

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-264	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/10/2021
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NAME OF PROVIDER OR SUPPLIER CARPENTER-FLETCHER ROAD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1119 CARPENTER FLETCHER ROAD DURHAM, NC 27713
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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 and follow up survey was completed on September 10, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600 C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</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 with a physician.</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</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility staff failed to keep the MAR current affecting one of three clients (#2). The findings are:</p> <p>Review on 9/8/21 of client #2's record revealed: -Admission date of 8/31/16. -Diagnoses of Psychosis, Mild Mental Retardation, Fetal Alcohol Syndrome, Asthma and Systolic Heart Murmur. -Physician's order dated 6/30/20 for Divalproex Sodium ER 500 milligrams (mg), two tablets at bedtime; Cetirizine 10 mg, one tablet daily and Basaglar Insulin Pen, 25 units injected nightly.</p> <p>Review of MAR for client #2 on 9/8/21 revealed: -July 2021 had blank boxes for the following medications: Divalproex Sodium ER 500 mg, Cetirizine 10 mg and Basaglar Insulin Pen on 7/20.</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 Division Director on 9/8/21 revealed: -He thought staff possibly forgot to sign that the medication was administered to client #2 in July 2021. -There were no issues with clients not getting</p>	V 118		

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V 118	Continued From page 2 their prescribed medications. -He confirmed staff failed to keep the July 2021 MAR current for client #2. Interview with the Assistant Director on 7/9/21 confirmed: -Staff failed to keep the July 2021 MAR current for client #2.	V 118		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of	V 500		

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V 500	<p>Continued From page 3</p> <p>restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:</p> <p>(1) the permitted restrictive interventions or allowed restrictions;</p> <p>(2) the individual responsible for informing the client; and</p> <p>(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.</p> <p>(e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes:</p> <p>(1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);</p> <p>(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and</p> <p>(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to implement interventions to address behaviors which did not restrict the rights for one of three clients (#3). The findings are:</p>	V 500		

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V 500	<p>Continued From page 4</p> <p>Review on 9/9/21 of General Statue 122C-62 revealed "A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional (QP) at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's records."</p> <p>Review on 9/8/21 of client #3's record revealed: -Admission date 2/1/20. -Diagnoses of Mild Intellectual Disability, Autism, Schizoaffective Disorder, Anxiety Disorder and Depression. -There was no evidence of a written statement for client #3 detailing restrictions of personal possessions or evidence of an evaluation of each restriction reviewed at least every seven days by the Qualified Professional.</p> <p>Review of facility records on 9/8/21 revealed: -Incident report for client #3 dated 6/21/21 had the following: Client #3 told Manager he had burned his nipple and penis. Client #3 told the Manager he used his computer cord. The Manager asked client #3 to bring the computer cord to the office in order to keep client #3 from hurting himself with it again.</p> <p>-A note dated 6/22/21 posted on the wall in staff's office area. The note had the following: "All of [Client #3's] computer and ipod chargers will be kept in the staff office. When his devices need to be charged he will bring them to the office and staff will charge them and return them to [Client #3]."</p>	V 500		

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V 500	<p>Continued From page 5</p> <p>Interview on 9/8/21 with client #3 revealed:</p> <ul style="list-style-type: none"> -He had an incident a few months ago. -He used his power cord to masturbate. -He would plug the power cord into the wall and stick the other end of the power cord into the hole of his penis. -A few months ago he used the power cord in his genital area and on his nipples. -He felt a little burning sensation after doing that. -He told staff he thought he burned himself and staff took away his power cord. -He was not allowed to keep the power cords and/or chargers in his room anymore. -These were his personal power cords and chargers to his phone and other devices. <p>Interview on 9/8/21 with the Division Director revealed:</p> <ul style="list-style-type: none"> -Client #3 had an incident on June 21, 2021. -Client #3 told staff he put a power cord onto his nipples and was burned. -It came to staff attention in June 2021 after that incident that client #3 had been using his power cord to masturbate. -He told staff he was plugging the cord into the wall socket and putting the other end of the cord into the hole of his penis. -When that came to their attention client #3's power cords were taken away. -Staff now keep client #3's power cords in the staff office. -If client #3 needs anything charged he has to bring those items to the office. -They were not aware of client #3 was using the power cord in this way until the incident occurred in June 2021 when he said he burned his nipples. -Staff were not aware that he had been using a power cord to masturbate. -They talked to the guardian and she agreed to 	V 500		

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V 500	<p>Continued From page 6</p> <p>staff keeping his power cords in the staff's office. -The power cords are client #3's, these are items that belong to him. -There is a note posted in the staff office area that indicates client #3 must keep all of his power cords in staff's office. -He confirmed client #3's rights were being restricted.</p> <p>Interview on 9/9/21 with the Assistant Director revealed: -She was aware of the incident with client #3 burning his nipples using a power cord. -Client #3's one on one staff brought that incident to her attention. -Client #3 also informed them he had been using the power cord in his genital area and plugging it into the wall. -Staff did take the power cord away in June 2021 once it came to their attention. -The agency did not meet with the human rights committee prior to taking the power cord away from client #3. -She confirmed client #3's rights were being restricted.</p> <p>Interview on 9/9/21 with the Executive Director revealed: -She was aware of the issue with client #3 using the power cord on his nipples and genital area. -The team did meet to discuss that issue. The team agreed that all power cords should be removed from client #3's bedroom. -The Assistant Director failed to submit the required information to the Human Rights Committee. -She confirmed client #3's rights were being restricted.</p>	V 500		