihoney Cream documented as administered to client #5's left anterior thigh, right anterior thigh, right deltoid, left deltoid, and right gluteus. - No transcribed entries for FBPOW Tobramycin-Vancomycin 25-33%, mix 1 scoop (3 grams) of compound powder and diluent; spray onto affected area once daily or with dressing changes. Observation on 2/23/21 at 11:10 am of client #5's medications on hand revealed:	V 118		

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	MHL040-019	A. BUILDING: _____ B. WING _____	R 03/11/2021

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V 118	Continued From page 12 - Chlorthalidone 25 mg ½ tablet daily, dispensed 2/01/21. - Diphenox-Atrop 2.5-0.025 mg 2 tablets by mouth four times a day as needed, dispensed 8/31/20. - FBPOW Tobramycin-Vancomycin 25-33% Mix 1 scoop (3 grams) of compound powder and diluent; spray onto affected area once daily or with dressing changes; discard after 24 hours, dispensed 1/21/21. - Medihoney, Promogran, Kerlix, Silvercell, Tubigrip, and Allevyn Foam were not made available for observation. During interview on 3/03/21 client #5 stated he took his medications daily with staff assistance and he had never missed any medications. Staff provided wound care to his ankle. During interview on 3/03/21 staff #1 stated medications were always available; client #4's blood glucose level was checked at 7:00 am, 12:00 pm, and 4:00 pm. During interview on 2/23/21 staff #2 stated medications were always available; client #4's blood glucose level was checked before every meal. During interview on 3/04/21 former staff #13 stated medications were always available. During interviews on 2/23/21 and 3/03/21 the Group Home Manager/Qualified Professional (GHM/QP) stated: - She reviewed MARS daily for completion; if she saw blanks, she sometimes entered her initials in the blank. - "I guess I should put their initials instead of mine."	V 118		

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V 118	Continued From page 13 - She was responsible for receiving the medications from the pharmacy and for making sure the pharmacy labels matched the MAR transcriptions and the Physician's orders. - The medications were entered into the e-MAR system by the pharmacy. - Medications were usually available; sometimes the pharmacy did not deliver the medications in a timely manner. During interview on 3/03/21 the Regional Director stated: - The facility's MARs were electronic; they used a web-based MAR system. - The pharmacy added medications and made changes to the MARs based on the orders received from the Physician. - The GHM/QP was responsible for comparing medication orders, the MAR transcriptions and the pharmacy labels. - She reviewed the MARs monthly; the GHM/QP reviewed the MARs daily and a Nurse Consultant also reviewed the MARs. - She looked for blanks on the MARs. - The internet service at the facility was not reliable and sometimes the "system doesn't sync" and blanks would be left on the MARs as a result. - Staff would keep paper MARs if there were issues with the internet. - Blanks could also be present on the MAR if the client went to the hospital and the staff failed to mark the client "out of facility." - Medications might be documented as unavailable if the medication was not sent by the pharmacy or the Doctor did not send the order to the pharmacy. - If a medication was delivered "outside the window" of administration time, staff would contact the pharmacy or Doctor for instruction; if the staff was instructed to give the medication,	V 118		

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V 118	Continued From page 14 they could still document the administration on the electronic MAR, and document an "exception" on the MAR. - The pharmacy did not receive the prescription for client #3's Eliquis from his Doctor and the medication was not delivered to the facility. - The GHM/QP contacted the Physician's office several times in attempt to get the medication order sent to the pharmacy to be filled. - If a medication was not administered "that's a medication error" and the pharmacy or the Doctor was contacted for instruction and an incident report was completed. - Client #4's blood glucose was checked three times daily at 7:00 am, 12;00 noon, and 4:00 pm. - His blood glucose was not checked at 5:00 pm; she did not realize there were discrepancies in the times on the MAR. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency has been cited 4 times since the original cite on 9/06/18 and must be corrected within 30 days.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the	V 120		

