

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL040-007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/27/2021</b>
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NAME OF PROVIDER OR SUPPLIER  
**DOGWOOD**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**212 DOGWOOD LANE  
SNOW HILL, NC 28580**

(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
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V 000 INITIAL COMMENTS

An annual and follow up survey was completed on August 27, 2021. Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.

V 000

V 118 27G .0209 (C) Medication Requirements

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 clients only when authorized in writing by the client's physician.  
(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.  
(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:  
(A) client's name;  
(B) name, strength, and quantity of the drug;  
(C) instructions for administering the drug;  
(D) date and time the drug is administered; and  
(E) name or initials of person administering the drug.  
(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.

V 118

**V118**

Ambleside utilizes an electronic MAR system to record med passes. At times internet issues or e-MAR system failure can lead to the system not recording a med pass. To ensure that an additional tool is available in the event of these failures, Ambleside will develop: Publish a paper "Log" for the recording of Blood Sugar checks. This log will be filled out, daily in conjunction with staff's recording in the e-MAR system, providing an added layer of documentation in the event of system failure. This log will be developed, published

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Calvin [Signature]*

TITLE

Director of Operations

(X6) DATE

9/13/2021

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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 failed to ensure blood sugar checks were recorded on the MAR for 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/04/21 of client #3's record revealed: - 48 year old male admitted 3/03/15. - Diagnoses included Schizophrenia; Intellectual/Developmental Disability, moderate; seizure disorder; insomnia; hypertension,; hyponatremia; cardiomegaly; anemia; vitamin D deficiency; constipation. - Physician's orders signed 8/24/20 for blood sugar checks twice daily.</p> <p>Review on 8/04/21 of client #3's MARs for May - August 2021 revealed: - Transcription for blood sugar checks at 7:00 am and 8:00 pm. - No documentation of 8:00 pm blood sugar checks on 5/30/21, 6/2/21, 6/4/21, and 6/13/21.</p> <p>During interview on 8/27/21 the Starter stated: - He sometimes checked client #3's blood sugar; night shift checked it twice weekly. - Staff did the entire blood sugar check process.</p> <p>During interview on 8/27/21 the Qualified Professional/Service Coordinator stated she understood the requirement for blood sugar checks ordered by the physician to be recorded on the MAR.</p>	V 118	<p>and implemented by Ambleside's Medical Coordinator. The Medical Coordinator will furthermore in-service all Dogwood staff on the updated Procedure: Ensure Compliance During Bi-Weekly Med Cart Audits.</p>	9/7/21

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V 118	Continued From page 2  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to keep refrigerated medication in a locked container for 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/04/21 of client #1's record revealed:</p>	V 120	<p><b>V120</b></p> <p>Ambleside will Purchase &amp; Deliver a "Lock Box" to the Dogwood Home; Swap out the old box that did not have a lock on it in order to bring this area back into compliance. The lock box will be delivered to the home by Ambleside's medical Coordinator. The medical Coordinator will ensure continued compliance by checking this medication during bi-weekly med cart audits, and will ensure that the med box is locked.</p>	9/7/21

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V 120	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- 80 year old male admitted 6/08/93.</li> <li>- Diagnoses included Schizophrenia, Intellectual/Developmental Disability, moderate, obesity, cardiomyopathy, Hypercholesterolemia and hypokalemia.</li> <li>- Physician's order signed 4/19/21 for Latanoprost 0.005% eye drops (can treat glaucoma), instill 1 drop to each eye at bedtime.</li> </ul> <p>Review on 8/04/21 of client #1's Medication Administration Records for June 2021 - August 2021 revealed transcriptions for Latanoprost 0.005% instill 1 drop to each eye at bedtime "keep refrigerated."</p> <p>Observation on 8/27/21 at approximately 11:00 am revealed an unlocked metal box on the middle shelf of the refrigerator.</p> <p>Observation at approximately 11:20 am of client #1's medications on hand revealed 3 bottles of Latanoprost 0.005% in the unlocked metal box inside the kitchen refrigerator.</p> <p>During interview on 8/27/21 the Qualified Professional/Service Coordinator stated she understood medications were to be kept securely locked and she would make sure a lock was placed on the metal box immediately.</p>	V 120		
V 291	<p>27G .5603 Supervised Living - Operations</p> <p>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</p>	V 291		

