

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2021
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NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326
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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	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on June 18, 2021. The complaint was unsubstantiated intake #NC00177701. 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 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 conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review of facility records on 6/16/21 revealed: -There was no documentation of any fire and disaster drills completed for 2020 and 2021 by</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>facility staff.</p> <p>Interview with the Director on 6/16/21 revealed:</p> <ul style="list-style-type: none"> -She thought staff were doing fire and disaster drills as required. -The Former Qualified Professional was responsible for conducting the fire and disaster drills with staff. -The Former Qualified Professional kept up the folder that contained the documented drills. -Former Qualified Professional quit without given a notice. -She was not sure what happened with those drills after the Former Qualified Professional left. -There was no documentation of the fire and disaster drills. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies. <p>Interview with the Chief Executive Officer on 6/18/21 confirmed:</p> <ul style="list-style-type: none"> -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies. 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <ol style="list-style-type: none"> (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 	V 118		

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V 118	<p>Continued From page 2</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility staff failed to follow the physician's order affecting one of three clients (#2); failed to keep the MAR current affecting three of three clients (#1, #2 and #3) and failed to ensure medications were available for administration affecting one of three clients (#2). The findings are:</p> <p>1. The following is evidence the facility staff failed to follow the physician's order.</p> <p>Review on 6/15/21 and 6/16/21 of client #2's record revealed:</p>	V 118		

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V 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Admission date of 6/21/12. -Diagnoses of Intermittent Explosive Disorder, Autism, Severe Intellectual Disability, Schizoaffective Disorder-Bipolar Type, Asthma, Diabetes Type II and Kidney Disease. -Physician's order dated 5/24/21 for Metformin 500 milligrams (mg), one tab twice daily. -Physician's order dated dated 5/11/20 for Blood glucose check, check patient's blood glucose once daily alternating in the morning and before supper record area pricked and value. <p>Review of Blood Sugar Logs for client #2 on 6/16/21 revealed:</p> <ul style="list-style-type: none"> -May 2021-staff did not record blood sugar readings on 5/1, 5/3, 5/6, 5/7, 5/11, 5/12, 5/16, 5/20, 5/21, 5/25 and 5/26. Client #2's recorded blood sugar readings for the month of May ranged between 129 and 162. -April 2021-staff did not record blood sugar readings on 4/5 thru 4/9 and 4/13 thru 4/28. On 4/6 thru 4/9 and 4/13 thru 4/28 staff wrote no needles. Client #2's recorded blood sugar readings for the month of April ranged between 130 and 167. <p>Attempts to interview staff #1 on 6/16/21 and 6/17/21 were unsuccessful.</p> <p>Interview with the Director on 6/16/21 revealed:</p> <ul style="list-style-type: none"> -She was not sure why there were blank spaces on the forms to record the blood sugar readings. -Client #2's blood sugar checks are supposed to be checked on a daily basis. -A former staff and staff #1 were the two main staff checking client #2's blood sugar in the mornings. -They never said anything to her about there not being any needles to use for client #2's glucometer. 	V 118		