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V 120	Continued From page 15 refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to store supplies of controlled medications as required for 3 of 5 audited clients (#1, #2 and #5). The findings are: Finding #1 Review on 2/25/21 of client #1's record revealed: - 43 year old admitted 2/01/19. - Diagnoses included Moderate Intellectual/Developmental Disability, Schizoaffective Disorder, Major Depressive Disorder, severe with psychotic features, and Seizure Disorder. - Physician's order signed 1/12/21 for clonazepam (a benzodiazepine used to treat seizures, panic disorder and anxiety) 0.5 mg one tablet by mouth twice daily, in the morning and at 8:00 pm. Review on 2/25/21 of four controlled medication count sheets of client #1's clonazepam for January - February 2021 revealed:	V 120		

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V 120	Continued From page 16 - The first count sheet included "AM" hand written on the attached pharmacy label. - ". . . 18 tabs (tablets) Qty. (quantity) Dispensed . . . " - The first count entry included: "1. Date 1/13/21 Time 8p Dose Given 1 . . . Amount Remaining (blank) . . ." - The last count entry included: ". . . Date 2/24/21 Time 8a . . . " - No 8:00 am entries for 1/01/21 - 1/12/21, 1/29/21 - 1/31/21. - No 8:00 am entries for 2/01/21 - 2/09/21, 2/12/21 - 2/13/21, 2/16/ 21 - 2/17/21, 2/20/21 - 2/22/21. - "Amount Remaining 0" on 2/11/21 and 27 on 2/14/21. - "Amount Remaining 26" on 2/15/21, 2/18/21, 2/19/21, 2/23/21, and 2/24/21. - Total number of doses documented as given 20. The second count sheet included "PM" hand written on the attached pharmacy label. - ". . . 19 tabs Qty. Dispensed . . . " - The first count entry included: ". . . Date 1/13/21 Time 8p . . . " - The last count entry included: ". . . Date 2/18/21 Time 8p . . . " - Entry dated 2/11/21 with a line drawn through the date, time, dose administered, staff signature and "Amount Remaining." - No 8:00 pm entries for 1/01/21 - 1/12/21, 1/28/21 - 1/31/21, 2/01/21 - 2/08/21, 2/11/21 - 2/12/21, 2/19/21 - 2/23/21. - "Amount Remaining 0" on 2/18/21. The third count sheet included "PM" hand written on the attached pharmacy label. - ". . . Qty. Dispensed 28 . . . " - The first count entry included ". . . Date 2/11/21 Time 8p . . . Amount Remaining 27."	V 120		

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V 120	Continued From page 17 - The last count entry included: ". . . Date 2/21/21 Time 8p . . . Amount Remaining 20." - No 8:00 pm entries for 2/01/21 - 2/10/21, 2/12/21 - 2/15/21, 2/22/21 - 2/23/21. - ". . . 2/18/21 . . . Dose Given 1 . . . Amount Remaining 24 . . . 2/19/21 . . . Dose Given 1 . . . Amount Remaining 22 . . . " - The fourth count sheet included "PM" hand written on the attached pharmacy label. - " . . . Qty. Dispensed 9 . . ." - Entries dated 2/22/21 and 2/23/21 ". . . Time 8p . . . " - "Amount Remaining 7" on 2/23/21. Finding #2: - Review on 2/25/21 of client #2's record revealed: - 37 year old admitted 3/03/17. - Diagnoses included Cerebral Palsy, Seizure Disorder and insomnia. - Physician's order signed 3/01/21 for lorazepam (a controlled medication used to treat seizure disorders) 0.5 mg 1 tablet by mouth three times daily, in the morning, at 4 pm and 8 pm. Review on 3/02/21 of control drug count sheets for client #2's lorazepam for November 2020 - February 2021 revealed: - November 2020 count sheet with "8 AM" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 30 . . ." - No entry for 11/01/20. - Entry dated 11/02/20, dose given 1, ". . . Amount Remaining 29 . . . " - Entry dated 11/08/20, dose given 1, ". . . Amount Remaining 23 . . .;" entry dated 11/09/20, dose given 1, ". . . Amount Remaining 21 . . . " - Total number of doses documented as administered 29.	V 120		

