

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-475	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 04/08/2021
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NAME OF PROVIDER OR SUPPLIER WHITTECAR GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3257 LAKE WOODARD DRIVE RALEIGH, NC 27604
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V 000	<p>INITIAL COMMENTS</p> <p>A Complaint and Follow Up Survey was completed on April 8, 2021. The Complaints were substantiated (Intake #NC00174032 and #NC00175810). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assure medications were as prescribed for one of three audited clients (#4). The findings are:</p> <p>Review on 03/31/21 of client #5's record revealed the following: -Admitted: 07/09/20 -Diagnoses: Mild Mental Retardation -March 2021 MAR listed Prozac 20 mg one tablet daily (used to treat mental disorders). On March 30th staff initials circled with notation on reverse medications "not given guardian did not refill" prescription.</p> <p>During interview on 04/01/21, client #5's pharmacist reported: -Client #5 had been prescribed Prozac 20 mg for "awhile" -On 03/22/21, a prescription was written for Prozac 20 mg one tablet daily</p> <p>Observation on 03/31/21 between 9:00-9:45 AM of client #5's medication revealed: -Prozac 20 mg one tablet daily 30 tablets dispensed 03/29/21.</p> <p>Review on 04/02/21 of January-April 2021 pharmacy refill for client #5 revealed: -01/12/21 Prozac 90 tab refilled</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>-03/29/21 Prozac 30 tabs refilled</p> <p>During interview on 03/31/21, the Program Manager reported:</p> <ul style="list-style-type: none"> -No clients had missed medications -No clients were out of medications <p>During interview on 04/01/21, client #5's pharmacist reported:</p> <ul style="list-style-type: none"> -The 01/12/21 refill should have lasted until mid-April. -Based on the computer calculations from the dispense date, on 03/29/21, at least 12 tablets of Prozac should have been available. <p>During interviews on 04/06/21 and 04/07/21, the Program Manager reported:</p> <ul style="list-style-type: none"> -Client #5 was private pay, her guardian/mother picked up her medications and her medications were dispensed in a bottle opposed to bubble packets. -Between January-April 2021, client #5 went home on several occasions for home visits. When she left the facility, her entire bottle of medication was given to the guardian. -In the past, a medication form for the guardians (parents) to initial after they gave medications was provided for the home visit. Neither guardian (parent) would sign the medication form. She was not sure if the staff provided the forms consistently. -Prior to April 2021, staff did not count client #5's medications before home visits. When client #5 went home for Easter 2021, the new process was for staff to count her medications, put the medication count total on the medication form and document the medication count for each medication in the facility's communication log. -Staff #1 reported client #5 informed her therapist, she self administered her medications 	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 3</p> <p>during home visits.</p> <p>During interview on 04/07/21, client #5's guardian reported the following about client #5's Easter 2021 home visit:</p> <ul style="list-style-type: none"> -She did receive a medication form from the facility. The form did not have pill counts on it. -On duty staff requested the guardian count client #5's medications when she got home <p>During interview on 04/07/21, client #5's guardian reported:</p> <ul style="list-style-type: none"> -Prior to living at the group home, client #5 resided at home. Client #5 self administered her medication then and during her current home visits. She was in the vicinity when client #5 got her medications and took them at night. There was never an issue with client #5 giving herself the right number of pills. <p>During interview on 04/07/21, staff #1 reported:</p> <ul style="list-style-type: none"> -For non private pay clients, medications were counted and paperwork maintained at the group home -Client #5 was private pay. Client #5's medications were visually monitored and the guardian notified if a refill was needed. -She did not have documentation of how many pills client #5 had prior to leaving the facility. Client #5's medications would be counted upon her return to the group home. <p>Because of the lack of accountability regarding processes of medication pill counts when medication was administered by the guardian opposed to administered by the group home, it is not possible to explain what happened to the 12 missing Prozac pills. As a result, client #5's medication was not administered on 03/30/21.</p>	V 118		

Division of Health Service Regulation

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V 131	Continued From page 4	V 131		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the North Carolina Health Care Personnel Registry (HCPR) prior to hiring two of two former staff (FS#10, #11). The findings are:</p> <p>Review on between 03/08/21 of FS's #10 personnel records revealed:</p> <ul style="list-style-type: none"> - Hired 05/15/20 - Letter of Resignation dated 01/27/21 - Job description listed Residential Counselor I - No evidence HCPR check had been completed prior to hire <p>Review on between 03/08/21 of FS's #11 personnel records revealed:</p> <ul style="list-style-type: none"> - Hired 09/16/20 - No documentation of last day worked - Job description Residential Counselor I-one on one - No evidence HCPR check had been 	V 131		

