STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-476	A. BUILDING: _____ B. WING _____	09/02/2021

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V 000	INITIAL COMMENTS An annual survey was completed on September 2, 2021. 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		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

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This Rule is not met as evidenced by:
Based on observation, record review and interview the facility staff failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting two of three audited clients (#2 and #3). The findings are:

a. Review on 8/18/21 of client #2's record revealed:
-Admission date: 1/5/88
-Diagnoses of Moderate Intellectual Development Disabilities, Cerebral Palsy, Hypertension, Hypercholesterolemia and Diabetes
- Physician's order dated: 5/19/21 for
Ondansetron odt 4 milligram (mg) take 1 tablet as needed (nausea)

Review of June, July and August 2021 Medication Administration Record (MAR) on 8/18/21 revealed:
-Ondansetron odt 4 mg tablet take 1 tablet prn for nausea
-No initials to indicate the above expired prn medications had been administered

Observation on 8/18/21 at 2:30 pm of client #2's medication revealed:
-Dispensed date: 5/4/21
-Expiration date of Ondansetron: 5/20/21

b. Review on 8/18/21 of client #3's record revealed:
-Admission date: 6/1/09
-Diagnoses: Intellectual Developmental Disability (severe), Seizure Disorder, Muscle spasticity, Spastic Quadriplegia and Visual Impairment

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V 119	Continued From page 2 -Physician's order dated 7/1/21 listed the following prn medications: Triamicinolone Acetonide .1% apply twice a day (skin conditions) Clearlax mix one capful (17 grams) in 8 ounces of water in the morning on Wednesday, Thursday and Fridays (constipation) Guafinessi DM syrup take 5 milliliters (ml) every 8 hours (cough) Fluticasone 50 mcg (microgram) 2 small sprays per nostril twice a day (allergies) Loperamide 1 mg 7.5 ml every 8 hours (diarrhea) Observation on 8/18/21 between 2:00 pm-3:30 pm of client #3's medications with a one year from dispense date of expiration label noted by the pharmacist revealed: -Triamicinolone Acetonide dispensed 7/9/20 -Clearlax dispensed 7/9/20 -Guafinessi DM syrup dispensed 4/30/20 -1 Fluticasone dispensed 11/12/18 -1 Fluticasone dispensed 9/12/19 -Loperamide dispensed 5/1/20 Review on 8/18/21 of client #3's June-August 2021 MARs revealed no initials to indicate the above expired prn medications had been administered. Interview with the Qualified Professional/House Manager on 8/18/21 revealed: -He was not aware of medications being expired for clients #2 and #3. -Staff never said anything to him about expired medication for clients #2-#3.	V 119		
V 291	27G .5603 Supervised Living - Operations	V 291		

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V 291	Continued From page 3 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate services for two of three non ambulatory clients (#1 and #2). The findings are: Review on 8/19/21 of client #1's record	V 291		

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revealed:
-Admitted: 1988
-Diagnoses: Mild Intellectual Disabilities and Cerebral Palsy
-Treatment plan dated 7/1/21 "[Client #1] requires assistance with lifting and transferring. [Client #1] uses a Hoyer lift. [Client #1]requires assistance with turning and positioning. [Client #1] requires some supports with repositioning in bed. [Client #1] continues to need a hospital bed."
-184 pounds as weight in 2018
-Physician's order for a head pointer and hospital bed dated: 5/20/21

Review on 8/19/21 of client #2's record revealed:
-Admitted: 1/5/88
-Diagnoses: Moderate Intellectual Disabilities, Cerebral Palsy, Hypertension, Hypercholesterolemia and Diabetes
-Treatment plan dated 5/20/21 indicated client used a powered wheelchair for mobility. Client #2 required "extensive
staff support for all lifts, transfers, and turning/positioning to ensure his health and safety 24-hours a day 7 days a week." In regards to bathing, he required full physical support and assistance to assure he "washed entirely and thorough."
-160 pounds as weight in 2018
-No physician's orders regarding assistive devices such as hospital bed or shower chair

1. Examples the facility failed to coordinate securing hospital beds

A. Observation on 8/13/21 between 1:00 pm-4:30 pm of client #1's bedroom revealed a regular bed for sleeping. No specialized bed or bed in a position raised or lifted off the floor which would allow a hoyer lift to be used allowing the base