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V 120	Continued From page 18 November 2020 count sheet with "4 pm" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 30 . . . " - Entry dated 11/26/20, dose given 1, ". . . Amount Remaining 4 . . . ;" entry dated 11/27/20, dose given 1, ". . . Amount Remaining 4 . . . " - Entry dated 11/29/20, dose given 1, ". . . Amount Remaining 2 . . . ;" entry dated 11/30/20, dose given 1, " . . . Amount Remaining 30 . . . " - Total doses given 30. No December 2020 count sheet for 8:00 am or 8:00 pm. December 2020 count sheet with "4 pm" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 31 . . . " - Entries dated 12/01/20 and 12/02/20, 1 dose given, ". . . Amount Remaining" blank. - Entry dated 12/03/20, "Time 8p," 1 dose given, ". . . Amount Remaining 28," entry dated 12/04/20, 1 dose given, ". ". . . Amount Remaining 25 . . . " - Entry dated 12/18/20, 1 dose given, ". . . Amount Remaining" blank; entry dated 12/19/20, 1 dose given, ". . . Amount Remaining 11;" entry dated 12/20/20, 1 dose given . . . "Amount Remaining 9 . . . " - Entry dated 12/29/20, 1 dose given, ". . . Amount Remaining" blank. - Entry dated 12/30/20, 1 dose given, ". . . Amount Remaining New Pack." Count sheet with pharmacy label attached included ". . . Qty. Dispensed 31 . . . " - Entry dated 12/30/20, "Time 4 pm," 1 dose given, ". . . Amount Remaining 29 . . . " - Entry dated 12/31/20, "Time 4 pm," 1 dose given, ". . . Amount Remaining 28 . . . "	V 120		

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V 120	Continued From page 19 January 2021 count sheet with "8 AM" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 31 . . . " - No entry for 1/01/21. - On line 18 of the count grid "Date 1-19-21 . . . "; no documentation of time of dose, dose given, staff name, or amount remaining. - Entry dated 1/31/21, dose given 1, ". . . Amount Remaining 1." - Total number of doses given 29. January 2021 count sheet with "4 PM" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 31 . . . " - Entry dated 1/02/21, 1 dose given, ". . . Amount Remaining 28 . . . " - Entry dated 1/29/21, 1 dose given, ". . . Amount Remaining 0 . . . " - No entry for 1/30/21 or 1/31/21. February 2021 drug count sheet with "8A" handwritten on the attached pharmacy label; ". . . Qty. Dispensed 28 . . . " 2 entries dated 2/23/21, 8:00 am. Finding #3: - Review on 2/25/21 of client #5's record revealed: - 71 year old, admitted 8/11/88. - Diagnoses included Intellectual/Developmental Disability, moderate, Cerebral Palsy, gastroesophageal reflux disease, scoliosis, hyperthyroidism, hypertension. - No physician's orders for Diphenox-Atrop 2.5 (a controlled medication used to treat severe diarrhea) 2 tablets by mouth four times daily as needed. Review on 3/04/21 of control drug count sheets for client #5's Diphenox-Atrop 2.5 for January	V 120		

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V 120	Continued From page 20 2021 - February 2021 revealed: - Pre-printed drug count sheet with pharmacy label attached, ". . . Qty. Dispensed 90 . . . " - Entries dated 1/01/21 - 1/31/21, no doses given; ". . . Amount Remaining 90 . . . " Handwritten "Controlled Substance Count Sheet January 2021 2nd shift . . . Quantity 90 . . ." with entries dated 1/01/21 - 1/15/21, ". . . Amount on Hand 30 . . . Amount Left 30 . . . " - Entries dated 1/16/21 - 1/28/21, ". . . Amount on Hand 90 . . . Amount Left 90 . . . " - No doses documented as administered. - Entries dated 1/29/21 - 1/31/21 with no information documented. Hand written "Controlled substance count Sheet January 2021 1st Shift . . . Quantity 30. . . " - Entry dated 1/19/21, "Amount on Hand 105 Amount Used 0 Amount Left 105 . . . " - No entry dated 1/20/21; entries dated 1/21/21 - 1/30/21; no entry dated 1/31/21; entries dated 2/02/21 - 2/03/21; no entries dated 2/04/21 - 2/17/21. - ". . . Amount on Hand 105 . . . Amount Left 105 . . . " Hand written "Controlled Substance Count Sheet February 2021 . . . Quantity 30 . . . " Entries dated "2/1" - "2/12" "Amount on Hand 30 . . . Amount Left 30 . . . " Entries dated "2/13" and "2/14" with no information documented. Entries dated "2/15" through 2/23/21, ". . . Amount on Hand 30 . . . Amount Left 30 . . . " "Controlled Substance Count Sheet" with no identifying information documented; ". . . Quantity 90 . . . " Entries dated 2/01/21, 2/14/21, and 2/15/21 ". . .	V 120		

