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V 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on May 7, 2021. The complaint was substantiated (Intake #NC00176339). 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 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement strategies to address client needs for 2 of 3 clients (#2 and #3). The findings are: Review on 4/28/21 of Client #2's record revealed: -53 year old female admitted 4/5/19. -Review of FL2 dated 11/10/20 revealed physicians order for 1 milligram(mg) Ativan four times daily PRN. -Review of Physician orders dated 2/10/21 revealed physicians order for "Ativan Tab 1 mg-take 1 tablet by mouth four times a day as needed for agitation." -Diagnoses included Severe Intellectual Developmental Disability, Spastic Cerebral Palsy, Schizoid Personality. Review on 4/28/21 of Client #2's Person-Centered Profile dated 12/01/20 revealed: -No mention of the use of Ativan for agitation. -No strategies for the use of Ativan in the Crisis plan. -No clarification of when to administer the Ativan 4 times daily as ordered. -No behavior plan to identify or monitor the use of the Ativan Review on 4/28/21 of Client #3's record revealed: -53 year old female admitted 2/1/18. -Diagnoses included Intellectual Developmental Disability-Profound, Major Depressive Episode, Seizure Disorder. -Person-Centered Profile dated 7/1/20..."I can have seizures on a monthly basis...I can have	V 112		

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V 112	Continued From page 2 cluster seizures..." Person-Centered Profile dated 7/1/20 revealed -Seizure protocol not implemented in Client #3's crisis plan. -No strategies for seizures listed in Client #3's crisis plan. Attempted interview on 4/29/21 with Client #2 unsuccessful due to Client #2's diagnosis. Attempted interview on 4/29/21 with Client #3 unsuccessful due Client #3's diagnosis. Interview on 5/7/21 the Program Manager stated: -It had been up to staff to decide when to administer Ativan to Client #2. -Staff had normally administered the Ativan to Client #2 if she was cried, yelled or was all over the place. Interview on 5/7/21 the Qualified Professional stated: -Client #2 did not have a behavior plan. -She was unsure how long the Ativan had been prescribed to Client #2. -Staff administered the Ativan to Client #2 when she displayed agitation, screams, wanders, getting in too much stuff or because of a safety issue. -Staff administered the Ativan to Client #2 if the consistency of behaviors exceeded a tantrum. -She would contact the Care Coordinators to discuss updates to the treatment plans.	V 112		
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	V 114		

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V 114	Continued From page 3 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 review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 4/29/21 of facility records from November 2020 -March 2021 revealed: Fire Drills November 2020 - January 2021: -No 3:00pm -11:00pm fire drill. -No 3:00pm-7:00am fire drill. -No 7:00am-7:00pm weekend fire drill. -No 7:00pm-7:00am weekend fire drill. Fire Drill February 2021 - March 2021: -No 7:00am-7:00pm weekend fire drill -No 7:00pm- 7:00am weekend fire drill Disaster Drills November 2020- January 2021: -No 3:00pm-11:00pm disaster drill. -No 3:00pm- 7:00am disaster drill. -No 7:00pm- 7:00am weekend disaster drill.	V 114		

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V 114	Continued From page 4 Disaster Drills February 2021- March 2021: -No 3:00pm-11:00pm disaster drill. -No 7:00am- 7:00pm weekend disaster drill. -No 7:00pm- 7:00am weekend disaster drill. Interview on 4/29/21 Client #1 stated: -She participated in fire drills at the facility. -She was not sure if the facility had done tornado or disaster drills. Interview on 4/28/21 the Program Manager stated: -The facility operated on the following shifts: -Monday-Friday- 7:00am-3:00pm, 3:00pm-11:00pm and 3:00pm-7:00am. -Weekend (Saturday & Sunday) 7:00am-7:00pm and 7:00pm-7:00am. -Fire and disaster drills were conducted monthly. -They followed a schedule for the fire and disaster drills. -All fire and disaster drills were provided to the surveyor for review. Interview on 5/7/21 the Qualified Professional stated: -Staff followed a schedule to complete all drills. -All fire and disaster drills were made available to the surveyor for review. -She understood fire and disaster drills were required to be completed for each shift. This deficiency constitutes a recited deficiency and must be corrected within 30 days.	V 114		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling:	V 117		

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V 117	Continued From page 5 (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications for administration at the facility were packaged and labeled as required for 1 of 3 clients (#3). The findings are: Review on 4/29/21 of client #3's record revealed: - 53 year old female admitted 2/1/18.	V 117		