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V 118	<p>Continued From page 4</p> <p>-She confirmed facility staff failed to follow the physician's order for client #2.</p> <p>2. The following is evidence the facility failed to ensure the MAR was kept current.</p> <p>a. Review on 6/15/21 and 6/16/21 of client #1's record revealed: -Admission date of 4/26/10. -Diagnoses of Autistic Disorder, Severe Intellectual Disability, Obesity and Hypertension. -Physician's order dated 10/1/20 for Sarna Lotion, apply to dry itch areas of skin three times daily or as needed. -Physician's order dated 9/23/20 for Lorazepam 1 mg, one tablet in the morning. -Physician's order dated 8/10/20 for Montelukast 10 mg, one tablet at bedtime; Paroxetine 40 mg, one tablet daily and Chlorpromazine 200 mg, one tablet three times a day.</p> <p>Review of MAR for client #1 on 6/16/21 revealed: -June 2021 had blank boxes for the following medications: Montelukast 10 mg on 6/10; Paroxetine 40 mg on 6/10; Chlorpromazine 200 mg on 6/10 and 6/15 4pm and 7pm doses; Lorazepam 1 mg on 6/10 and 6/15 4pm doses; Sarna Lotion on 6/10 and 6/15 4pm doses.</p> <p>b. Review on 6/16/21 of client #2's record revealed: Physician's order dated 5/24/21 for Tamsulosin 0.4 mg, one capsule daily; Gemfibrozil 600 mg, one tablet twice daily; Famotidine 20 mg, one tablet daily; Chlorpromazine 100 mg, one tablet twice daily; Vitamin C 500 mg, two tablets in the morning and two tablets in the evening; Lorazepam 1 mg, one tablet twice daily; Benzotropine 1 mg, 1.5 tablet at bedtime; Sodium Bicarbonate 650 mg, two tablets daily; Carvedilol</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>6.25 mg, one tablet two times daily; Flovent HFA 100 micrograms (mcg), inhale two puffs twice daily; Gabapentin 100 mg, one capsule twice daily; Acetaminophen 500 mg, two tablets twice daily; Metformin 500 mg, one tablet twice daily and Metoprolol Tartrate 50 mg, one tablet twice daily.</p> <p>Review of MAR for client #2 on 6/16/21 revealed: -June 2021 had blank boxes for the following medications: Tamsulosin 0.4 mg on on 6/10 and 6/15 7:00pm doses; Gemfibrozil 600 mg on 6/10 and 6/15 7:00pm doses; Famotidine 20 mg on 6/10 and 6/15 7:00pm doses; Chlorpromazine 100 mg on 6/10 and 6/15 7:00pm doses; Vitamin C 500 mg on 6/10 and 6/15 6:30pm doses; Lorazepam 1 mg on 6/6, 6/10 and 6/15 7pm doses; Benztropine 1 mg on 6/10 and 6/15 7:00pm doses; Sodium Bicarbonate 650 mg on 6/10 and 6/15 6:30pm doses; Carvedilol 6.25 mg on 6/13 and 6/15 6:30pm doses; Flovent HFA 100 micrograms (mcg) on 6/10 and 6/15 7:00pm doses; Gabapentin 100 mg on 6/10 and 6/15 7 pm doses; Acetaminophen 500 mg on 6/10 and 6/15 7pm doses; Metformin 500 mg on 6/10 and 6/15 7pm doses and Metoprolol Tartrate 50 mg on 6/10 and 6/15 7pm doses.</p> <p>c. Review on 6/15/21 and 6/16/21 of client #3's record revealed: -Admission date of 7/16/20. -Diagnoses of Autistic Disorder, Moderate Intellectual Disability, Obesity, Hypertension, Seasonal Allergies and Seborrhic Dermatitis. -Physician's order dated 5/25/21 for Chlorpromazine 200 mg, two tablets in morning, one tablet in the afternoon and one tablet at bedtime. -Physician's order dated 3/24/21 for Ketoconazole shampoo 2%, apply to scalp, leave in 5 to 10</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>minutes then rinse, use 2 to 3 times a week; Ammonium lactate cream 12%, apply once daily to affected area; Lorazepam 2 mg, one tablet in morning and one tablet at 5 PM and Olanzapine 15 mg, one tablet at bedtime.</p> <p>Review of MAR for client #3 on 6/16/21 revealed: -June 2021 had blank boxes for the following medications: Chlorpromazine 200 mg on 6/10 7pm dose, 6/12 and 6/13 2pm doses; Ketoconazole shampoo 2% on 6/10; Ammonium lactate cream 12% on 6/10 and 6/15; Lorazepam 2 mg on 6/10 pm dose and Olanzapine 15 mg on 6/10.</p> <p>"Due to the failure to accurately document medication administration it could no be determined if clients received their medication as ordered by the physician"</p> <p>Interview with the Inventory Specialist on 6/16/21 revealed: -She thought the clients MAR's had blank boxes because staff were forgetting to sign off on the MAR. -She knew clients did get their medications, however certain staff would sometimes forget to sign off on the MAR. -She confirmed staff failed to keep the MAR current for clients #1, #2 and #3.</p> <p>3. The following is evidence the facility failed to ensure medications were available for administration.</p> <p>Review on 6/16/21 of client #2's record revealed: -Physician's order dated 6/2/21 for Saline nasal spray 0.65%, squirt into each nostril three times daily. -Physician's order dated 5/24/21 for Flovent HFA</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>100 mcg, inhale to puffs twice daily.</p> <p>Review of MAR for client #3 on 6/16/21 revealed: -June 2021-The Saline nasal spray 0.65% and Flovent HFA 100 mcg inhaler were both listed. Staff put their initials to indicate the medication was administered.</p> <p>Observation on 6/16/21 at approximately 11:10 AM of the medication area for client #2 revealed: -The Saline nasal spray 0.65% and Flovent HFA 100 mcg inhaler were not available.</p> <p>Interview with the Inventory Specialist on 6/16/21 confirmed: -The Saline nasal spray 0.65% and Flovent HFA 100 mcg inhaler were not available to be administered for client #2.</p>	V 118		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled</p>	V 119		