Division of Health Service Regulation

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V 131	Continued From page 5 completed prior to hire During interview between 03/08/21 and 03/11/21, the Program Manager reported: <ul style="list-style-type: none"> - The corporate office would have completed HCPR checks and have the documentation as the information involved former staff. - Due to COVID, it was difficult solidify when someone would be in the corporate office. On 03/09/21, she contacted a Regional Manager who supervised both her and the Qualified Professional. An attempt would be made to obtain the necessary documents for HCPR by 03/10/21. - As of 03/11/21, the agency was not able to secure the HCPR checks for FS #10 and #11 	V 131		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 6</p> <p>(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have minimum staffing to meet the needs of one of two audited clients (#5) and one of one former clients (FC #10).</p> <p>Review on 03/03/21 of FC #10's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 06/2020 - Discharged: 02/2021 - Diagnoses (DX): Post Traumatic Stress Disorder (PTSD), Aphasia, Major Depression, 	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 7</p> <p>Major Neurocognitive Disorder, Anxiety Disorder, Opiate Use Disorder and diffused Traumatic Brain Injury (TBI) w/loss of consciousness.</p> <ul style="list-style-type: none"> - "Notice of Approval...Approval of Non-Standard Request for Non-Standard Medicaid Services" letter 07/07/20 noted Service approved: YP780 Group Living High"...service valid from 06/29/20-06/28/21..365 units <p>a. Review on 03/10/21 of an email dated 03/09/21 from the Quality Management Vice President at FC #10's Home Managed Care Organization (MCO) to Division of Health Service Regulation revealed the following regarding FC #10:</p> <p>"In regard to the enhanced rate request from [Agency]: 3257 Lake Woodard Dr, Raleigh NC 27604, the provider submitted the following Summary of Justification and has been copied as submitted to [Home MCO]:</p> <ul style="list-style-type: none"> - In order to admit the above consumer, an additional staff will need to be added to the current schedule. Currently, Whittecar group home employs 4 trained staff. Also, the weekend schedule would need to be adjusted to ensure proper coverage for the consumer's level of need. The resident currently lives at home during this transition and the mother prefers the same level of care provided at the previous residential facility to be provided at the Whittecar Group home. This transition will also be a significant change for for her and require additional clinical and administrative support to maintain current functioning and stability. Additionally, vocational support and guidance will be provided with the one on one staff for [FC #10]. Also, if overnight staff are required to support [FC #10], their salary would be required to pay for overtime as per Department of Labor Laws, also increasing the expense of maintaining stability in this new environment to access his needs and any barriers 	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 8</p> <p>that may need addressed. He did not sleep all night and refused to return to bed. [FC #10]'s diagnosis of TBI also results in spontaneous behaviors. The enhanced rate is necessary to provide the quality of care our treatment review recommends. The consumer's parent's who are his guardian want placement at Whittecar and schedules have been reviewed to staff the case for [FC #10]'s over all well being in order to work toward a successful transition; Then continued success working toward her goals.</p> <p>Please note: We are requesting to expedite this decision in order to allow time for the hiring of the staffing. Also the family has been patient in this process and is in need of placement for their daughter during this transition to be closer to her parent. Currently they provide her support during day and sleep hours is and when she gets up they are up with her.</p> <p>- The enhanced rate for YP780 was increased from \$141.50 to \$202.79 effective 06/25/20 with an end date of 06/30/21. YP780 is a daily rate with 24-hour care (group living high) with 1:1 intervention as needed. The last SAR was essentially a continuation of services for a new provider. This member began group living High in October 2018 after discharge from [Hospital] following a brain injury in May 2018. Dx's: Major Depression, Major Neurocognitive Disorder, Anxiety Disorder, PTSD, Opiate Use Disorder and Aphasia. This member needs assistance with daily activities and planning and cannot follow more than one-step directions and cannot manage money. The member continues to have slow progress with language and communication."</p> <p>During interviews between 03/03/21 and 03/11/21, the Program Manager reported:</p> <p>- The facility was aware FC #10 required</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 9</p> <p>1:1 services at the time of her admission.</p> <ul style="list-style-type: none"> - She was not sure of how many hours a week FC #10 was to have 1:1 services but was aware 1:1 services should have been provided 5 days a week. - FS #11 was hired as FC #10's 1:1. FS #11 worked for the company about a month or two. - FS #10 provided 1:1 services for FC #10 once or twice a week "sporadically." - It was difficult to hire staff to provide 1:1 services due to COVID-19 (Coronavirus 19) - FC #10's mom/guardian had been involved with the hiring and selection of the 1:1 staff <p>During interview on 03/09/21, FC #10's mom/guardian reported:</p> <ul style="list-style-type: none"> - 40 hours a week of 1:1 services had been approved for her daughter - As 1:1 services were not provided, she picked her daughter up and returned her daughter to the facility daily. FC #10 went to her mother's home during the day. <p>2. Review on 03/03/21 of the facility's "report of health services form" (RHSF) revealed notation of staff who attended the appointment. This form provided communication between physician's and the facility regarding client's visits.</p> <p>a. Review on 03/03/21 of FC #10's RHSF revealed her mother/guardian was listed as the staff who attended 7 of 9 appointments. The appointments ranged from primary care, weight management and dental between August 2020-January 2021.</p> <p>During interview on 03/08/21, FC #10's guardian reported:</p>	V 290		

Division of Health Service Regulation

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V 290	<p>Continued From page 10</p> <ul style="list-style-type: none"> - When her daughter had a 1:1 worker, that worker took her to two appointments. - Although the group home did not have enough staff to take clients to appointments, she preferred to take her daughter. - She could have first hand information directly from medical professionals. <p>b. Review on 03/03/21 of client #5's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 07/2020 - DX: Moderate Intellectual Disabilities Disorder <p>During interview on 03/05/21, client #5 reported:</p> <ul style="list-style-type: none"> - Her mom took her to medical appointments not staff <p>During interview on 03/09/21, client #5's mother reported she:</p> <ul style="list-style-type: none"> - Did not mind taking her daughter to appointments. - Enjoyed taking her daughter as the appointments allowed her time together to visit with her daughter - Offered to help the group home with the appointments for client #4 because she knew they did not have enough staff. All the clients would have to attend the appointment for a peer. <p>During interview between 03/03/21 and 03/11/21, the Program Manager reported:</p> <ul style="list-style-type: none"> - She, Staff and the Program Director took clients to medical appointments. - Parents who took clients to appointments did so out of choice not due to staffing or at the request of the facility. 	V 290		