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V 117	Continued From page 6 - Diagnoses included Severe Intellectual Disability, Anxiety Disorder, Cerebral Palsy, Seizure Disorder. - FL2 dated 3/12/21 had order for Fiber Gummies to be administered once daily. Observation on 4/29/21 at approximately 11:25am of client #3's medications on hand revealed: -A small clear plastic bag that contained 14 gummies. -No pharmacy label on the plastic bag to identify the client, the medication, the prescribing physician, the date the medication was dispensed, the name, strength, quantity, and expiration dates of the medication. -No information about the name, address, and phone number of the dispensing pharmacy or the prescribing practitioner. During interview on 4/29/21 the Qualified Professional stated: -The gummies were fiber gummies that were prescribed to Client #3. -The package and label was not in the medication cart. -She understood medications required a pharmacy label.	V 117		
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	V 118		

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V 118	Continued From page 7 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. This Rule is not met as evidenced by: Based in interviews, record reviews, and observations the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 clients (#1, and #3). The findings are: Finding #1: Reviews between 4/28/21 and 5/7/21 of client #1's record revealed: -49 year old female.	V 118		

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V 118	Continued From page 8 -Admission date 2/1/18. -Diagnoses included Seizure disorder, Moderate Intellectual Developmental Disability, Hyperlipidemia, Constipation, Allergic Rhinitis and Urinary Incontinence. -FL2 dated 10/14/20 revealed: Jolessa Tab- 1 daily. Physician orders dated 3/15/21 and 4/12/21 revealed: -Phenobarbital Tab 60 milligrams (mg) (used to control seizures) - 1 tablet (tab) at bedtime. -Fish Oil Liquid 1600 mg/5ml (used to lower blood pressure) 12. 5ml daily. -Keppra Tab 1000mg (used to treat seizures) 2 tab twice daily. -Lamictal- 100mg (used to treat seizures) 3 tabs twice daily. -Vimpat- 200mg (used to treat seizures) 1 tab twice daily. -Keflex 500 mg Capsule (used to treat infections) 1 cap three times daily. -Crestor Tab 10mg (used to lower cholesterol) 1 tab at bedtime. -Calcium/D 600-400mg (used as a supplement) 1 tab daily. -Flonase SPR 50mcg (used to treat rhinitis) - 2 sprays to each nostril once daily. Reviews between 4/29/21 and 5/7/21 of Client #1's January 2021 - April 2021 MARSs did not reveal an accurate MAR as follows: - Jolessa Tab- documented as administered at 8:00am daily. -Observation on 4/29/21 at approximately 10:44am revealed the pharmacy label for Jolessa to be administered at 10:00am. Reviews between 4/29/21 and 5/7/21 of Client #1's February 2021 and April 2021 MARs	V 118		

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V 118	Continued From page 9 revealed the following blanks: February 2021 -Vimpat 200mg- 2/28/21 at 8:00pm. -Crestor 10mg- 2/1/21 at 8:00pm. -Calcium 600-400- 2/1/21 at 8:00pm. -Phenobarbital 60mg- 2/1/21 at 8:00pm. April 2021 -Phenobarbital 60mg- 4/27/21 at 8:00pm -Fish Oil Liquid 1600 mg- 4/27/21 at 8:00pm. -Keppra 1000mg- 4/27/21 at 8:00pm. -Lamictal 100mg- 4/27/21 at 8:00pm. -Vimpat 200mg- 4/27/21 at 8:00pm. -Keflex 500mg- 4/27/21 at 2:00pm and 10:00pm -Flonase SPR 50mcg not listed on April 2021 MAR. Interview on 4/29/21 Client #1 stated: -Her medications had always been available. -She took her medications every day. -She never refused her medications. Finding #2: Reviews between 4/29/21 and 5/7/21 of Client #2's record revealed: -53 year old female admitted 2/1/18. -Diagnoses included Severe Intellectual Disability, Anxiety Disorder, Cerebral Palsy, Seizure Disorder. Reviews between 4/29/21 and 5/7/21 of Client #2's physician orders dated 2/10/21 revealed: -Melatonin 3mg tab (used to treat insomnia) 1 tab daily. -Ensure Liquid Chocolate (used as nutritional supplement) 237ml twice daily. -Lubiprostone 24 mcg (used to treat constipation) 1 cap twice daily. -Senexon-S tab 8.6-50mg (used to treat	V 118		

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V 118	Continued From page 10	V 118		

constipation) 2 tabs twice daily.
-Risperdal 1mg (used to treat mood disorders) 1 tab twice daily.
-Cogentin 1mg (used to treat tremors) 1 tab twice daily.
-Desyrel 300mg (used to treat insomnia) 1 tab twice daily.

Reviews between 4/29/21 and 5/7/21 of Client #2's April 2021 MARs revealed the following blanks:
-Melatonin 3mg 4/27/21 at 8:00pm.
-Ensure Liquid Chocolate 237 ml 4/27/21 at 8:00pm.
-Lubiprostone 24 mcg 4/27/21 at 8:00pm.
-Senexon-S 8.6-50mg 4/27/21 at 8:00pm.
-Risperdal 1mg 4/27/21 at 8:00pm.
-Cogentin 1mg 4/27/21 at 8:00pm.
-Desyrel 1mg 4/27/21 at 8:00pm.