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V 291	<p>Continued From page 4</p> <p>licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(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.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to maintain coordination between the facility operator and the professionals responsible for the clients' treatment for 1 of 3 clients (#1). The findings are:</p> <p>Review on 8/04/21 of client #1's record revealed: - 80 year old male admitted 6/08/93. - Diagnoses included Schizophrenia, Intellectual/Developmental Disability, moderate, obesity, cardiomyopathy, hypercholesterolemia and hypokalemia. - Physician's order signed 1/26/21 for a "Rollator"</p>	V 291	<p><u>v291</u></p> <p>In order to bring this area back into Compliance all Dogwood staff members will receive additional education to ensure that the affected member is always using his "Rollator" during ambulation, at all times. The Service Coordinator /QP will conduct all in-service training for staff members, and both the Service Coordinator /QP and Day Support Coordinator will ensure continued compliance through on-site observation No less than Bi-weekly.</p>	9/10/21
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V 291	<p>Continued From page 5 (a wheeled mobility device).</p> <p>Observation of the facility on 11/27/21 at approximately 11:00 am revealed: - A freshly painted wheelchair/handicap ramp at the back of the house from the driveway to the back porch. - A "Rollator" in client #1's bedroom.</p> <p>Observation on 8/27/21 at approximately 11:35 am revealed: - Facility clients and a Day Support staff returning to the facility from an outing. - Client #1 exited the van, using a multiple legged cane for stability. - Client #1 climbed 4 steps to enter the facility via the side door. - Client #1 held onto the handrail and pulled himself up the steps while the Day Support staff stood to his side with her hand on his back. - Client #1 seemed to have difficulty climbing the steps.</p> <p>During interview on 8/27/21 the Qualified Professional/Service Coordinator stated client #1 should have his Rollator with him on outings.</p>	V 291		
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>	V 736	<p><u>V736</u> Ambleside's Maintenance Supervisor will correct all Structural Repairs. Dogwood's Staff members will correct all Cleanliness deficiencies highlighted in this report.</p>	

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V 736	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and attractive manner. The findings are:</p> <p>Observation on 8/27/21 at approximately 11:15 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>- The floor air vent by the back french door was rusty and pushed into the vent hole.</li> <li>- A broken metal drawer pull on the kitchen peninsula.</li> <li>- Rust on the edges of the refrigerator and upright freezer doors and at the bottom of the french doors.</li> <li>- Organic debris that appeared to be dead insects on the floor behind the upright freezer.</li> <li>- Painted finish on the kitchen cabinets was worn and scuffed.</li> <li>- Heavy food splatters dried to the roof the microwave oven.</li> <li>- Unpainted drywall repairs in client #3's bedroom with chunks of dried drywall mud and drywall dust on the floor.</li> <li>- Unpainted drywall repair to the hall wall outside of client #3's bedroom.</li> <li>- Very heavy coating of dust to the air return grate in the hall ceiling.</li> <li>- Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in client #1 and client #2's bedroom.</li> <li>- Trash inside the bathroom vanity cabinet included toilet paper, plastic bags, empty shampoo and body wash bottles.</li> <li>- Particle board inside the bathroom vanity cabinet was flaking apart.</li> <li>- The air vent in the bathroom had a heavy coating of dust.</li> <li>- Wrinkles in the living room carpet presented a tripping hazard.</li> </ul>	V 736		

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V 736	<p>Continued From page 7</p> <ul style="list-style-type: none"> <li>- Heavy coating of dust in a circular pattern on the ceiling around the ceiling fan in the living room.</li> <li>- Heavy coating of dust on the tops of the curtains in the living room.</li> <li>- Paint scuffed throughout the facility.</li> <li>- None of the bedroom windows opened.</li> </ul> <p>During interview on 8/27/21 client #3 stated there were holes in his bedroom walls "for a long time" and that the maintenance staff had fixed them.</p> <p>During interview on 8/27/21 the Qualified Professional/Service Coordinator stated:</p> <ul style="list-style-type: none"> <li>- The maintenance staff was at the facility 8/26/21 working on the repairs to the walls.</li> <li>- She was not sure how long the walls needed repair.</li> <li>- It was not normal for there to be trash in the bathroom vanity cabinet; she did not know why it was in the cabinet or who put it there.</li> <li>- She understood the wrinkles in the living room carpet presented a tripping hazard.</li> <li>- She saw the dust patterns around the ceiling fans and the dust on top of the living room curtains.</li> <li>- She could not open any of the bedroom windows.</li> </ul>	V 736	<p><i>Assurance of Completion will be conducted by the Director of operations. Ongoing Compliance will be ensured by the Service Coordinator through no less than Monthly home inspections.</i></p>	9/26/21