

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-440	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/12/2021
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NAME OF PROVIDER OR SUPPLIER SECURING RESOURCES FOR CONSUMERS, II	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 COLLIER DRIVE DURHAM, NC 27707
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on October 12, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders</p>	V 113		

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

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V 113	<p>Continued From page 1</p> <p>diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure records were completed for one of three audited clients (#1). The findings are:</p> <p>Review on 10/12/21 of Client #1's record revealed: -Admission date of 8/31/20.. -Diagnoses of Schizophrenia; Essential Hypertension; Tobacco Usage; Syncope; ESRD Hemodialysis; Chronic Systolic Heart Failure; Moderate Aortic Stenosis; Intellectual Developmental Disorder, Mild. -Treatment plan dated 8/26/21. -There was no documentation of progress toward outcomes.</p> <p>Interview on 10/12/21 with the Supervisor revealed: -Client #1 was an emergency placement as his former group home had to be closed. -They knew Client #1 as he had been already</p>	V 113		

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V 113	Continued From page 2 attending their Psychosocial Rehabilitation program. -He was only supposed to be at the house for a brief amount of time until new placement was found. -Things had changed and Client #1 was to remain at the house permanently. -He did not know why there were no Grid or progress notes for Client #1. -He acknowledged there were no Grid notes or any other kind of progress notes toward Client #1's goal outcomes.	V 113		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to conduct quarterly fire drills for each shift under conditions that simulate emergencies. The findings are:	V 114		

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V 114	<p>Continued From page 3</p> <p>Review on 10/12/21 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> -9/15/20- 3rd shift -10/15/20- 1st shift -11/15/20- 2nd shift -12/16/20- 1st shift -1/15/21- 1st shift. -3/15/21- 1st shift -5/15/21- 1st shift -6/15/21- 3rd shift -7/15/21- 1st shift -9/15/21- 3rd shift <p>-There were no fire drills for 3rd shift in the fourth quarter of 2020.</p> <p>-There were no fire drills for 2nd and 3rd shift in the first quarter of 2021.</p> <p>-There were no fire drills for 2nd shift in the second quarter of 2021.</p> <p>-There were no fire drills for 2nd shift in the third quarter of 2021.</p> <p>Interviews on 10/12/21 with the Supervisor revealed:</p> <ul style="list-style-type: none"> -Agency was confused regarding how many fire and disaster drills they had to conduct. -He reported feeling like the State and Certification agency had different requirements. -Certification agency had asked them to do one thing and the State another. -He knew they had been doing a lot of drills. -He was not aware that there were fire drills missing for some of the shifts. -He had received information on how to do the fire drills from previous surveyor, but did not follow the recommendations given. -He confirmed the facility failed to conduct fire drills for each shift and for each quarter. 	V 114		

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V 118 V 118	Continued From page 4 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. This Rule is not met as evidenced by:	V 118 V 118		

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V 118	<p>Continued From page 5</p> <p>Based on record review, observation, and interview the facility failed to ensure medication was available according to the physician order for one of three audited clients (#3) and failed to ensure the MAR was kept current affecting one of three audited clients (#3). The findings are:</p> <p>Review on 10/18/18 of Client # 3's record revealed: -Admission date of 7/1/06. -Diagnoses of Mild Mental Retardation; Schizophrenia, Chronic Undifferentiated. -Physician order dated 10/5/21 for Vitamin D 1000 units 1 capsule once a day.</p> <p>Observation on 10/12/21 at 11:00 am of Client #3's medication revealed the following was not available: -Vitamin D 1000 units.</p> <p>Review on 10/12/21 of Client #3's MAR for August, September and October revealed: -Medication had been listed twice on the MAR page for each month. -Medication had been marked as given.</p> <p>Interview on 10/12/21 with the Supervisor revealed: -He was not aware that the pharmacist had left out the Vitamin D out of the medication packs. -Staff had just started the new pack. It was unknown how long Client #3 had not received his vitamin D. -Staff did not check to make sure that all of Client #3's medications had been packed when they received them. -He had noticed that the vitamin D had been listed twice on the MAR for Client #3, but did not think of scratching it over and writing "Duplicate" on it. He would just have staff marked it as given.</p>	V 118		

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V 118	Continued From page 6 -He knew that Vitamin D had only been given once to the client and not twice a day. -Pharmacist sent a new pack containing only the vitamin D with a dispensing date of 10/3/21. -Pharmacist acknowledged making a mistake and not adding the vitamin D to the medication pack. -He would have the duplicate taken off from Client #3's MAR. -He confirmed the facility failed to ensure the MAR was kept current. -He confirmed the facility failed to ensure that medication was available for Client #3.	V 118		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who	V 121		

