

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-942	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/29/2021
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NAME OF PROVIDER OR SUPPLIER ABOVE & BEYOND CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 BLOSSOM ROAD HOPE MILLS, NC 28348
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 29, 2021. Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</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> <p>(7) quality assurance and quality improvement activities, including:</p>	V 105	<p>DHSR - Mental Health</p> <p>OCT 22 2021</p> <p>Lic. & Cert. Section</p>	

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

Heather M. [Signature]

TITLE **Director**

(X6) DATE **10.12.21**

STATE FORM 6899 OCSL11

If continuation sheet 1 of 9

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V 105	<p>Continued From page 1</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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: Based on record review, interview, and observation, the facility failed to implement written</p>	V 105		
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V 105	<p>Continued From page 2</p> <p>policies for delegation of management authority for the operation of the facility in the absence of the Licensee. The findings are:</p> <p>Review on 9/28/21 of the Current Employee/Staff list revealed 4 Residential Counselor Paraprofessional staff, 1 Qualified Professional (QP), and the Director/Licensee.</p> <p>Review on 9/29/21 of the facility policy, "Delegation of Management Authority," revealed: -The director may delegate responsibility for daily administration of the program to employees and/or contractors of the agency. -An organizational chart showed the "lines of authority" with the QP and a Residential Manager to be direct reports to the Director/Licensee.</p> <p>Observations on 9/28/21 between 10:30 am and 4:30 pm revealed: - No staff or clients were at the facility at 10:30 am. -Staff #1 and client #2 were at the facility at 3:30 pm.</p> <p>Interview on 9/29/21 the QP stated she was working at her full time job in another town on 9/28/21.</p> <p>Interviews on 9/28/21 and 9/29/21 the Director/Licensee stated: -She was out of town on 9/28/21 and could not be at the facility before 3 pm. -She was the only person "authorized" to access all of the facility files. -The clients typically returned from their day programs around 3 pm. -3 of 4 clients attended a day program; 1 was out in the community with his staff. -A staff would be at the facility at 3 pm and could</p>	V 105	<p>A key to the file cabinet will be left in a designated area in the home for staff to access confidential consumer & employee information in the absence of the Executive Director. The key shall be moved to a new hidden location once it is disclosed to staff and it's whereabouts if the need arises.</p> <p>-CORRECTION to consultants observations ~ staff arrived at facility at 2:45 ~ not 4:30 pm</p> <p>The Residential Manager</p>	10.11.21
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V 105	Continued From page 3 access current medication administration records (MARs) and the fire/disaster drills. -The QP worked another job out of town and was not available to come to the facility on 9/28/21.	V 105	was available in the absence of the Executive Director 10.1.21 to give access to the facility, however on this particular day ~ day support staff for one of the consumers had an emergency and he had to provide transportation outside of the regular, typical day.	
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 review and interviews, the facility failed to hold disaster drills quarterly on each shift. The findings are: Interview on 9/29/21 Staff #1 stated the facility staffed with two 12 hours shifts (7 am - 7 pm, and 7 pm to 7 am), 7 days a week. Review of fire and disaster drills from 10/1/20 - 9/29/21 revealed; -10/1/20 - 12/31/20: No disaster drills documented for either shift.	V 114		

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V 114	<p>Continued From page 4</p> <p>-1/1/21 - 3/31/21: No disaster drill documented for the 7 am - 7 pm shift. -4/1/21 - 6/30/21: No disaster drill documented for the 7 pm - 7 am shift. -7/1/21 - 9/29/21: No disaster drills had been documented for either shift.</p> <p>Interview on 9/29/21 the Director/Licensee stated: -She understood other emergency drills held during the past year were not disaster drills. (Examples were bomb threat, medical emergency, violence, utility failure). -She would make sure disaster drills were done on each shift each quarter.</p>	V 114	<p>The Executive Director will ensure disaster drills are done each month on each shift. Executive Director assumed bomb and medical & violent drills were sufficient.</p>	10.1.21
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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;</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to ensure medications were given as ordered by the physician and MARs kept current/accurate, affecting 2 of 3 clients audited (#1, #2,). The findings are:</p> <p>Finding #1: Review on 9/29/21 of client #1's record revealed: -47 year old male admitted 5/9/15. -Diagnoses included Moderate Intellectual Developmental Disability, and Cerebral Palsy with Epilepsy. -Order dated 6/28/21 for tamsulosin 0.4 mg (milligrams) daily. -Order dated 6/22/21 for omeprazole 20 mg DR (delayed release) daily. -Order dated 6/22/21 for sucralfate 1 gm (gram) 4 times daily.</p> <p>Review on 9/29/21 of client #1's Cystoscopy for kidney stones discharge instructions dated 7/6/21 revealed: -Instructions read, "Talk with your provider about</p>	V 118	<p>The Executive Director will ensure all medications will have an order when being prescribed and/or discontinued.</p> <p>-- Client was believed to have an ulcer and was prescribed medications for such - it was discovered he had a kidney stone and no longer needed to take medications prescribed for the stomach ulcer. Facility</p>	10.1.21

