STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-009	A. BUILDING: _____ B. WING _____	R 11/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR FAX	2535 HIGHWAY 903 SOUTH 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
V 000	INITIAL COMMENTS An annual, compliant and follow up survey was completed on November 12, 2021. The complaint was unsubstantiated (intake # NC00181683). 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	V 118		

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V 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, observations, and interviews, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting 3 of 3 clients audited (#1, #2, #3). The findings are: Finding #1: Review on 11/9/21 and 11/12/21 of client #1's record revealed: -21 year-old male -Admission date of 3/3/15 -Diagnoses included attention deficit hyperactive disorder (ADHD), oppositional defiant disorder (ODD), intellectual and developmental disability - moderate (IDD), expressive language disorder, hearing impairment, and cerebral palsy. -Order dated 8/1/21 and 9/30/21 for Clonidine 0.1 mg (milligrams) at noon. (ADHD) -Order dated 8/1/21 and 9/30/21 for Concerta ER (extended release) 36 mg daily. (ADHD) Review on 11/9/21 and 11/12/21 of client #1's August, 2021 - November, 2021 MARS revealed: -On 8/10/21 Clonidine 0.1 mg was documented, "Med (medication) not delivered on time" documented by the Medical Coordinator. -Concerta ER 36 mg was printed in duplicate on the August 2021 MAR and documented as given twice at 8 am on 8/4/21, 8/6/21, 8/7/21, and 8/9/21-8/18/21.	V 118		

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V 118	Continued From page 2 -11/8/21 Concerta ER 36 mg was documented as not given because it was not available. Finding #2: Review on 11/9/21 and 11/12/21 of client 2's record revealed: -23 year-old male -Admission date of 6/14/21 -Diagnoses included posttraumatic stress disorder (PTSD), hypothyroidism, hyperlipidemia, schizoaffective disorder - bipolar type, and IDD - mild. -Order dated 7/21/21 for vitamin D3 50,000 IU to be administered weekly. -No signed physician's order for Trazadone -100mg every evening. Review on 11/9/21 of client #2's August, 2021 - November, 2021 MARS revealed: - There was no record of Trazadone 100mg being administered. Observation at approximately 4:00pm on 11/9/12 of client #2's medications revealed: -Blister pack for Trazadone - 100mg by mouth every evening and dispensed on 6/28/21. There were hand-written staff initials, corresponding to empty Trazadone -100mg blister pack slots, dated from 10/06 - 11/08. - No vitamin D3 50,000 IU available. Interview on 11/9/21 client #2 stated: - He took medications daily. - He did not miss any medications. - His medications were always available. Finding #3: Review on 11/9/21 and 11/12/21 of client 3's record revealed: - 59 year-old male	V 118		

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V 118	Continued From page 3 - Admission date of 6/14/21 - Diagnoses included intellectual and developmental disability - moderate (IDD), major depressive disorder - unspecified, type II diabetes, gastroesophageal reflux disease (GERD), hypertrophy benign prostate with urinary obstruction, and partial leg amputation, -Order dated 6/1/21 for Tylenol 650 mg 3 times daily for pain. -Order dated 6/21/21 for Ferrous Gluconate 324 mg 3 times daily with meals for supplement. -Order dated 8/18/21 for Polyethylene Glycol 3350 Powder, mix 1 capful, 17 gms (grams), in 8 ounces of water or juice and take on Monday, Wednesday, and Friday constipation. -Order dated 6/21/21 for Temazepam 15mg at bedtime for insomnia. Review on 11/9/21 and 11/12/21 of client #3's August, 2021 - November, 2021 MARS revealed: -8/15/21, 8 pm dose of Tylenol 650 mg was not given, "Med not available." -8/1/21 - 8/11/21 Temazepam 15mg at bedtime was not given, "Med not available." -11/8/21, 2 pm dose of Tylenol 650 mg was blank. -11/8/21, 12 pm dose of Ferrous Gluconate 324 mg was blank. -10/6/21 - 10/25/21 Polyethylene Glycol 3350 Powder was not administered, a total of 9 consecutively scheduled doses, because the medication was not available. Unable to interview client #3 on 11/9/21 because he had been admitted to the hospital that morning from his doctor's office. Interview on 11/09/21 staff #1 stated: - He had been employed with the agency for approximately 6-7 months. - Medications were always available for the	V 118		

