

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL075-031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HUMMINGBIRD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>64 FOREST LANE TRYON, NC 28782</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 7/15/21. The complaint was unsubstantiated (Intake #NC176637). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living</p>	V 000		
V 118	<p><b>27G .0209 (C) Medication Requirements</b></p> <p><b>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</b></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 file followed up by appointment or consultation</p>	V 118		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to keep the MAR current affecting 2 of 2 clients (Client #1 and Client #2). The findings are:</p> <p>Record review on 7/14/21 for Client #1 revealed: -Admission date-3/11/20 with diagnoses of Encephalopathy, seizure disorder, mood disorder, anxiety disorder, attention deficit hyperactivity disorder ADHD, intermittent explosive disorder, scoliosis, bipolar, Moderate Intellectual Disability, Pervasive Developmental Disorder. -Physician ordered medications included: -Lamotrigine 200mg (milligram) (depression) 2 tabs daily. -Aptensio XR 30mg 1 tab in the AM. -Risperidone 1mg (mood) twice daily. -Risperidone 0.5mg 1 tab in PM. -Oxcarbazepine 600mg 1 tab in AM; 1 ½ tabs in PM. -Sertraline 100mg (depression) 1 ½ tabs in PM. -Trazadone 50mg (sedation) 2 tabs in PM.</p> <p>Review of MAR on 7/14/21 for Client #1 for April 2021-June 2021 revealed: -Lamotrigine was not initialed as administered 7/13/21, 7/14/21. -Aptensio was not initialed as administered 7/13/21, 7/14/21. -Risperidone 1mg was not initialed as administered 7/13/21 am and pm dose, 7/14/21</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>am dose.</p> <ul style="list-style-type: none"> <li>-Risperidone 0.5mg was not initialed as administered 7/13/21.</li> <li>-Oxcarbazepine was not initialed as administered 7/13/21 am and pm dose, 7/14/21 am dose, 5/19/21-5/31/21 am doses only.</li> <li>-Sertraline was not initialed as administered 7/13/21.</li> <li>-Trazadone was not initialed as administered 7/13/21.</li> </ul> <p>-No explanation was documented to indicate why medication was not given.</p> <p>Record review on 7/14/21 for Client #2 revealed:</p> <ul style="list-style-type: none"> <li>-Admission date-3/11/20 with diagnoses of Down Syndrome, Disruptive Behavior Disorder, Severe Intellectual Disability, Post Traumatic Stress Disorder.</li> </ul> <p>-Physician ordered medications included:</p> <ul style="list-style-type: none"> <li>-Probiotic 20billion (1 capsule in AM</li> <li>-Cetirizine HCL 10mg (allergies) 1 in AM.</li> <li>-Risperidone ODT 1mg (behavior) once daily.</li> <li>-Concerta 36 mg (ADHD) once daily.</li> <li>-Trazadone 50mg (sedative) 1 tab in PM.</li> <li>-Risperidone 0.25mg 2 tabs in PM and PRN (as needed)</li> </ul> <p>Review of MAR on 7/14/21 for Client #1 for April 2021-June 2021 revealed:</p> <ul style="list-style-type: none"> <li>-Probiotic was not initialed as administered 7/13/21, 7/14/21.</li> <li>-Cetirizine was not initialed as administered 7/13/21, 7/14/21.</li> <li>-Risperidone ODT was not initialed as administered 7/13/21, 7/14/21.</li> <li>-Concerta was not initialed as administered 7/13/21, 7/14/21.</li> </ul> <p>-Trazadone was not initialed as administered 7/12/21, 7/13/21.</p>	V 118		

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V 118	Continued From page 3  -Risperidone was not initialed as administered 7/12/21, 7/13/21.  Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.  Interview on 7/14/21 with Staff #1 revealed: -She was the primary caregiver and was responsible for passing medications. -She was a couple days behind. -Had not noticed that she missed the AM dose of Oxcarbazepine for Client #1 the last 2 weeks of May when Client #1 returned from respite. -She felt that all the medications had been administered correctly.	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure each staff member had no substantiated findings of abuse or neglect listed	V 131		