Interview on 4/29/21 unsuccessful due to client's diagnosis.

Finding #3:
Reviews between 4/29/21 and 5/7/21 of Client #3's record revealed:
53 year old female admitted 2/1/18.
-Diagnoses included Severe Intellectual Disability, Anxiety Disorder, Cerebral Palsy, Seizure Disorder.
-No documented seizure record for the cluster of seizures Client #3 had on 4/10/21.

Review on 5/7/21 of facility residential notes revealed:
-Client #3 had multiple seizures on 4/10/21 and required her PRN medication.
-Client #3 required her prescribed Diastat (diazepam) rectal gel 10mg for the multiple

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V 118	Continued From page 11 seizures she had. Review on 5/7/21 of Client #3's Seizure protocol signed by the physician revealed: -Diastat (diazepam) rectal gel 20 milligrams (mg) to be administered when seizures last longer than 5 minutes or if Client #3 had a cluster of seizures. Review on 4/29/21 of Client #3's FL2 dated 3/2/21 revealed the following medications: -Keppra 100 mg (used to treat seizures) 12.5mg in morning and 25mg at night. -Lamictal 200mg (used to treat mood disorder) 1 tab in the morning and 1 1/2 at night. -Voltaren gel 1 % (used to treat arthritis) no dosage listed. -Aristocort 0.1% (used to treat skin conditions) apply twice daily. Review between 4/29/21 and 5/7/21 of Client #3's January 2021, March 2021 and April 2021 MARs revealed the following blanks: January 2021 -Keppra 100mg - 1/5/21 at 8:00pm. -Lamictal 200mg - 1/5/21-1 1/2 tab at 8:00pm. March 2021 -Keppra 100mg - 3/16/21 at 8:00pm. April 2021 -Keppra 100mg - 4/27/21 at 8:00pm. -Lamictal 200mg - 4/27/21 at 8:00pm. -Voltaren Gel 1% - 4/27/21 at 8:00pm. -Aristocort 0.1% - 4/27/21 at 8:00pm. -Diazepam (Diastat) gel 10mg 4/10/21. Review between 4/29/21 and 5/7/21 of Client #3's January - April 2021 MARs did not reveal an accurate MAR as follows: "-Voltaren Gel 1% - apply 2-3 grams (gm) gel	V 118		

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V 118	Continued From page 12 topically to affected area(s) 2 - 3x/day"documented as administered on January 2021-April 2021 MARs at 8:00am, 12:00pm and 8:00pm. "-Saline Mist Spray (Spr) 0.65% - spray each nostril 1 to 2 times daily as needed." -No clarification of when to administer Voltaren Gel 2 times or 3 times daily. -No clarification of when to administer Saline Mist spray 1 time or 2 times daily. Interview on 4/29/21 was unsuccessful due to client's diagnosis. Interview on 4/28/21 Staff #1 stated: -A blank in the MAR had been because the staff forgot to sign. -She checked the MAR at the beginning and end of her shift. Interview on 4/29/21 the Program director stated: -Client #3 had seizures on 4/10/21. -All seizure records had been provided to the surveyor for review. -A blank in the MAR meant the staff had not signed. -Staff would be contacted immediately to document the MAR if there was a blank. Interview on 5/7/21 the Qualified Professional stated: -Client #3 had not had any seizures in April 2021. -She would check for additional seizure records. -All seizure records had been provided to the surveyor for review. This deficiency has been cited 3 times since the original cite on 12/12/18 and must be corrected within 30 days.	V 118		

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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 interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations on 04/28/21 of the facility at approximately 10:35am revealed: -Client #1's bathroom three bulb light fixture had 1 blown bulb, light fixture covered in heavy dust. -The top left drawer in Client #2's 6 drawer dresser was broken and smoke detector missing from it base on the ceiling. -Six bulb light fixture in hall bathroom had 4 blown bulbs. -Client #3's closet door missing a knob. -Various areas and different sized spots of paint chipped off wall in den . -Kitchen cabinet beside stove missing door to the 3rd drawer. Interview on 4/28/21 the Program Manager stated: -She did not know what happened to Client #2's dresser drawer. -She had fixed the kitchen drawer and it kept falling off.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-091	A. BUILDING: _____ B. WING _____	R 05/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NANTUCKET	109 LINDSEY DRIVE JACKSONVILLE, NC 28540

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V 736	Continued From page 14 During interview on 5/7/21 the Qualified Professional stated: -She understood the facility had to be maintained in a safe, clean, attractive and orderly manner.	V 736		