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V 118	Continued From page 4 clients. - He notified his management team when a client would "run out" of medications and they (management) would reorder. Interview on 11/09/21 staff #4 stated: - She had been employed with the facility for approximately 1 month. - Medications were always available for the clients. - There had been no concerns with medications. Interview on 11/9/21 the Medical Coordinator stated: -There had been several meetings with the Pharmacy after it changed ownership and the facility had experienced problems with delivery. -The delivery problems had improved. -If a medication was not available and staff notified the Medical Coordinator, she contacted the pharmacy to have it delivered. -Client #1 had duplicate Concerta orders because his primary care physician had been ordering the medication, then decided his psychiatrist should order. This resulted on duplicate entries on the August 2021 MAR. -She believed the double doses of Concerta 36 mg documented in August 2021 for client #1 were documentation errors because there would not have been enough medication on hand to have given 2 doses for these days. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency has been cited 3 times since 10/8/18 and must be corrected within 30 days.	V 118		

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V 123	Continued From page 5	V 123		
V 123	27G .0209 (H) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (h) Medication errors. Drug administration errors and significant adverse drug reactions shall be reported immediately to a physician or pharmacist. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. A client's refusal of a drug shall be charted. . This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify the physician or pharmacist immediately of medication errors and documented refusals affecting 3 of 3 clients audited (#1, #2, #3). The findings are: Finding #1: Review on 11/9/21 and 11/12/21 of client #1's record revealed: -21 year-old male. -Admission date of 3/3/15. -Diagnoses included attention deficit hyperactive disorder (ADHD), oppositional defiant disorder (ODD), intellectual and developmental disability - moderate (IDD), expressive language disorder, hearing impairment, and cerebral palsy. -Order dated 8/1/21 and 9/30/21 for Clonidine 0.1 mg (milligrams) at noon. (ADHD) -Order dated 8/1/21 and 9/30/21 for Concerta ER (extended release) 36 mg daily. (ADHD)	V 123		

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V 123	Continued From page 6 -There was no documentation a pharmacist or the client's physician had been notified immediately when a medication had been missed. Review on 11/9/21 and 11/12/21 of client #1's August, 2021 - November, 2021 MARS revealed: -On 8/10/21 Clonidine 0.1 mg, "Med (medication) not delivered on time" documented by the Medical Coordinator. -11/8/21 Concerta ER 36 mg was documented as not given because it was not available. Finding #2: Review on 11/9/21 and 11/12/21 of client 2's record revealed: -23 year-old male -Admission date of 6/14/21 -Diagnoses included posttraumatic stress disorder (PTSD), hypothyroidism, hyperlipidemia, schizoaffective disorder - bipolar type, and IDD - mild. -Order dated 7/21/21 for Vitamin D3 50,000IU - take 1 capsule every week. -Order dated 7/21/21 for Nicotine 21 mg/24 hr patch - apply 1 patch every 24 hours. -Order dated 10/19/21 for Divalproex extended release (ER) 500mg - take 3 tablets (1500mg) daily for mood stability. -Order dated 3/16/21 for Quetiapine 50mg - take 1 tablet daily. -Order dated 7/21/21 for Prazosin 2mg - take 1 capsule at bedtime. Review on 11/9/21 of client #2's August, 2021 - November, 2021 MARS revealed medications unavailable and no documentation a physician or pharmacist was notified for the following dates and times: -Vitamin D3 - 11/3/21, 10/13/21 at 8am	V 123		

