

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL082-060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERCY CARE I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>508 ROYAL LANE</b> <b>CLINTON, NC 28328</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on December 29, 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> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 108	<p><b>27G .0202 (F-I) Personnel Requirements</b></p> <p><b>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</b></p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and</p>	V 108		

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

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V 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to ensure staff were trained in diabetes management for 2 of 3 audited staff (staff #9 and the Associate Professional). The findings are:</p> <p>Review on 12/29/21 of staff #9's personnel record revealed: - Hire date 7/15/20. - No documented training in diabetes management.</p> <p>Review on 12/29/21 of the Associate Professional's (AP) personnel record revealed: - Hire date 6/24/16. - No documented training in diabetes management.</p> <p>During interview on 12/29/21 the Director stated she was sure the two staff had completed diabetes management training, but she could not find documentation of the training. She would ensure staff #9 and the AP completed online diabetes management training.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 108		

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V 114 V 114	<p>Continued From page 2</p> <p>27G .0207 Emergency Plans and Supplies</p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>During interview on 12/29/21 the Director stated the facility operated with 3 shifts: - 1st shift 7:00 am - 3:00 pm, "sometimes until 5:00 pm." - 2nd shift 3:00 pm - 11:00 pm, "sometimes split." - 3rd shift 10:45 pm - 7:00 am.</p> <p>Review on 12/29/21 of the facility's fire and disaster drills records January 2021 - December 2021 revealed: - No fire or disaster drill documented for 3rd shift for the fourth quarter (October - December). - No fire or disaster drill documented for 3rd shift</p>	V 114 V 114		

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V 114	Continued From page 3  for the second quarter (April - June).  During interview on 12/29/21 the Director stated: - There was no documentation of fire or disaster drills for 3rd shift for the second or fourth quarters. - The staff person responsible for the missing drills worked a double shift (2nd and 3rd) and did a fire drill and a disaster drill and thought they would count for both second and third shifts. - She would make sure staff understood drills were required for each shift.	V 114		
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	V 118		

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V 118	<p>Continued From page 4</p> <p>(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, observation, and interviews the facility failed to ensure medications administered were recorded n each client's MAR immediately after administration affecting 3 of 3 clients (#1, #2, and #3). The findings are:</p> <p>Review on 12/29/21 of client #1's record revealed: - 53 year old male admitted 10/01/08. - Diagnoses included Mood Disorder, not otherwise specified; Intellectual/Developmental Disability; diabetes; and hypothyroidism. - Physician's orders signed 8/25/21 included loratadine (antihistamine) 10 milligrams (mg) 1 tablet daily; meloxicam (anti-inflammatory) 15 mg 1 tablet daily; Metformin (anti-diabetic) 500 mg 2 tablets daily; rosuvastatin (high cholesterol) 10 mg 1 tablet daily; and risperidone (anti-psychotic) 0.5 mg 1 tablet twice daily.</p> <p>Review on 12/29/21 of client #1's MARs for October - December 2021 revealed: - Transcriptions for loratadine, meloxicam, Metformin, rosuvastatin and risperidone as ordered to be administered at 8:00 am. - No staff initials for administration of loratadine,</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>meloxicam, Metformin, rosuvastatin, or risperidone at 8:00 am 11/30/21. - No documented explanation for the omissions.</p> <p>During interview on 12/29/21 client #1 stated he took his medications daily with staff assistance and he had never missed any of his medications.</p> <p>Review on 12/29/21 of client #2's record revealed: - 67 year old male admitted 7/30/08. - Diagnoses included Cerebral Palsy; Intellectual/Developmental Disability, mild; Major Depression with psychotic features; diabetes; seizure disorder; hypertension; gastroesophageal reflux disease; anemia; and hyperlipidemia. - Physician's orders signed 12/10/20 included aspirin (prevent heart attack and stroke) 81mg 1 tablet daily; citalopram (anti-depressant) 10 mg 1 tablet daily; Debrox 6.5% (ear wax removal) 5-10 drops into each ear once weekly; folic acid (treats anemia) 1 mg 1 tablet daily; Vitamin D3 (vitamin D deficiency) 2000 units (50 micrograms) 1 tablet daily; docusate (laxative) 100 mg 1 capsule twice daily; famotidine (antacid) 10 mg 1 tablet twice daily; and baclofen (muscle relaxer) 10 mg 1 tablet three times daily.</p> <p>Review on 12/29/21 of client #2's MARs for October - December 2021 revealed: - Transcriptions for aspirin, citalopram, folic acid, Vitamin D3, docusate, and baclofen as ordered to be administered at 8:00 am. - Transcription for Debrox drops as ordered to be administered each Friday at 8:00 pm. - No staff initials for administration of aspirin, citalopram, folic acid, Vitamin D3, docusate, and baclofen at 8:00 am 11/30/21; and Debrox drops 8:00 pm 11/26/21. - No documented explanation for the omissions.</p>	V 118		

