

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>Milling House of Milling Manor, Inc</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER
MILLING MANOR, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**253 MILLING ROAD
MOCKSVILLE, NC 27028**

(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	INITIAL COMMENTS An annual and complaint survey was completed on 8/4/2021. The complaint was substantiated (intake #NC179088). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000	DHSR - Mental Health SEP 01 2021 Lic. & Cert. Section	
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills on each shift at least quarterly. The findings are: Attempted review on 8/4/2021 of the facility's fire and disaster drill logs revealed: - There was no documentation of fire or disaster drills for the period of July 2020 through July 2021.	V 114	V114 The fire drill book has been maintained in the common office of the group home. While drills were completed per report of QP and Residential Manager, all of the past year drills were missing from the notebook. There have been several staff changes and we are unable to determine why the drills were removed from the book. To prevent future issues with lost drills, a procedure has been implemented to add additional protection of drill documentation. <ul style="list-style-type: none">• Drills will be uploaded into the secure server as back up documentation to the paper notebook.• Fire Drills will continue to be conducted per shift per quarter. <p>The Residential Coordinator is responsible for ensuring the completion of the drills, uploading the documentation into our secure server and communicating any concerns to supervisor. This individual is responsible for compiling a quarterly summary of drills, challenges, goals.</p> <p>The Milling House Residential Manager will ensure assignment and look behind of the process.</p> <p>The QP is responsible for checking behind to ensure the quality of the learning/drill and the maintenance of the documentation.</p> <p>The Quality Assurance Committee will review and discuss quarterly.</p>	8/31/2021

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Julie Wood
BA/CP

TITLE *Executive Director*

8/25/21
(X6) DATE

STATE FORM

6899

Y9LB11

If continuation sheet 1 of 7

336-451-5014 ext 101
julie.wood@millingmanor.com

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>Milling House of Milling Manor, Inc</u> B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
MILLING MANOR, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
**253 MILLING ROAD
MOCKSVILLE, NC 27028**

(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 114	<p>Continued From page 1</p> <p>Interview on 8/2/2021 with Staff #1 revealed: - The first time she participated in a fire drill was two weeks ago. - She had not participated in a disaster drill. - They thought that fire and disaster drills were supposed to be conducted monthly.</p> <p>Interview on 8/3/2021 with Staff #2 revealed: - She had not participated in either a fire or disaster drill.</p> <p>Interview on 8/3/2021 with the Executive Director/Qualified Professional (ED/QP) revealed: - Fire and disaster drills were typically completed every month. - The former Residential Manage had told her that fire and disaster drill logs were at the facility. - She had looked for the fire and disaster drill logs, but they were no longer in the binder that they were stored in. - There had been a disgruntled staff who left the facility recently. - The fire and disaster drill logs disappeared around the same time the former staff left. - She was already implementing a new system to ensure fire and disaster drill logs would not be lost.</p>	V 114	See below	
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 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</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MILLING MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 MILLING ROAD MOCKSVILLE, NC 27028
---	---

(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 2</p> <p>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 with a physician.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered as ordered by an authorized person affecting 3 of 3 clients (#1, #2 & #3). The findings are:</p> <p> </p> <p>Reviews on 8/3/2021 and 8/4/2021 of client #1's record revealed: - Admission date: 11/8/2013 - Diagnoses: Seizure disorder; Dementia; Mixed</p>	V 118	Please see next page	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <u>Milling House of Milling Manor, Inc</u> B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLING MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 MILLING ROAD MOCKSVILLE, NC 27028
---	---

(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>stress and urge incontinence; Moderate Intellectual Disability; Psoriasis; Allergic Rhinitis; Hyperlipidemia; Polyarthralgia; and Chronic constipation</p> <p>- A Physician's order for Amoxicillin 500 mg (milligrams), 1 tablet BID (twice daily) for 7 days, dated 7/19/2021.</p> <p>Review on 8/2/2021 and 8/3/2021 of client #1's MARs dated 5/1/2021 to 7/31/2021 revealed:</p> <p>- No documentation of administration of one dose of Amoxicillin on 7/24/2021.</p> <p>Review on 8/3/2021 and 8/4/2021 of client #2's record revealed:</p> <p>- Admission date: 5/1/2012</p> <p>- Diagnoses: Bipolar Disorder; Obsessive-Compulsive Disorder; Mild Intellectual Disabilities; Seizure Disorder; Viral Encephalitis; and Menopausal</p> <p>- Physicians orders for the following medications:</p> <p>-- Petroleum jelly, apply to affected areas BID during the week, dated 9/23/2019, with most recent prescription renewal on 5/21/2021;</p> <p>-- Triamcinolone 0.1% ointment, apply to affected areas BID only on weekends, dated 9/23/2019, with most recent prescription renewal on 5/21/2021.</p> <p>Review on 8/2/2021 and 8/3/2021 of client #2's MARs dated 5/1/2021 to 7/31/2021 revealed:</p> <p>- No documentation of administration of one dose of petroleum jelly on 7/29/2021.</p> <p>- No documentation of administration of one dose of triamcinolone ointment on 6/6/2021, 6/7/2021, 6/9/2021 and 7/3/2021; and both doses on 7/24/2021.</p> <p>- No documentation of any missed medication doses on or about 5/31/2021.</p>	V 118	<p>V118 At the end of April and beginning of May, it was evident that the level of service quality from our local pharmacy had seriously declined with the exit of our pharmacy rep. There was difficulty getting MARs and the correct medications to fulfill orders. The pharmacist reports capacity concerns with difficulty hiring. It was determined that a change needed to be made quickly.</p> <ul style="list-style-type: none"> On May 11, the local pharmacy contract was terminated effective the end of the month with the local pharmacy. A contract was entered with Southern Pharmacy on 5/12/21 with a start date of 6/1/21. On 5-26-21, a medication training was completed for review and to outline procedures with all staff by the new pharmacy company. In June, 2021, the QP completed med pass observations with each Milling House staff. In May, 2021, the ED hired a part-time med tech to complete regular monitoring, in partnership with supervisor, on medication delivery, ensuring appropriate medications on hand, ensure the MAR is easy to read with hi-lights or "x" on days medication not due, check behind MARs and serve as hub of communication between physicians and pharmacy. In June, a relationship was established with a nurse with Southern Pharmacy to complete med pass observations 2 times per year. Effective August 23, an additional med tech assumed the duty of manager and will work in partnership with the Supervising QP and Southern Pharmacy nurse to ensure the thorough training and competency of staff in all elements of medication administration. Effective September 1, 2021 all Medication errors will be immediately reported in the "General Event Report" report of the agency EHR (Therap) and communicated immediately to the supervisor for follow-up and reporting (documentation and notification of guardian and physician). Guardians must be made aware of all incidents within 24 hours. A meeting is scheduled for 9/2/21 to review all medication documentation requirements. <p>Our team feels that these steps will address all issues identified in this survey and will greatly reduce risk of error.</p>	9/1/2021
-------	---	-------	---	----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MILLING MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 MILLING ROAD MOCKSVILLE, NC 27028
---	---

