| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | MHL074-158 | A. BUILDING: _____ B. WING _____ | R 01/05/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| WIMBLEDON SUPERVISED LIVING | 1650 WIMBLEDON DRIVE #101 GREENVILLE, NC 27858 |

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| V 000 | INITIAL COMMENTS<br><br>An annual and follow up survey was completed on January 5, 2022. Deficiencies were cited.<br><br>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.<br><br>The survey sample consisted of 2 of 2 current clients. | V 000 | | |
| V 118 | 27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(5) Client requests for medication changes or | V 118 | | |

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| V 118 | Continued From page 1<br>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to administer medications as ordered by a physician affecting 2 of 2 clients. The findings are:<br><br>Review on 1/04/22 of client #1's record revealed:<br>- 46 year old female admitted 6/24/05.<br>- Diagnoses included Intellectual/Developmental Disability, profound; Anxiety Disorder; seizure disorder; encephalopathy; spastic diplegia; deaf/mute; legally blind; alopecia; constipation; and asthma.<br>- Physician's orders signed 5/05/21 for phenobarbital (seizures) 32.4 milligrams (mg) 2 tablets twice daily.<br><br>Review on 1/04/22 of client #1's MARs for October 2021 - January 2022 revealed:<br>- Transcriptions for phenobarbital to be administered at 7:00 am and 8:00 pm.<br>- Phenobarbital was not administered at 7:00 am 11/25/21; "medication not available."<br><br>No interview with client #1 was conducted due to her deaf/mutism and inability to communicate.<br><br>Review on 1/04/22 of client #2's record revealed:<br>- 65 year old female admitted 6/24/05.<br>- Diagnoses included Intellectual/Developmental | V 118 | | |

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| V 118 | Continued From page 2<br><br>Disability, mild; Cerebral Palsy; spastic quadriplegia; osteoporosis; dysmenorrhea; scoliosis; constipation; allergic rhinitis; hypertension; gastroesophageal reflux disease; ear wax build up; and hypothyroidism<br>- Physician's orders signed 10/20/21 for Forteo (severe osteoporosis) inject 20 micrograms (mcg) subcutaneously every evening; signed 5/05/21 for bisacodyl (laxative) 5 mg 2 tablets at bedtime, hold for loose stools, and levetiracetam (anti-convulsant) 750 mg 1 tablet twice daily.<br><br>Review on 1/04/22 of client #2's MARs for October 2021 - January 2022 revealed:<br>- Transcriptions for Forteo, bisacodyl, and levetiracetam as ordered.<br>- Documentation the medications were not administered as follows:<br>- Forteo: 10/22/21 - 10/31/21; 11/01/21 - 11/30/21; 12/01/21 and 12/30/21 - 12/31/21; 1/01/22 - 1/04/22; "Exceptions: Medication Unavailable"<br>- Bisacodyl: 11/27/21; "Exceptions: Medication Unavailable."<br>- Levetiracetam 11/13/21 8:00 pm; "Exceptions: Medication Unavailable."<br><br>During interview on 1/04/22 client #2 stated she took her medications daily with staff assistance.<br><br>During interview on 1/04/22 the Shift Lead stated:<br>- The pharmacy does not have Forteo available for client #2.<br>- She calls the pharmacy almost daily to check on the medication.<br>- She has asked the Physician to consider an alternative medication but the Physician insisted on Forteo.<br>- Client #1's phenobarbital was available and should have been administered on 11/25/21; the | V 118 | | |

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| V 118 | Continued From page 3<br>staff person could not find it.<br>- Staff were re-trained about the locations of the clients' medications.<br><br>During interviews on 1/04/22 and 1/05/22 the Group Home Manager/Qualified Professional stated:<br>- The facility was working with the pharmacy and Physician to resolve issues with client #2's Forteo.<br>- The Forteo would remain on the MAR unless the Physician wrote an order to discontinue it.<br><br>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. | V 118 | | |
| V 290 | 27G .5602 Supervised Living - Staff<br><br>10A NCAC 27G .5602 STAFF<br>(a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.<br>(b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.<br>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:<br>(1) children or adolescents with substance abuse disorders shall be served with a minimum | V 290 | | |

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| V 290 | Continued From page 4<br>of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or<br>(2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.<br>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:<br>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and<br>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.<br><br>This Rule is not met as evidenced by:<br>Based on record reviews and interviews the facility failed to maintain staff-client ratios above the minimum numbers to enable staff to respond to individualized client needs in the event of an emergency affecting 2 of 2 clients (#1 and #2). The findings are:<br><br>Review on 1/04/22 of the facility's license issued by the Division of Health Service Regulation, expiration date 12/31/22, revealed:<br>- "Ambulatory: A person who can evacuate the building without physical or verbal assistance | V 290 | | |