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V 120	Continued From page 21 Amount on Hand 90 . . . " During interview on 3/11/21 the Regional Director stated she understood there were issues with the controlled medication count sheets. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal	V 366		

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V 366	Continued From page 22 regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The	V 366		

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V 366	Continued From page 23 final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview the facility failed to implement incident reporting requirements including attending to the health and safety needs of individuals involved in the incident; determining the cause of the incident; developing and implementing corrective	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-019	A. BUILDING: _____ B. WING _____	R 03/11/2021

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V 366	Continued From page 24 measures according to the provider specified timeframes not to exceed 45 days; assigning person(s) to be responsible for implementation of the corrections and preventive measures. The findings are: Review on 3/10/21 of the Licensee's "Incident Report" policy, revised November 2019 revealed: - ". . . Procedure: . . . Staff Response for all incidents: Attend to the health and safety needs of the individuals involved in the incident; Determine the cause of the incident; Develop and implement corrective measures nto to exceed 45 days; Develop and implement corrective measures to prevent similar incidents from occurring not to exceed 45 days; Assigning person(s) to be responsible for implementation of the corrections and preventative measures; Adhering to confidential requirements . . . Level II incidents shall be reported to the local oversight agency within 72 hours. . . " - " . . . Description of Incidents: . . . Level II . . . Suicide attempt . . . " For specific information refer to tag v367.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where	V 367		

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V 367	Continued From page 25 services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A	V 367		

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V 367	Continued From page 26 providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report critical incidents as required. The	V 367		

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V 367	Continued From page 27 findings are: Review on 2/23/21 of the North Carolina Incident Response Improvement System (IRIS) revealed no level 2 reports from the facility since 12/07/20. Review on 2/25/21 of client #1's record revealed: - 43 year old admitted 2/01/19. - Diagnoses included Intellectual/Developmental Disability, moderate, Schizoaffective Disorder, Major Depressive Disorder, severe with psychotic features, and Seizure Disorder. - In-patient at a state operated psychiatric hospital 1/29/21 - 2/09/21. - The following Level 1 Incident Reports: - 1/15/21 ". . . Time of Incident 3:25 pm . . . Incident Description: [client #1 was continuously trying to kill herself with various objects she kept somewhat hidden in her room, like nail kits and pencils trying to cut her wrist. . . . she had a cuticle pusher at her wrist. She also kept threatning to drink her self cleaning products . . . Completed by [staff #1] Reviewed by [GHM/QP]." -1/23/21 " . . . Time of Incident 8:20 . . . Incident Description: [client #1] placed the black cord from her bed around her neck she stated the voices told her to kill herself . . . Completed by: [fs#13] Reviewed by: [GHM/QP]." During interview on 3/04/21 FS #13 stated: - Client #1 put the electric cord from her hospital bed around her neck. - She was able to remove the cord from client #1's neck. - Client #1 was not taken to the hospital following the incident. - She "wouldn't say client #1 attempted suicide." During interviews on 2/23/21 and 3/03/21 the GHM/QP stated:	V 367		

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V 367	Continued From page 28 - Client #1 had several level 1 and level 2 incident reports. - She had entered one incident report into IRIS (North Carolina Incident Response Improvement System); her supervisor (the Regional Director) completed a portion of the incident report and was the last person to input information. - Level 2 incident reports were completed if a client called the police, was a threat to himself/herself, or anytime the police were involved. During interview on 3/11/21 the Regional Director stated she understood the requirement to report suicide attempts as level 2 incidents.	V 367		