

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2021
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NAME OF PROVIDER OR SUPPLIER AUNT MAX'S RESPITE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 516 LEE STREET WILSON, NC 27893
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 9/30/21. The complaint was substantiated (intake #NC00180126) Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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

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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by:</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>Based on record reviews and interviews, the facility failed to implement written policies for access to services, screening and intake. The findings are:</p> <p>Review on 9/29/21 of Referred Client (RC) #17's record revealed:</p> <ul style="list-style-type: none"> - 32 year old female - Diagnoses included Autistic Disorder, Intellectual Developmental Disability- Severe, Seizure Disorder and Lennox Gasquet Syndrome. <p>Review on 9/30/21 of the facility policy, "Access to Services, Screening and Intake," revealed:</p> <ul style="list-style-type: none"> - "Acceptance into Service. If ACHCM (A Caring Heart Case Management) cannot accommodate the client due to staffing shortages or other barriers, ACHCM refers the client to other service providers, other services, resources or offers to place client on a waiting list until such time ACHCM can accommodate the client... ACHCM provides a written explanation for ineligibility and recommendations for other services, providers etc." <p>Interview on 9/30/21 the QP stated:</p> <ul style="list-style-type: none"> - Clients referred for services had been denied services if the facility could not meet their needs. - She had previously informed the guardians and the local managed care organization (MCO) when a referred client had been denied services. - RC #17's guardian had not disclosed RC #17's inability to lift her feet when going up and down steps and that she needed assistance from 2 staff at times to walk. - RC #17 arrived at the facility and required 2 staff to assist with stepping onto the porch and RC #17 required a wheelchair while inside the facility. - RC #17 had had been denied services because 	V 105		

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V 105	<p>Continued From page 3</p> <p>of her inability to exit the facility in the event of an emergency.</p> <ul style="list-style-type: none"> - RC #17's guardian had been contacted via phone and informed that the facility could not accommodate her because her inability to walk and maneuver steps independently - The facility notify's referred clients via phone of ineligibility and had not sent a letter with recommendations or explaining why a client had not been eligible for services. - The facility had previously referred clients to another facility in another city. <p>Interviews on 9/30/21 the Program Director stated:</p> <ul style="list-style-type: none"> - The facility is licensed as an ambulatory facility. - RC #17 had been denied services because of her inability to walk independently in the event of having to exit the facility during an emergency. - There were no other facilities in the area offering the the same service. - RC #17 had not been referred to other services providers, other services or resources. - A written explanation about the denial of services and recommendations for other services and providers had not been sent to RC #17's guardian. - The facilities policies and procedures are currently being reviewed and referred clients have to be present when the admission assessment is being completed. 	V 105		
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</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>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> <p> </p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to document administered medications on the written order of a physician and failed to keep the MARs current affecting one of three Former Clients (FC) (FC#8). The findings are:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 9/29/21 of FC #8's record revealed:</p> <ul style="list-style-type: none"> - 22 year old female. - Admission date of 7/3/21. - Diagnoses of Intellectual Developmental Disability-Severe, Autistic Disorder and Obesity. <p>Review on 9/29/21 of FC #8's record revealed:</p> <ul style="list-style-type: none"> -Physician's visit summary dated 7/20/21 with Risperidone (antipsychotic), 4 milligrams (mg), 1 tablet daily. <p>Review on 9/29/21 of FC #8's MAR revealed:</p> <ul style="list-style-type: none"> - The section for "month/year was left blank on the top right side of the MAR. - The MAR had a date range the 16th - 31st. - Risperidone 4 mg, 1 tablet (tab) once daily, 8:00am. - The Risperidone had been documented as administered from 24th - 3st. - The 16th, 17th and 18th had been marked through and replaced with handwritten numbers as follows: <ul style="list-style-type: none"> 16th replaced with 1st, 17th replaced with 2nd and 18th replaced with 3rd. -The 19th - 23rd was blank. - The 16th (1st) and 17th (2nd) had been documented as administered. - The 18th (3rd) had been left blank. <p>Attempted interview on 9/29/21 FC #8 was unavailable.</p> <p>Interview on 9/30/21 Staff #2 stated</p> <ul style="list-style-type: none"> - She had worked for the facility for a couple of months. - She was certified to administer medication. - FC #8 was administered her medication as ordered. <p>Interview on 9/30/21 the Program Director stated:</p>	V 118		

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V 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> - FC #8's MAR had been used for both 7/24/21 - 7/31/21 and 8/1/21 - 8/3/21. - The facility MAR forms had been pre-dated for the 1st - 15th and the 16th - 31st. - Staff should have documented the month and year on the MAR. - FC #8's medication that was administered 8/1/21 and 8/2/21 should not have been documented on the same MAR as the 7/24/21 - 7/31/21 administered medication. - FC #8 received her medication on 8/3/21 but staff had not documented it as required. - She understood MARs were required to be current and accurate. <p>Due to the failure to accurately document medication administration it could not be determined if FC #8 received her medication as ordered by the physician.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 9/29/21 at approximately 11:40</p>	V 736		

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V 736	Continued From page 7 am revealed: -Kitchen drawer missing 1 knob. -Kitchen ceiling light blowed. -Heavy dust on vent in living room. Interview on 9/29/21 the Program Director stated that she would have the light replaced and she understood the facility had to be maintained in a safe, clean, attractive and orderly	V 736		