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V 118	<p>Continued From page 6</p> <p>During interview on 12/29/21 client #2 stated he took his medications daily with staff assistance and he had never missed any of his medications.</p> <p>Review on 12/29/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> <li>- 44 year old female admitted 3/27/17.</li> <li>- Diagnoses included Down Syndrome; congenital heart disease; hypothyroidism; and hyperglycemia.</li> <li>- Physician's orders signed 8/30/21 included furosemide (diuretic) 20 mg 1 tablet daily; levothyroxine (treats hypothyroidism) 25 micrograms 1 tablet every morning; nyamyc powder (anti-fungal) apply to affected area twice daily during no rash times; and petroleum jelly (prevents chafing) apply to inner thighs every morning.</li> </ul> <p>Review on 12/29/21 of client #3's MARs for October - December 2021 revealed:</p> <ul style="list-style-type: none"> <li>- Transcriptions for furosemide, levothyroxine, nyamyc powder, and petroleum jelly as ordered to be administered at 8:00 am.</li> <li>- No staff initials for administration of furosemide and levothyroxine at 8:00 am 11/30/21.</li> <li>- No staff initials for administration of nyamyc powder 8:00 am 12/12/21, 12/15/21, 12/26/21, 11/10/21, 11/30/21; 8:00 pm 11/20/21, 11/21/21.</li> <li>- No staff initials for administration of petroleum jelly 12/07/21, 12/12/21, 12/15/21, 12/26/21, 11/06/21, 11/10/21, 11/13/21, 11/30/21.</li> <li>- No documented explanation for the omissions.</li> </ul> <p>Interview with client #3 was attempted 12/29/21; client #3 answered "no" to most questions asked, including questions about her medications.</p> <p>At approximately 11:29 am on 12/29/21 the</p>	V 118		

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V 118	<p>Continued From page 7</p> <p>Director was observed to instruct staff #1 and the Associate Professional to enter their initials on MARs.</p> <p>During interview on 12/29/21 the Director stated:</p> <ul style="list-style-type: none"> <li>- There were blanks on the MARs.</li> <li>- The medication "count sheets" were available to verify administration of the medications.</li> <li>- "We made sure the MARs were initialed."</li> <li>- She understood medication administration was to be documented immediately after administration.</li> </ul> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications 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 an attractive, orderly manner, free from offensive odors. The findings are:</p> <p>Observations on 12/29/21 at approximately 9:30 am revealed:</p>	V 736		



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V 736	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>- A sour odor was noted upon entry into the facility via the front door.</li> <li>- Damage to the wall beside the toilet and at the top of the sink; a quarter size hole in the wall behind the door in the bathroom adjacent to the kitchen.</li> <li>- The middle panel of the medicine cabinet door was loose.</li> <li>- Door frames in the hallway were scuffed and damaged.</li> <li>- The finish on the wood flooring throughout the facility was scuffed and worn.</li> <li>- The blinds on the double window in client #1's bedroom sagged.</li> <li>- Access to both windows in client #1's bedroom was blocked by furniture.</li> <li>- The veneer on client #2's bedroom door was split and separating from the door body at the top of the door.</li> <li>- The paint in client #3's bedroom was scuffed and peeling under the window on the back of the house.</li> <li>- A sour odor in the hall bathroom; damage to the wall and tile at the bathtub; the wallpaper was peeling; the 6 bulb light fixture over the sink had only 2 working light bulbs; a blue plastic mesh bath pouf with heavy mildew staining hung on the water control; cabinet door and drawer pulls were loose; 2 drawer pulls were missing; there was no toilet paper or paper towels.</li> </ul> <p>During interview on 12/29/21 the Director stated she would ensure repairs were made as noted.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		