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V 131	<p>Continued From page 4</p> <p>on the North Carolina Health Care Personnel Registry (HCPR) prior to hire for 2 of 2 sampled staff (Staff #1, Qualified Professional) (QP). The findings are:</p> <p>Personnel record review on 7/14/21 for Staff #1 revealed: -Date of hire-3/3/20. -HCPR date-3/3/20 not prior to hire date.</p> <p>Personnel record review on 7/14/21 for The QP revealed: -Date of hire-6/7/18. -HCPR date-6/13/18 not prior to hire date.</p> <p>Interview on 7/15/21 with the Program Director revealed: -was not aware the checks for HCPR were not completed on time. -will pass this information on to Human Resources so they won't make the same mistake again.</p>	V 131		
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(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 services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the</p>	V 367		

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V 367	<p>Continued From page 5</p> <p>Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(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:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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 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</p>	V 367		

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V 367	<p>Continued From page 6</p> <p>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).</p> <p>(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:</p> <ol style="list-style-type: none"> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(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.</li> </ol> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to report a Level II incident to the Local Management Entity (LME) responsible for the catchment area where services were provided within 72 hours of becoming aware of the</p>	V 367		

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V 367	<p>Continued From page 7</p> <p>incident. The findings are:</p> <p>Record review on 7/14/21 for Client #1 revealed: -Admission date-3/11/20 with diagnoses of Encephalopathy, seizure disorder, mood disorder, anxiety disorder, ADHD (attention deficit hyperactivity disorder), intermittent explosive disorder, scoliosis, bipolar, Moderate Intellectual Disability, Pervasive Developmental Disorder. -History of physical aggression, property destruction and verbal aggression. Everything has to be locked up as client has no control and no boundaries.</p> <p>Interview on 7/15/21 with Staff #1 revealed: -2 incidents with Client #1 on 4/23/21 and 4/30/21. On 4/23/21, Client #1 tore pages from Staff #1's mom's cookbook. Staff #1 found pages under Client #1's bed. She gave Client #1 consequences of no TV for the rest of the evening until the next morning. Client #1 threw the TV remote at Staff #1 hitting her in the head; threw sneakers at Staff #1 and when Staff #1 tried to exit room and Client #1 slammed door dislodging the mirror on the back of the door. Staff #1 caught it preventing shattering. On 4/30/21, late afternoon, Client #1 had gotten into drawers in the family room and had taken documents belonging to Staff #1 as well as other items from the drawers. Staff #1 caught her with items in her room and confronted Client #1 about it. Client #1 knows that she'll lose TV for a time if she takes things. Client #1 physically attacked Staff #1. Staff #1 used blocks and got out of Client #1's bedroom. Client #1 called her names and other verbal abuse. Client #1's anxiety had been increasing since returning to school just the week prior. Staff #1 contacted the Adult Services Coordinator who came to pick up Client #1. Zoom meetings occurred with Client #1's support team</p>	V 367		

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V 367	<p>Continued From page 8</p> <p>and guardian to locate emergency services then Client #1 voluntarily admitted herself to the hospital.</p> <p>-Client #1 was placed at an out of town respite home and was in everyone's things there.</p> <p>-"No one ever told me to do an incident report. Now I know I have to do it. I've never been through anything like that."</p> <p>Interview on 7/14/21 with Qualified Professional (QP) revealed:</p> <p>-Just started in April being the QP for Alternative Family Living (AFL) homes.</p> <p>-Residential Community Professional (RCP) primarily monitored the AFLs since she had been doing this longer but she was required to monitor monthly.</p> <p>-Client #1 had some behaviors such as stealing food and other items, tears paper into pieces and puts them under her bed. She was placed out of the home for a little bit</p> <p>-The RCP or the previous QP may have completed an incident report.</p> <p>Interview on 7/15/21 with Residential Community Professional revealed:</p> <p>-She just came back to the provider agency 3/29/21.</p> <p>-On 4/30/21, she picked up Client #1 and brought her back to the provider's main campus while the Adult Services Coordinator called all respite facilities looking for placement.</p> <p>-Client #1 had scratched, kicked and thrown things at Staff #1. Her guardian said she needed to go to local psychiatric hospital and the behavior specialist agreed.</p> <p>-Just assumed Staff #1 would complete incident report since she had first-hand knowledge.</p> <p>Interview on 7/14/21 with the Program Director</p>	V 367		

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V 367	Continued From page 9  revealed: -No incident report was completed and did not know anything about the incident. -He would make sure any other incidents were recorded immediately.	V 367		