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V 291	Continued From page 5 legs to fit underneath the bed. Interviews between 8/13/21 and 9/2/21, the Qualified Professional/House Manger (QP/HM) reported the following about client #1's hospital bed: -A community agency donates hospital beds, he was waiting for a notification that a hospital bed had been donated -A raised commercial bed was a possibility, but he had not looked for one -He had discussed the bed with the Managed Care Organization (MCO) Care Navigator to see if Medicaid would pay for the bed, but was told they would not reimburse for the bed - Client #1 had lost weight and was approximately 160 pounds Interview on 8/27/21 the MCO Care Navigator Supervisor reported: -Hospital beds are not covered by Medicaid as they are considered Durable Medical Equipment -The MCO is not responsible for obtaining hospital beds B. Observation on 8/13/21 between 1:00 pm-4:30 pm of client #2's bedroom revealed a regular bed for sleeping. No specialized bed or bed in a position raised or lifted off the floor which would allow a hoyer lift to be used allowing the base legs to fit underneath the bed. Interviews between 8/13/21 and 9/2/21 the QP/HM reported: -Client #2 had utilized a wheelchair and was non ambulatory since the QP/HM started in 2018. -Client #2 was in need of the hospital bed to utilize a hoyer lift for safe transfers. -He took client #2 to the primary care physician (PCP) on 5/19/21 to obtain a physician's order for	V 291		

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a hospital bed. Client #2's PCP indicated he did not have time to write the order because it required a lot of paperwork/detail. On 8/19/21, client #2 went to the same PCP for a follow up appointment. He did not follow up with the PCP during that visit. He needed to contact the PCP to address the status of the paperwork for the hospital bed.
-As of 9/2/21, he had not inquired regarding an alternative bed that allowed the legs of the hoyer lift to go under the bed. Easter Seals usually had people in the community who would donate items. He had not looked to see if a bed had been donated. He had not contacted client #2's Care Navigator, Service Consultant nor Medicaid to seek alternative methods of funding for the hospital bed.

2. Examples the facility failed to coordinate securing shower chairs

A. During interviews between 8/13/21 and 9/2/21, the QP/HM reported the following about client #1's shower chair:
-Client #1 had a new shower chair purchased by his guardian
-Client #1's shower chair was being used by client #2 as client #2 had a broken chair
-He asked client #1 if client #2 could use his shower chair and client #1 consented
-He did not discuss with client #1's guardian/stepmother that client #2 was using the shower chair she purchased for client #1.
-He had contacted the MCO to coordinate replacing the shower chair and had just received the vendor list

Interview on 9/1/21 client #1's guardian reported:
-Client #1's shower chair broke this year, and client #1 was without a shower chair for a short

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period of time
-She purchased a new shower chair for temporary use until the shower chair was replaced by the facility
-She was unaware of the delay in obtaining the replacement shower chair

Interview on 8/27/21 the Managed Care Service Consultant reported:
- She was notified by client #1's guardian on 6/22/21 that client #1 needed a shower chair, head pointer, and hospital bed
-Staff #1 informed her that client #1 still needed a shower chair on 8/6/21
- On 8/20/21 Staff #1 re-requested the vendor list for shower chairs

B. Interview on 8/23/21 staff #1 reported:
-Client #2's shower chair needed to be replaced
-Client #2 still showered as he used the shower chair that belonged to client #1.

Interviews between 8/13/21 and 9/2/21 the QP/HM reported:
-Client #2's shower chair "broke a month ago. The wheels came off, wear/tear from going in and out of shower...He uses [Client #1's] shower chair."
-No contact had been made with outside agencies to secure a funding source for client #2's shower chair

3. Example the facility failed to coordinate securing head pointer for client #1.

During interviews between 8/13/21 and 9/2/21, the QP/HM reported the following about client #1's head pointer:
-He had contacted the MCO to coordinate replacing the head pointer and had just received

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V 291	Continued From page 8 a vendor list Interview on 8/27/21 the Managed Care Service Consultant reported: - She was notified by client #1's guardian on 6/22/21 that client #1 needed a shower chair, head pointer, and hospital bed Interview on 9/1/21 client #1's guardian reported: -She purchased a new head pointer immediately after learning that the head pointer was broken, as a temporary replacement until a new head pointer was obtained by the facility, as this was the primary way that client #1 communicated -She was unaware of the delay in obtaining the replacement head pointer	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the home was maintained in a safe manner. The findings are: Observation and tour of the facility on 8/18/21 between 4:30 pm and 5:00 pm revealed the following: - Weather stripping underneath the carport	V 736		

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V 736	Continued From page 9 access door utilized by clients and staff, was dragging the floor - Refrigerator door was missing a door handle - No coverings on the fluorescent lights in the kitchen ceiling - Family room ceiling fan/light fixture had a loose and leaning globe cover - 2 of 2 Client Bathrooms were missing 1 light fixture covering per bathroom - Shower room #1 missing ceiling light fixture covering - Carpet ripped, an estimated length of 12 inches down to the subfloor, in client rooms: #3, #5, #6 Interview on 8/18/21 the Qualified Professional/House Manager reported: - Not aware of the missing ceiling light fixture coverings - Aware of the missing refrigerator door handle, but was unaware of when the handle would be replaced - Aware of the weather stripping dragging the floor on the carport access door and had reported this to be fixed - Unaware the family room fixture needed to be fixed - Aware of ripped carpet but had not addressed this	V 736		