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V 119	<p>Continued From page 8</p> <p>Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting two of three clients (#1 and #3). The findings are:</p> <p>a. Review on 6/15/21 and 6/16/21 of client #1's record revealed: -Admission date of 4/26/10. -Diagnoses of Autistic Disorder, Severe Intellectual Disability, Obesity and Hypertension. -Physician's order dated 8/10/20 for Triamcinolone 0.05% cream, apply to affected area three times daily as needed. -Physician's order dated 4/30/20 for Hydroxyzine HCL 25 milligrams (mg), one tablet three times daily as needed. -Discontinuation order dated 5/15/20 for Hydroxyzine HCL 25 mg, one tablet three times daily as needed.</p> <p>Review of Medication Administration Record (MAR) on 6/16/21 revealed: -The June 2021 MAR revealed the Hydroxyzine</p>	V 119		

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V 119	<p>Continued From page 9</p> <p>HCL 25 mg was not listed on the MAR. The Triamcinolone cream was listed on the MAR. Staff had not administered client #1 the Hydroxyzine HCL 25 mg tablets and the Triamcinolone cream was not used by client #1.</p> <p>Observation on 6/16/21 at approximately 11:35 am of the medication area revealed: -The Triamcinolone 0.05% cream was in the medication box and had expired in 2/21. -The Hydroxyzine HCL 25 mg tablets were in the medication box with the other medications. The medication was discontinued on 5/15/20.</p> <p>b. Review on 6/15/21 and 6/16/21 of client #3's record revealed: -Admission date of 7/16/20. -Diagnoses of Autistic Disorder, Moderate Intellectual Disability, Obesity, Hypertension, Seasonal Allergies and Seborrhea Dermatitis -Physician's order dated 3/24/21 for Ketoconazole shampoo 2%, apply to scalp, leave in 5 to 10 minutes then rinse, use 2 to 3 times a week.</p> <p>Review of MAR's on 6/16/21 revealed: -The June, May and April 2021 MAR's revealed staff signed to indicate shampoo was used by client #3.</p> <p>Observation on 6/16/21 at approximately 11:25 am of the medication area revealed: -The Ketoconazole shampoo 2% expired in 10/2020.</p> <p>Interview with the Inventory Specialist on 6/16/21 revealed: -She wasn't sure why the Hydroxyzine HCL 25 mg tablets were in the medication box for client #1 and not listed on the MAR. -She was not aware of medications being expired</p>	V 119		

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V 119	Continued From page 10 for clients #1 and #3. -Staff never said anything to her about expired medication for those clients. -She confirmed the facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion for clients #1 and #3. Interviews with the Director and Chief Executive Officer on 6/18/21 confirmed: -The facility staff failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion for clients #1 and #3.	V 119		
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 failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 6/16/21 at approximately 9:50 am at the group home revealed the following issues: -Bathroom #1- Th shower curtain was hanging from the rod and had 4 rings missing. The toilet had dried urine on it towards the back of the seat.	V 736		

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V 736	<p>Continued From page 11</p> <p>The tub was stained with soap scum, a blue substance and a yellow substance. The sink and top of sink was stained with toothpaste and soap scum. The floor had particles of dirt.</p> <p>-Living room area-There was a trash can stained with food debris. There were food stains on wall near trash can.</p> <p>-Client #1's bedroom-The walls were stained. There were approximately 80 pieces of paper on the floor.</p> <p>-Bathroom #2-The shower curtain liner had 4 missing rings. The shower floor was stained. The cover to the light fixture was missing. The outside pane window had small glass shards encased.</p> <p>-Dining Room-The bottom panel to the front door was missing. All three chairs at dining table were wobbly.</p> <p>-Back yard area-The bottom of a aluminum car was broken. The plastic chair was cracked at the bottom and top. There was a greenish substance on deck and the aluminum siding portion of the home.</p> <p>-Side of home-There were bed rails laying on the ground.</p> <p>-There were pieces of trash on ground throughout yard.</p> <p>Interview on 6/16/21 with the Inventory Specialist revealed:</p> <p>-The agency was aware of some of the maintenance issues with the group home.</p> <p>-The maintenance man already starting addressing some of the issues with group home.</p> <p>-She confirmed facility staff failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>Interviews with the Director and Chief Executive Officer on 6/18/21 confirmed:</p> <p>-Facility staff failed to ensure facility grounds were</p>	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-084	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/18/2021
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NAME OF PROVIDER OR SUPPLIER FOREST HILLS FAMILY CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 54 RIPLEY ROAD CAMERON, NC 28326
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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 736	Continued From page 12 maintained in a safe, clean, attractive and orderly manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		