

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/13/2021
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NAME OF PROVIDER OR SUPPLIER SUMMERHILL	STREET ADDRESS, CITY, STATE, ZIP CODE 6350 HAWFIELD DRIVE FAYETTEVILLE, NC 28303
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V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on August 13, 2021. The complaint was unsubstantiated (intake #NC00178629). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.</p>	V 000		
V 111	<p>27G .0205 (A-B) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ol style="list-style-type: none"> (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p>	V 111		

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

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an admission assessment prior to the delivery of services for 1 of 1 former clients (FC #2). The findings are:</p> <p>Review on 8/10/21 of FC #2 record revealed: -16 year old male. -Admission date of 12/16/20. -Diagnoses of Autism Spectrum disorder, Mild Intellectual Disability, ADHD-Combined, and Conduct disorder. -No admission assessment. -No documentation of a presenting problem or identified strategies to meet the client's presenting needs.</p> <p>Interview on 8/10/21 the Qualified Professional stated: -An admission assessment was provided to FC #2's guardian. -FC #2's guardian had not returned the admission assessment when she provided paperwork.</p>	V 111		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>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: (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.</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 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR for 1 of 1 current clients(#1) and 1 of 1 former clients (FC #2). The findings are:</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>Finding #1 Review on 8/10/21 of client #1's record revealed: -19 year old male. -Admission date of 9/7/17. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct disorder, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum disorder and Borderline Intellectual Functioning.</p> <p>Review on 8/10/21 of client #1's signed physician orders revealed: Orders dated 4/12/21 -Fluticasone propionate 50 mg (milligram) 1 puff daily. (allergies) Orders dated 7/13/21 -Citalapram hydrobromide 20 mg every morning at 8am. (Depression) -Guanfacine 1 mg 2 tablets in the morning and 2 at bedtime. (ADHD) -Quetiapine ER (Extended Release) 400 mg 2 tablets daily at 6pm. (mental/mood disorders)</p> <p>Review on 8/10/21-8/12/21 of client #1's MARs for May 2021 revealed: -Fluticasone propionate 50 mg, Citalapram hydrobromide 20 mg, Guanfacine 1 mg and Quetiapine Extended Release 400 mg were not documented as administered on 5/31/21.</p> <p>Interview on 8/10/21 client #1 stated he had received his medications daily.</p> <p>Finding #2 Review on 8/10/21 of FC #2 record revealed: -16 year old male. -Admission date of 12/16/20. -Diagnoses of Autism Spectrum disorder, Mild Intellectual Disability, ADHD-Combined, and Conduct disorder.</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Review on 8/10/21-8/12/21 of FC #2's signed physician orders revealed: Orders dated 6/7/21</p> <ul style="list-style-type: none"> -Guanfacine HCL (hydrochloride) ER 4 mg every morning. -Melatonin 3 mg 3 capsules daily at bedtime. (sleep) -Sertraline HCL 100 mg every evening. (mental/mood disorder) -Trazodone 150 mg daily every evening. (mental/mood disorder) <p>Order dated 1/13/21</p> <ul style="list-style-type: none"> -Clindamycin PH (phosphate) Benzoyl Peroxide 1.2-5% apply daily at bedtime. (acne) <p>Order dated 12/10/20</p> <ul style="list-style-type: none"> -Clindamycin PH 1% Solution apply twice daily. (acne) <p>Review on 8/10/21-8/12/21 of FC #2's MARs for May and June 2021 revealed:</p> <p>May</p> <ul style="list-style-type: none"> -Guanfacine HCL ER 4 mg, Melatonin 3 mg, Sertraline HCL 100 mg, Trazodone 150 mg, Clindamycin PH Benzoyl Perox 1.2-5% and Clindamycin PH 1% Solution were not documented as administered on 5/31/21. <p>June</p> <ul style="list-style-type: none"> -Clindamycin PH Benzoyl Perox 1.2-5% and Clindamycin PH 1% Solution were not transcribed on June MAR. <p>Interview on 8/11/21 FC #2's guardian stated:</p> <ul style="list-style-type: none"> -Staff had not applied topical cream to FC #2's back. -FC #2 was provided medication to apply himself and FC #2 was unable to reach his back. -The facility provided medications during home visit. -The facility did not provide enough medications for one home visit and she had to get the 	V 118		

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V 118	<p>Continued From page 5</p> <p>prescription filled.</p> <p>Interview on 8/10/21-8/12/21 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -All medication had been administered as ordered. -All topical creams were applied by staff unless there was a self-administer order. -Neither client #1 or FC #2 had self-administration orders. -The facility had a sign in and sign out log for medications during home visits. -The medications were counted at sign out and sign in. -The facility provided extra medications in case of emergency and client had not returned when scheduled. -Client #1 and FC #2 were both on home visits on 5/31/21. 	V 118		