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V 123	Continued From page 7 -Nicotine 21 mg/24 hr patch - 10/16/21 at 8am -Divalproex ER - 10/20/21, 10/21/21, 10/22/21, 10/25/21 at 8am -Prazosin - 8/27/21, 8/30/21, 8/31/21 at 8pm. -Quetiapine - 10/20/21 at 8am. Review on 11/9/21 of client #2's September, 2021 MAR revealed medications were refused and no documentation a physician or pharmacist was notified on the following dates and times: -Nicotine 21 mg/24 hr patch - 9/9/21 at 8am. Interview on 11/9/21 client #2 stated: -He took medications daily. -He did not miss any medications. -His medications were always available. Finding #3: Review on 11/9/21 and 11/12/21 of client 3's record revealed: -59 year-old male. -Admission date of 6/14/21. -Diagnoses included intellectual and developmental disability - moderate (IDD), major depressive disorder - unspecified, type II diabetes, gastroesophageal reflux disease (GERD), hypertrophy benign prostate with urinary obstruction, and partial leg amputation, -Order dated 6/1/21 for Tylenol 650 mg 3 times daily for pain. -Order dated 6/21/21 for Ferrous Gluconate 324 mg 3 times daily with meals for supplement. -Order dated 8/18/21 for Polyethylene Glycol 3350 Powder, mix 1 capful, 17 gms (grams), in 8 ounces of water or juice and take on Monday, Wednesday, and Friday constipation. -Order dated 6/21/21 for Temazepam 15mg at bedtime for insomnia. -There was no documentation a pharmacist or the client's physician had been notified	V 123		

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V 123	Continued From page 8 immediately when a medication had been missed. Review on 11/9/21 and 11/12/21 of client #3's August, 2021 - November, 2021 MARS revealed: -8/15/21, 8 pm dose of Tylenol 650 mg was not given; "Med not available." -8/1/21 - 8/11/21 Temazepam 15mg at bedtime was not given; "Med not available." -10/6/21 - 10/25/21 Polyethylene Glycol 3350 Powder was not administered, a total of 9 consecutively scheduled doses, because the medication was not available. Interview on 11/09/21 staff #1 stated: - He had been employed with the agency for approximately 6-7 months. -If he did not have a medication on hand that was due to be administered he would make a computer entry and the Medical Coordinator would notify the pharmacy. -He would not call the pharmacy or physician if he did not have a needed medication. Interview on 11/9/21 the Medical Coordinator stated: -There had been several meetings with the Pharmacy after it changed ownership and the facility had experienced problems with delivery. -If a medication was not available and staff notified the Medical Coordinator, she contacted the pharmacy to have it delivered. -She did not notify the physician if a client missed medications.	V 123		
V 139	27G .0404 (F-L) Operations During Licensed Period 10A NCAC 27G .0404 OPERATIONS	V 139		

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V 139	Continued From page 9 DURING LICENSED PERIOD (f) DHSR shall conduct inspections of facilities without advance notice. (g) Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed. (h) DHSR shall conduct inspections of all 24-hour facilities an average of once every 12 months, to occur no later than 15 months as of July 1, 2007. (i) Written requests shall be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Construction of a new facility or any renovation of an existing facility; (2) Increase or decrease in capacity by program service type; (3) Change in program service; or (4) Change in location of facility. (j) Written notification must be submitted to DHSR a minimum of 30 days prior to any of the following changes: (1) Change in ownership including any change in partnership; or (2) Change in name of facility. (k) When a licensee plans to close a facility or discontinue a service, written notice at least 30 days in advance shall be provided to DHSR, to all affected clients, and when applicable, to the legally responsible persons of all affected clients. This notice shall address continuity of services to clients in the facility. (l) Licenses shall expire unless renewed by DHSR for an additional period. Prior to the expiration of a license, the licensee shall submit to DHSR the following information: (1) Annual Fee; (2) Description of any changes in the facility since the last written notification was	V 139		

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V 139	Continued From page 10 submitted; (3) Local current fire inspection report; (4) Annual sanitation inspection report, with the exception of a day/night or periodic service that does not handle food for which a sanitation inspection report is not required; and (5) The names of individuals who are owner, partners or shareholders holding an ownership or controlling interest of 5% or more of the applicant entity. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to complete the required emergency relocation notification to DHSR, or submit written requests to DHSR 30 days prior to renovations. The findings are: Interviews on 11/9/21 - 11/12/15 the Director of Operations stated: - Clients were relocated from facility in December - 2020 due to concerns with facility floors. - He considered the facility relocation an emergency relocation. - The facility had re-opened in June - 2021. - There were no safety concerns with the facility at present. - He had not notified DHSR of the emergency relocation of clients in December 2020 or facility renovations in 2021 because he was unaware of these requirements.	V 139		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT	V 366		