(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>Review on 8/4/2021 of the facility's level 1 incident reports revealed:</p> <ul style="list-style-type: none"> - An incident report for Client #2 was completed by the former Qualified Professional (FQP) was dated 6/25/2021 for a medication error that occurred on 5/31/2021 - "Explanation of Error: Medication was not package right. Due to needing a prescription in the beginning when meds was dropped off. Bubble packs was not open but" (explanation was incomplete)" - "Directions given by: Pharmacist stated they would repackage the pills again and provide us with the one pill that was needed. When arriving to the pharmacy, the punched the holes and filled 3 pills. Even when asked not to because only one was need. Remainder of pills was disposed." - No information about which medication was missing or any other clarification of the incident details was documented. <p>Review on 8/3/2021 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admission date: 12/1/2020 - Diagnoses: Mood Disorder Secondary to General Medical Condition; Severe/Profound Mental Retardation; Dysmenorrhea; Constipation; Factor 5-Blood Clot Disorder; and recurrent urinary tract infections (UTI) - A Physician's order for nitrofurantoin (used to treat UTI's) 100mg, 1 capsule every other day, dated 12/4/2020. <p>Review on 8/2/2021 and 8/3/2021 of client #3's MARs dated 5/1/2021 to 7/31/2021 revealed:</p> <ul style="list-style-type: none"> - Nitrofurantoin was documented as having been administered every day instead of every other day from 5/1/2021 to 5/31/2021 - A notation on the back of the MAR revealed that the MAR was initialed in error on 5/2/2021 and 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MILLING MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 MILLING ROAD MOCKSVILLE, NC 27028
---	---

(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>5/4/2021.</p> <ul style="list-style-type: none"> - There was no documentation that errors in documentation of administration of nitrofurantoin had occurred on any other day. <p>Interview on 8/2/2021 with client #1 revealed:</p> <ul style="list-style-type: none"> - She could not name her medications but knew what they looked like. - She believed that she had been administered all of her medications correctly. <p>Interview attempt on 8/2/2021 with client #2 revealed:</p> <ul style="list-style-type: none"> - No response to questions about her medications. <p>Interview on 8/4/2021 with client #2's Guardian revealed:</p> <ul style="list-style-type: none"> - She had ben told by the FQP that Client #2 had not been administered three days' worth of her nighttime seizure medications around Memorial Day (5/31/2021). - She did not know why Client #2 was not administered her medications. - She had not been informed of the incident until 6 days later. - Client #2 had not had a seizure since 1994. <p>Interview attempt on 8/2/2021 with client #3 revealed:</p> <ul style="list-style-type: none"> - She was a minimally verbal client who was unable to answer questions about her medications. <p>Interview on 8/2/2021 with staff #1 revealed:</p> <ul style="list-style-type: none"> - Sometimes, the MARs were missing staff initials. - When she noticed blanks on MARs, she would let the staff who was working that shift know that they needed to sign off on administering 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL030-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MILLING MANOR, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 253 MILLING ROAD MOCKSVILLE, NC 27028
---	---

(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 6</p> <p>medications.</p> <ul style="list-style-type: none"> - She was not aware of any medication errors within the past "couple" of months. <p>Interview on 8/3/2021 with staff #2 revealed:</p> <ul style="list-style-type: none"> - She believed that Clients #1, #2 and #3 had taken all of their medications correctly. <p>Interviews on 8/3/2021 and 8/4/2021 with the Executive Director/Qualified Professional (ED/QP) revealed:</p> <ul style="list-style-type: none"> - When medications were to be administered on specific days rather than every day, the facility's practice was to highlight the MAR to make it clear when those medications should be administered. - On Memorial Day (5/31/2021), there had been an issue with the former Pharmacy not sending enough of one of Client #2's medications. - Her understanding was that Client #2 missed one dose of a medicine, although it took three days to deal with the Pharmacy regarding it. - She did not know which medication Client #2 was not administered. - It was not possible to tell which medication was not administered by reviewing the May MAR. - The FQP had completed a level 1 incident report but did the report late. - The incident report did not include all of the details that should have been documented. - The facility changed pharmacies around the first part of June due to the incident. - Client #3 should only have been administered nitrofurantoin every other day. - It was unlikely that Client #3 had actually been administered too much nitrofurantoin during May 2021 because the Pharmacy would only have sent enough to last the exact number of days that it was supposed to be administered. 	V 118		