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V 118	<p>Continued From page 6</p> <p>your medications... omeprazole 20 mg DR capsule (Prilosec) sucralfate 1 gram tablet (Carafate)." -Continue tamsulosin 0.4mg, 1 each day.</p> <p>Review on 9/29/21 of client #1's "After Visit Summary" dated 6/28/21 for his emergency room (ER) visit revealed: -Client #1 was diagnosed with ureteral stone with hydronephrosis. -A hand written note that read, "discontinue: sucralfate Prilosec" without a signature or date. -The printed medication instructions "Ask your doctor about these medications," listed omeprazole 20 mg DR and sucralfate 1 gm.</p> <p>Review on 9/29/21 of client #1's MARs for July, August, and September 2021 revealed: -Tamsulosin 0.4mg was administered from 7/1/21 - 7/8/21. -No tamsulosin 0.4 mg had been administered in August or September 2021. -Orders for omeprazole and sucralfate had not been transcribed to the MARs.</p> <p>Finding #2: Review on 9/29/21 of client #2's record revealed: -25 year old male admitted 2/25/16. -Diagnoses included Attention Deficit Hyperactive Disorder (ADHD); Reactive Attachment Disorder; Moderate Intellectual Developmental Disability; Cerebral Palsy with Hydrocephalus; Asthma; Spastic Bladder; and Dandy Walker Syndrome. -Individual Service Plan documented client #2 "occasionally" needed his emergency inhaler. -Order dated 2/19/21 for Risperdal 0.5 mg in the morning and 1 mg at night. (mental/mood disorders). -Order dated 6/29/21 for Risperdal 1 mg twice daily.</p>	V 118	<p>failed to have a written order but did have a written statement to discontinue stomach ulcer medications, when asked upon discharge after paperwork was received.</p> <p>The Executive Director will ensure the mar is accurate and reflects current doctor orders. Medication boxes are no longer used (pre packaged) and blister packs will</p>	10.4.21
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V 118	<p>Continued From page 7</p> <p>-Order dated 5/11/20 for Albuterol Sulfate HFA (hydrofluoroalkane) 90 mcg(micrograms)/actuation aerosol inhaler, 2 puffs 4 times a day. (Asthma)</p> <p>-Order dated 1/25/21 for Albuterol HFA 90 mcg/actuation, inhale 2 puffs every 6 hours as needed for wheezing.</p> <p>Review on 9/29/21 of client #2's MARs for July, August, and September 2021 revealed: -Risperdal 0.5 mg was administered at 7 am from 7/1/21 - 7/31/21. -1/25/21 order for Albuterol HFA had not been transcribed to the MARs.</p> <p>Observation on 9/29/21 of the Albuterol HFA inhaler on hand label read to administer 2 puffs 4 times daily.</p> <p>Interview on 9/28/21 Staff #1 stated: -Client #2 used an inhaler in "emergency situations." -Client #2 had "light" asthma and had not had an asthma "attack" in the last year. -Client #2's inhaler was kept in his medication box in the facility and was not taken with him when he left the facility.</p> <p>Interview on 9/29/21 the Director/Licensee stated: -Client #1 was taken to urgent care on 6/22/21 for complaints of pain in his side, diagnosed with heart burn and an ulcer. Omeprazole and sucralfate were ordered. -Client #1 continued to complain of pain, was taken to the ER on 6/28/21, and diagnosed with a kidney stone. -The ER nurse on 6/28/21 told the Director/Licensee that client #1 could stop the omeprazole and sucralfate and wrote the note on the discharge summary with no date/signature.</p>	V 118	<p>be used going forward. The Qualified Professional will check MAR with doctor orders to ensure the match blister packs on a consistent basis.</p> <p>The Executive Director will transcribe the Albuterol inhaler on the PRN med sheet with directions/orders from doctor and will ensure inhaler is with consumer at all times throughout the day and when leaving the facility and participating in community events.</p>	10-1-21
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V 118	<p>Continued From page 8</p> <ul style="list-style-type: none"> -Following his Cystoscopy on 7/6/21 she had been told client #1 could stop the tamsulosin and it had been discontinued. -Client #2 had never needed his Albuterol inhaler. -She did not transcribe the "as needed" inhaler order to the MAR; she would record the medication on the "PRN (as needed) Medication Record" if it were administered. -Client #2 did not take his inhaler with him when he left the home. The day program and his mother had inhalers, too. 	V 118		
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