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V 366	Continued From page 11 RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by:	V 366		

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V 366	Continued From page 12 (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and	V 366		

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V 366	Continued From page 13 (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies for reporting/response to level I incidents of medications not administered. The findings are: Reviews between 11/9/21 and 11/12/21 of facility incident reports between 8/1/21 - 11/9/21 revealed no level 1 incident reports for medications documented as not administered because they had been unavailable. Finding #1: Review on 11/9/21 and 11/12/21 of client #1's record revealed: -21 year-old male -Admission date of 3/3/15. -Diagnoses included attention deficit hyperactive disorder (ADHD), oppositional defiant disorder	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL040-009	A. BUILDING: _____ B. WING _____	R 11/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR FAX	2535 HIGHWAY 903 SOUTH SNOW HILL, NC 28580

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V 366	Continued From page 14 (ODD), intellectual and developmental disability - moderate (I/DD), expressive language disorder, hearing impairment, and cerebral palsy. -8/10/21 noon dose of Clonidine 0.1 mg (milligrams) was not given because it had not been delivered on time. (Ordered 8/1/21 to be administered daily at noon.) -11/8/21 dose of Concerta ER (extended release) was not administered 11/8/21 because it was not available. (Ordered on 8/1/21 and 9/30/21 to be administered daily.) Finding #2: Review on 11/9/21 and 11/12/21 of client 2's record revealed: -23 year-old male -Admission date of 6/14/21 -Diagnoses included posttraumatic stress disorder (PTSD), hypothyroidism, hyperlipidemia, schizoaffective disorder - bipolar type, and IDD - mild. -11/3/21 and 10/13/21-8am dose of Vitamin D3 was not administered because it was not available. (Ordered 7/21/21 to be given 1x weekly.) -10/16/21-8am Nicotine 21 mg/24 hr patch was not administered because it was not available. (Ordered 7/21/21 to be given daily.) -10/20/21, 10/21/21, 10/22/21, and 10/25/21- 8am dose of Divalproex extended release (ER) was not administered because it was not available. (Ordered 10/19/21 to be given daily for mood stability.) 8/27/21, 8/30/21, 8/31/21 - 8pm dose of Prazosin was not administered because it was not available. (Ordered 7/21/21 to be given daily at bedtime.) -10/20/21 - 8am dose of Quetiapine was not administered because it was not available. (Ordered 3/16/21 to be given daily.)	V 366		

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V 366	Continued From page 15 Finding #3: Review on 11/9/21 and 11/12/21 of client 3's record revealed: -59 year-old male. -Admission date of 6/14/21. -Diagnoses included intellectual and developmental disability - moderate (IDD), major depressive disorder - unspecified, type II diabetes, gastroesophageal reflux disease (GERD), benign prostate hypertrophy with urinary obstruction, and partial leg amputation. -8/15/21, 8 pm dose of Tylenol 650 mg was not given because it was not available. (Ordered 6/1/21 to be given 3 times daily for pain.) -8/1/21 - 8/11/21 Temazepam 15 mg at bedtime was not given because it was not available. (Ordered 6/21/21 for insomnia.) -10/6/21 - 10/25/21 Polyethylene Glycol 3350 Powder was not administered, a total of 9 consecutively scheduled doses, because the medication was not available. (Ordered 8/18/21 to be given Monday, Wednesday, and Friday for constipation.) Interview on 11/09/21 Staff #1 stated: -He had been employed with the agency for approximately 6-7 months. -If he did not have a medication on hand that was due to be administered he would make a computer entry and the Medical Coordinator would notify the pharmacy. -He would not complete an incident report if a medication was missed. Interview on 11/9/21 the Medical Coordinator stated: -The facility had experienced problems with medication delivery after pharmacy had changed ownership, but the situation had improved.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 366	Continued From page 16 -If a medication was not available and staff notified the Medical Coordinator, she contacted the pharmacy to have it delivered. -If she, the Medical Coordinator, contacted the pharmacy she did not complete a level 1 incident report. -If staff contacted the pharmacy because medications were not available, they would complete a level 1 incident report. -There were no level 1 incident reports for medication errors or medications not available since August 2021.	V 366		