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V 121	<p>Continued From page 7</p> <p>received psychotropic drugs. The findings are:</p> <p>Review on 10/12/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 8/31/20. -Diagnoses of Schizophrenia; Essential Hypertension; Tobacco Usage; Syncope; ESRD Hemodialysis; Chronic Systolic Heart Failure; Moderate Aortic Stenosis; Intellectual Developmental Disorder, Mild -Physician's order dated 11/30/20: <ul style="list-style-type: none"> -Citalopram 20 milligram (mg), One tablet daily. -Latuda 80 mg, One tablet at night with meal. -Physician's order dated 3/1/21: <ul style="list-style-type: none"> -Lorazepam 1 mg, One tablet up to three times a day as needed for agitation. -Physician's order dated 8/2/21: <ul style="list-style-type: none"> -Risperidone 1 mg, One tablet a day. -The August, September and October 2021 Medication Administration Record (MAR) revealed Client #1 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #1's medications in the last six months. <p>Review on 10/12/21 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/1/06. -Diagnoses of Mild Mental Retardation; Intermittent Explosive Disorder; Personality Disorder -Physician's order dated 7/22/21: <ul style="list-style-type: none"> -Fluoxetine 20 mg, One capsule in the morning. -Benztropine Mesylate 1 mg, Two tablets twice a day. -Risperidone 2 mg, One tablet twice a day. -Mirtazapine 15 mg, One tablet at bedtime 	V 121		

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V 121	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Trazodone 150 mg, Two tablets at bedtime. -Physician's order dated 8/28/21: <ul style="list-style-type: none"> -Carbamazepine 100 mg, One and half tablets twice a day. -The August, September and October 2021 Medication Administration Record (MAR) revealed Client #2 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #2's medications in the last six months. <p>Review on 9/3/21 of Client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/1/06. -Diagnoses of Mild Mental Retardation; Schizophrenia, Chronic Undifferentiated. -Physician's order dated 1/19/21: <ul style="list-style-type: none"> -Olanzapine 15 mg, One tablet in the morning. Physician's order dated 10/5/21: <ul style="list-style-type: none"> -Lithium Carbonate 300 mg, One and a half tablets in the morning and two tablets at bedtime. -Lorazepam 2 mg, One tablet twice a day. -The August, September and October 2021 Medication Administration Record (MAR) revealed Client #3 was administered the above medications daily. -There was no evidence of a psychotropic drug review for Client #3's medications in the last six months. <p>Interview on 10/12/21 with the Supervisor revealed:</p> <ul style="list-style-type: none"> -He was not aware that a psychotropic drug review for Clients #1, #2 and #3 had not been completed. -He would have pharmacist review the client's psychotropic medications. -He confirmed the six months psychotropic drug review for Clients #1, #2 and #3 were not 	V 121		

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V 121	Continued From page 9 completed.	V 121		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 10/12/21 at 12:50 pm of the kitchen revealed: -Cooking range had rust on the top where the knobs were located as well as on top of the oven lid. -Mica from top of cabinet in front of the sink was broken and breaking off. -Side strip of mica from cabinet top next to the entrance was missing, showing bare compressed wood.</p> <p>Observation on 10/12/21 at 12:55 pm of the hall bathroom revealed: -Door was unable to be fully closed. -Hinges from door were heavily rusted. -Paint was peeling off from the wall by the toilet section. -Paint was peeling off from the wall by the</p>	V 736		

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V 736	<p>Continued From page 10</p> <p>shower/tub.</p> <p>Observation on 10/12/21 at 12:59 pm of Client #1 revealed: -Door was dirty/stained. -There was a dented and broken part of the wall by the end of the bed. -Dresser was missing some of the knobs to the drawers. -Floor was dirty.</p> <p>Observation on 10/12/21 at 1:03 pm of Client #2's bedroom revealed: -Door was scratched/stained.</p> <p>Observation on 10/12/21 at 1:05 pm of Client #3's bedroom revealed: -Electric outlet was missing its cover. -Door leading to the bathroom had its paint chipped/scraped off. -Door frame leading to the bathroom had paint peeling off. -Walls inside the bathroom had paint peeling off from the walls.</p> <p>Interview on 10/12/21 with the Supervisor revealed: -They had recently done a walk through with the Landlord and had identified several items that were going to be replaced or fixed. They included: the kitchen range, kitchen cabinets, fix bathroom door and paint inside the house. -Facility rented the house. -Lease was up for renewal. -Landlord was responsible for maintaining home and property. -He confirmed that facility grounds were not maintained in a clean, safe and attractive manner.</p>	V 736		

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V 736	Continued From page 11 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		