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| V 290 | Continued From page 5<br>during a fire or other emergency."<br>- ". . . Number of Ambulatory Beds Approved . . . 2 . . ."<br><br>Review on 1/04/22 of client #1's record revealed:<br>- 46 year old female admitted 6/24/05.<br>- Diagnoses included Intellectual/Developmental Disability, profound; Anxiety Disorder; seizure disorder; encephalopathy; spastic diplegia; deaf/mute; legally blind; alopecia; constipation; and asthma.<br>- "Risk/Support Needs Assessment" dated 7/15/21 included documentation of client #1's use of a wheelchair for mobility, and need for staff assistance to evacuate in the event of an emergency.<br><br>No interview with client #1 was conducted due to her deaf/mutism and inability to communicate.<br><br>Review on 1/04/22 of client #2's record revealed:<br>- 65 year old female admitted 6/24/05.<br>- Diagnoses included Intellectual/Developmental Disability, mild; Cerebral Palsy; spastic quadriplegia; osteoporosis; dysmenorrhea; scoliosis; constipation; allergic rhinitis; hypertension; gastroesophageal reflux disease; ear wax build up; and hypothyroidism<br>- "Individual Support Plan" dated 8/01/21 included documentation of client #2's use of an electric wheelchair for mobility, a hospital bed with rails, and a Hoyer lift for transfers.<br><br>During interview on 1/04/22 client #2 stated she liked living at the facility and she felt safe there.<br><br>During interview on 1/05/22 staff #2 stated:<br>- She had conducted fire drills in the past.<br>- She conducted fire drills when she was the only staff in the facility. | V 290 | | |

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| V 290 | Continued From page 6<br>- Client #1 transferred herself from her bed to her wheelchair and rolled herself out of the facility during drills.<br>- Client #2 had a hospital bed and the bedrails were up when she was in bed.<br>- Client #2 could not lower her bedrails independently.<br>- Client #2 required assistance to transfer from her bed to her wheelchair; she could maneuver her electric wheelchair independently.<br>- Both clients required verbal prompts to evacuate.<br><br>During interview on 1/04/22 the Shift Lead stated:<br>- Clients #1 and #2 required direction and assistance to evacuate facility,<br>- Client #2 could drive her electric wheelchair, but staff had to transfer her from her bed to her wheelchair.<br>- Client #1 required assistance to evacuate.<br>- Staff had been instructed to open the clients' bedroom window and put them outside if necessary to keep them safe during an emergency that required evacuation of the facility.<br><br>During interview on 1/05/22 the Regional Director stated a Hoyer lift was available for use if needed, but staff did not always use it.<br>She understood the need to keep the clients safe and to have minimum staffing to meet client needs. She would consider additional staff. | V 290 | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance<br><br>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS<br>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive | V 736 | | |

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| V 736 | Continued From page 7<br>odor.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interviews the facilty was not maintained in a safe, clean, attractive manner. The findings are:<br><br>Observations on 1/04/22 between 10:30 am and 3:00 pm revealed:<br>- The vinyl upholstery on a brown sofa in the living room was torn and peeling, with one arm of the sofa covered with vinyl tape.<br>- A live roach inside the upper cabinet next to the microwave.<br>- Matter inside the kitchen light fixture.<br>- The veneer on the edge of the kitchen counter near the chest freezer was broken and peeled away from the counter surface.<br>- A golf ball sized hole in the wall by client #2's bedroom closet.<br>- The window in client #2's bedroom was blocked by a large television and was not easily accessible.<br>- The wall beside client #1's bedroom closet door was scuffed.<br>- A large hole in the bathroom wall at the floor by the door; a covered drain pipe was exposed;<br>- The exhaust vent in the hall bath was very loud.<br>- The veneer on the edge of the bathroom counter was broken beside the toilet.<br>- The overflow drain in the bathroom sink was broken and heavily rusted.<br>- The bathroom drain stopper was broken and in the middle of the tub floor.<br>- The door frame to the hall bathroom was damaged. | V 736 | | |

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| V 736 | Continued From page 8<br>- One light bulb in the 4 bulb fixture above the bathroom sink was not working.<br>- The vinyl floor covering was peeling up in the hallway near client #2's bedroom door.<br>- Walls throughout the facility were scuffed.<br><br>During interview on 1/04/22 the Shift Lead stated:<br>- She reported the roach and maintenance staff would spray the facility.<br>- The damage to the walls and door frames was from the clients' wheelchairs.<br><br>During interview on 1/05/22 the Regional Director stated she was aware of some of the issues cited and would take measures to have the issues corrected. | V 736 | | |