

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL024-103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/28/2021
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NAME OF PROVIDER OR SUPPLIER PINEWOOD HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 817 PINEWOOD DRIVE WHITEVILLE, NC 28472
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 28, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2). The findings are:</p> <p>Review on 05/25/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 59 year old male. - Admission date of 08/01/20. - Diagnoses of Severe Intellectual Developmental Disability, Hypertension, Sleep Apnea, Heart Dropsy, Vitamin D Deficiency, Seizure Disorder and Degenerative Joint Disease. <p>Review on 05/25/21 of client #2's Individual Support plan (ISP) dated 11/01/20 revealed:</p> <ul style="list-style-type: none"> - "[Client #2] wears pullups due to incontinence issues. He is able to toilet with partial physical assistance and reminders to address hygiene." - "[Client #2] needs supports to help maintaining...personal hygiene and grooming." - No strategies to address client #2's use of a catheter. <p>Interview on 05/25/21 and 05/26/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> - All staff had training in catheters. - The ISP is written by client #2's care coordinator. - He understood treatment goals should address the client needs in catcher care. <p>Interview on 05/26/21 the Licensee stated:</p> <ul style="list-style-type: none"> - The care coordinator completed the ISP. - She understood the facility should ensure strategies to meet a client's needs. 	V 112		

Division of Health Service Regulation

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V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/25/21 and 05/26/21 of facility drill logs from April 2020 thru March 2021 revealed: - No documented second shift disaster drill for the first quarter of 2021. - No documented third shift fire or disaster drills for the second, third and fourth quarter of 2020.</p> <p>Interview on 05/25/21 and 05/26/21 the Qualified Professional stated: - The facility operates 3 shifts Monday thru Friday. - 1st shift 8am to 4pm. - 2nd shift 4pm to 12 midnight.</p>	V 114		

Division of Health Service Regulation

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V 114	Continued From page 3 - 3rd shift 12 midnight to 8am. - The weekends operate on 12 hour shifts - 8am to 8pm and 8pm to 8am. - He understood staff should be conducting fire and disaster drills every shift for each quarter. 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; (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		

Division of Health Service Regulation

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V 118	<p>Continued From page 4</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 reviews and interview the facility failed to administer medications as ordered by a physician and failed to keep MARs current affecting three of three clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 5/25/21 and 5/26/21 of client #1's record revealed: - 62 year old male. - Admission date of 11/12/2010. - Diagnoses of Schizophrenia Undifferentiated Type, Moderate Intellectual Disabilities, Neurogenic Bladder, Abnormal Liver, Urine Retention and Anxiety Disorder.</p> <p>Review on 5/25/21 and 5/26/21 of physician orders for client #1 revealed: - 5/6/21: Metamucil Thins Apple Crisp 2g (grams) wafers 2 wafers daily (Fiber Supplement).</p> <p>Review on 5/25/21 and 5/26/21 of client #1's MAR from May 2021 revealed: - Staff initials to indicate Metamucil powder was given daily until 5/25/21 except on 5/17/21 which was blank. - There was no transcription for Metamucil Thin Apple Crisp wafers.</p> <p>Observation on 5/25/21 at 10:40am of client #1's</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 5</p> <p>medications revealed Metamucil Thing Apple Crisp wafers. There was no Metamucil powder observed.</p> <p>Interview on 5/25/21 client #1 stated he received his medications daily.</p> <p>Finding #2: Review on 05/25/21 of client #2's record revealed: - 59 year old male. - Admission date of 08/01/20. - Diagnoses of Severe Intellectual Developmental Disability (IDD), Hypertension, Sleep Apnea, Heart Dropsy, Vitamin D Deficiency, Seizure Disorder and Degenerative Joint Disease.</p> <p>Review on 05/25/21 a a physician signed FL-2 dated 04/21/21 revealed - Mupirocin (treats impetigo) 1% ointment - apply twice daily to joints.</p> <p>Review on 05/25/21 of client #2's May 2021 MAR revealed the following blanks: - Mupirocin - 05/23/21 and 05/24/21 at 8am and 05/23/21 at 8pm.</p> <p>Interview on 05/26/21 client #3 indicated he received his medications daily.</p> <p>Finding #3: Review on 05/25/21 and 05/26/21 of client #3's record revealed: - 22 year old male. - Admission date of 08/17/20. - Diagnoses of Major Neurocognitive Disorder due to Traumatic Brain Injury (TBI) - with psychotic features, Personality Changes due to TBI, Mild IDD, Traumatic Encephalopathy and Dysthymia.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 05/25/21 and 05/28/21 of client #3's physician orders revealed: 01/05/21 - Miralax (treats constipation) - 17 grams daily with water as needed.</p> <p>04/02/21 - FL-2 - Miralax - 17 grams of powder with 8 ounces of liquid every day.</p> <p>05/07/21 - FL-2 - Miralax - 17 grams of powder with 8 ounces of liquid daily as needed.</p> <p>Review on 05/25/21 and 05/26/21 of client #3's January 2021 thru May 2021 MARs revealed the following transcribed entry: - Miralax - 17 grams of powder daily as needed.</p> <p>Interview on 05/25/21 client #3 stated he received his medications as ordered.</p> <p>Interview on 05/25/21 and 05/26/21 the Qualified Professional stated: - Staff had to fix some of the MARs at the facility. - He was sure the clients received their medications daily. - Client #1 no longer took Metamucil powder. It had been replaced with Metamucil wafers. - He obtained the current order for client #3. - He understood the MARs should match the client physician orders.</p>	V 118		
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 7</p> <p>home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor</p>	V 289		

Division of Health Service Regulation

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V 289	<p>Continued From page 8</p> <p>clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure one of three audited clients (#2) met the scope for which facility is licensed for. The findings are:</p> <p>Review on 05/25/21 of Division of Health Service Regulation records revealed the facility was licensed for three ambulatory clients.</p> <p>Review on 05/25/21 of client #2's record revealed: - 59 year old male. - Admission date of 08/01/20. - Diagnoses of Severe Intellectual Developmental Disability, Hypertension, Sleep Apnea, Heart Dropsy, Vitamin D Deficiency, Seizure Disorder and Degenerative Joint Disease.</p>	V 289		

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V 289	<p>Continued From page 9</p> <p>Review on 05/25/21 of client #2's Individual Support plan (ISP) dated 11/01/20 revealed:</p> <ul style="list-style-type: none"> - "[Client #2] requires partial-full assistance with all daily task applications." - "[Client #2] utilizes a walker during ambulation and sitting/standing. He also requires someone to be in close proximity for safety precautions." - "[Client #2] need supports during ambulation with his walker due to unstable gait." - "[Client #2] wears pullups due to incontinence issues. He is able to toilet with partial physical assistance and reminders to address hygiene." - "[Client #2] needs supports to help maintaining...personal hygiene and grooming." <p>Interview on 05/26/21 the Licensee stated:</p> <ul style="list-style-type: none"> - She would follow up on the the facility license and non-ambulatory status of the client #2. - She would ensure the license is corrected. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289		