

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on July 21, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>	V 110		

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

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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 110	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, two of two paraprofessional staff (#1, #2) failed to demonstrate knowledge, skills and abilities by the population served. The findings are:</p> <p>Review on 7/19/21 of staff #1's record revealed:</p> <ul style="list-style-type: none"> <li>- Hired: Prior to 2014</li> </ul> <p>Review on 7/19/21 of staff #2's record revealed:</p> <ul style="list-style-type: none"> <li>- Hired: Prior to 2014</li> </ul> <p>Observation on 7/15/21 between 11:00 AM and 12:15 PM and interview with male relative revealed the following:</p> <ul style="list-style-type: none"> <li>- Upon Division of Health Service Regulation's (DHSR) staff arrival at the home, a male relative answered the door. The male relative reported staff #1 was not at home and he was in the middle of bathing a client. He asked DHSR staff to wait until he could contact staff #1. After 5-10 minutes, he could not connect with staff #1, he allowed DHSR staff inside the home. He solicited assistance from staff #1's sister to connect with staff #1. During the interim, the male relative, prepared breakfast for clients and other children in the home. All ate.</li> <li>- After 30 minutes of DHSR arrival, staff #2 was introduced by the male relative. It was unsure where staff #2 was when DHSR initially arrived. Staff #2 assisted DHSR staff briefly with the computer to access client records.</li> </ul>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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 110	Continued From page 2  Interview on 7/15/21, staff #1 reported: - Male relative did not work for the company - Staff #2 was in the home while DHR staff was there but may have been on a business call or assisting with another child who was visiting at the home.  Interview on 7/22/21, the Director reported: - The name provided as the male relative was not a staff of her agency - She was not sure why the male relative provided any services to the clients - A third staff provided relief services at the home - She would discuss concerns with staff #1 and staff #2 regarding utilizing the male relative.	V 110		
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	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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 118	<p>Continued From page 3</p> <p>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 review and interview, the facility failed to assure medications were administered a by unlicensed person trained by a legally qualified person for three of three clients (#1-#3). The findings are:</p> <p>Review on 7/15/ 21 of client #1's record revealed the following:</p> <ul style="list-style-type: none"> <li>- Admitted: 3/1/12</li> <li>- Diagnoses: Autism, Verbal Apraxia, Moderate psychomotor Hypothyroidism and Seizures</li> <li>- July 2021 MAR listed the medications below for AM administration <ul style="list-style-type: none"> <li>Tegretol 400 mg two tabs (seizures)</li> <li>Atorvastatin 20 mg one tab (cholesterol)</li> <li>Prilosec 40 mg one tab (stomach issues)</li> <li>Abilify 20 mg one tab (antipsychotic)</li> <li>Lopid 600 mg one tab (cholesterol)</li> <li>Topamax 100 mg one tab (seizures)</li> <li>Synthroid 112 mcg one tab (cholesterol)</li> </ul> </li> </ul>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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 118	<p>Continued From page 4</p> <p>Clonidine .1mg one tab (lowers blood pressure) Loratadine 10 mg one tab (allergies)</p> <p>Review on 7/15/ 21 of client #2's record revealed the following:</p> <ul style="list-style-type: none"> <li>- Admitted: 3/1/12</li> <li>- Diagnoses: Autistic Disorder with psychotic Features..Severe IDD (Intellectual Developmental Disability) and Mood Disorder</li> <li>- July 2021 MAR listed the medications below for AM administration</li> </ul> <p>Depakote 500 mg one tab (seizures) Zyprexa 20 mg one tab (mood disorder) Cogentin 1 mg one tab (anti-tremor) Klonopin 1 mg one tab (mood disorder) Singular 10 mg one tab (allergies) Haldol 10 mg one tab (antipsychotic) Probiotic one tab (improves digestion)</p> <p>Review on 7/15/ 21 of client #3's record revealed the following:</p> <ul style="list-style-type: none"> <li>- Admitted: 3/1/12</li> <li>- Diagnoses: IDD, ODD (Oppositional Defiant Disorder), Unspecified disruptive Conduct Disorder and Impulse Control</li> <li>- July 2021 MAR listed the medications below for AM administration</li> </ul> <p>Cogentin 1 mg one tab Atorvastatin 10 mg one tab Losartan 100 mg one tab (hypertension) Lopid 600 mg one tab Metformin 500 mg one tab (Diabetes or Mood disorder) Depakote ER 500 mg one tab Fish Oil 1000 mg 2 tabs Latuda 40 mg one tab ( antipsychotic)</p> <p>Observation on 7/15/21 between 11:00 AM-1:00 PM and interview with the male relative revealed</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-073</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MS CHEVI'S PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 FOREST HILL COURT LOUISBURG, NC 27549</b>
---	--

(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 118	<p>Continued From page 5</p> <p>the following:</p> <ul style="list-style-type: none"> <li>- Male relative answered the door.</li> <li>- Male relative reported the Director was not at home and he would attempt to call her.</li> <li>- Male relative cooked breakfast.</li> <li>- Cups with medications inside on the countertops. The cups were dispersed to clients #1-#3 for medication administration by the male relative.</li> </ul> <p>Interview on 7/15/21, the Male relative reported:</p> <ul style="list-style-type: none"> <li>- Staff #1 left the medications for him to administer</li> </ul> <p>Interview on 7/15/21, staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The male relative was not a staff of the facility</li> <li>- She thought the male relative had been trained to administer medication</li> <li>- She did not have copies or had seen his credentials of training for medication administration</li> </ul> <p>Interview between 7/15/21 and 7/22/21, the Director reported:</p> <ul style="list-style-type: none"> <li>- She was not aware of the male relative nor that he provided any type of services at the group home</li> </ul>	V 118		