

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/05/2021
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NAME OF PROVIDER OR SUPPLIER MABLES HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 112 ALLEN AVENUE FRANKLINTON, NC 27525
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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 & Follow up survey was completed on 10/5/21. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living</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 interview the facility failed to ensure medications were administered on the written order of a physician's order for 3 of 3 clients (#1, #2 & #3). The findings are:</p> <p>A. Review on 9/29/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - admitted since he was 8 years old - age 23 - diagnoses of Autism - no documentation of physician orders <p>Review on 9/29/21 of client #1's medications listed on July, August & September 2021 MARs revealed:</p> <ul style="list-style-type: none"> - Fluoxetine 10mg (milligrams) daily (treat depression, panic disorder) - Olanzapine 10mg morning and 3 bedtime (schizophrenia & bipolar disorder) - Clonidine .1mg 2 twice a day (high blood pressure) - Divalproex 250mg 2 per day & 3 bedtime (bipolar) - Gabapentin 300mg 4 bedtime (seizures) - Melatonin 3mg 8pm (sleep aid) <p>B. Review on 9/29/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - admitted 2019 - diagnosis of Moderate Intellectual Developmental Disability (IDD) - no documentation of physician orders 	V 118		

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V 118	<p>Continued From page 2</p> <p>Review on 9/29/21 of client #2's medications listed on July, August & September 2021 MARs revealed:</p> <ul style="list-style-type: none"> - Verampamil 180mg daily (high blood pressure) - Hydrochlorothiazide 37.5 daily (blood pressure) - Atorvastatin 40mg daily (high cholesterol) - Melatonin 3mg bedtime - Colace 100mg daily (stool softener) <p>C. Review on 9/29/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 2016 - diagnoses of Explosive Personality Severe IDD, Boderline Diabetic & Autism <p>Review on 9/29/21 of client #3's medications listed on July, August & September 2021 MARs revealed:</p> <ul style="list-style-type: none"> - Omeprazole 20mg daily (heartburn) - Escitalopram 5mg morning (treat depression) - Propranolol 10mg twice a day (high blood pressure) - Loratadine 10mg daily (allergy) - Olanzapine 10mg 3 bedtime - Divalproex 3 bedtime <p>During interview on 9/29/21 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - the pharmacy would only give the clients' physician orders to the client or guardian - she got busy and did not pick up the physician's orders from the clients' physician's office <p>[This deficiency constitutes a re-cited deficiency and must be corrected within 30 days].</p>	V 118		

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V 536	Continued From page 3	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	<p>Continued From page 4</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence</p>	V 536		

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V 536	<p>Continued From page 5</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 2 staff (Licensee & staff #1) received annual refresher training on alternatives to restrictive interventions. The findings are:</p> <p>Review on 10/5/21 of staff #1 & the Licensee's personnel record revealed:</p> <ul style="list-style-type: none"> - restrictive intervention expired on 8/28/21 <p>During interview on 10/5/21 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - staff are scheduled for alternatives to restrictive intervention training on 10/16/21 	V 536		