

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL068-131	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2021
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NAME OF PROVIDER OR SUPPLIER APOGEE HOMES TWO	STREET ADDRESS, CITY, STATE, ZIP CODE 7612 NC HIGHWAY 49 MEBANE, NC 27302
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on October 26, 2021. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</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 review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:</p> <p>Review of the facility's fire and disaster drill log on 10/26/21 revealed: -9/20/21-3rd shift-staff documented both drills were completed at the same time -8/12/21-2nd shift-staff documented both drills</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>were completed at the same time</p> <p>-7/8/21-1st shift-staff documented both drills were completed at the same time</p> <p>-6/10/21-3rd shift-staff documented both drills were completed at the same time</p> <p>-5/6/21-2nd shift-staff documented both drills were completed at the same</p> <p>-4/21/21-1st shift-staff documented both drills were completed at the same time</p> <p>-2/16/21-2nd shift-staff documented both drills were completed at the same time</p> <p>-1/20/21-1st shift-staff documented both drills were completed at the same time</p> <p>-12/8/20-3rd shift-staff documented both drills were completed at the same time</p> <p>-11/19/20-2nd shift-staff documented both drills were completed at the same time</p> <p>-10/15/20-1st shift-staff documented both drills were completed at the same time</p> <p>-There was no fire and disaster drill conducted for 3rd shift during the first quarter of 2021.</p> <p>-Staff consistently documented the fire and disaster drills were completed on the same day and at the same time.</p> <p>Interview with client #2 on 10/26/21 revealed:</p> <p>-Staff conducted fire and disaster drills with them.</p> <p>-He thought the last fire and/or disaster drill was conducted around January 2021.</p> <p>Interview on 10/26/21 with staff #1 revealed:</p> <p>-Group home worked three separate shifts.</p> <p>-There was an error with the documentation for the fire and disaster drills. Staff were conducting the fire and disaster drills separately.</p> <p>-She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.</p> <p>Interview on 10/26/21 with the Director/Licensee</p>	V 114		

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V 114	Continued From page 2 confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
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 received psychotropic drugs. The findings are: a. Review on 10/26/21 of client #1's record revealed: -Admission date of 3/11/16. -Diagnoses of Schizophrenia, Severe Intellectual Disability, High Blood Pressure, Hypothyroidism and Incontinence.	V 121		

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V 121	<p>Continued From page 3</p> <p>Review of physician's orders on 10/26/21 revealed: -Order dated 1/19/21 for Haloperidol 5 milligrams (mg), one half tablet daily; Clozapine 200 mg, one half tablet in the morning and two tablets at bedtime; Lithium 300 mg, two capsules at bedtime, Trazodone 150 mg, one tablet at bedtime; Mirtazapine 15 mg, one tablet at bedtime and Haloperidol 2 mg, one tablet every 6 hours as needed.</p> <p>Review of the Medication Administration Record (MAR) on 10/26/21 revealed: -October 2021-Client #1 was administered the above medications 10/1 thru 10/26.</p> <p>Review of facility records on 10/26/21 revealed: -Client #1 had a psychotropic drug review completed on 5/1/20. -There was no evidence of a current six month psychotropic drug review for client #1.</p> <p>b. Review on 10/26/21 of client #2's record revealed: -Admission date of 11/12/20. -Diagnoses of Schizophrenia, Hyperlipidemia and Astigmatism.</p> <p>Review of physician's orders on 10/26/21 revealed: -Order dated 1/14/21 for Olanzapine 20 mg, dissolve one tablet two times daily and Olanzapine 5 mg, one tablet daily.</p> <p>Review of the Medication Administration Record (MAR) on 10/26/21 revealed: -October 2021-Client #2 was administered the above medications 10/1 thru 10/26.</p> <p>Review of facility records on 10/26/21 revealed:</p>	V 121		

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V 121	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Client #2 had a psychotropic drug review completed on 5/1/20. -There was no evidence of a current six month psychotropic drug review for client #2. <p>c. Review on 10/26/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 11/19/09. -Diagnoses of Schizophrenia-Paranoid Type and Allergic Rhinitis. <p>Review of physician's orders on 10/26/21 revealed:</p> <ul style="list-style-type: none"> -Order dated 9/29/21 for Aripiprazole 10 mg, one tablet in the morning. -Order dated 6/14/21 for Clonazepam 1 mg, two tablets at bedtime; Olanzapine 20 mg, one tablet two times daily and Trazodone 150 mg, one tablet at bedtime. <p>Review of the Medication Administration Record (MAR) on 10/26/21 revealed:</p> <ul style="list-style-type: none"> -October 2021-Client #3 was administered the above medications 10/1 thru 10/26. <p>Review of facility records on 10/26/21 revealed:</p> <ul style="list-style-type: none"> -Client #3 had a psychotropic drug review completed on 5/1/20. -There was no evidence of a current six month psychotropic drug review for client #3. <p>Interview on 10/26/21 with the Director/Licensee revealed:</p> <ul style="list-style-type: none"> -She normally did the psychotropic drug review for the clients because she was a pharmacist. -She was behind with doing the psychotropic drug reviews for the clients. She had not completed any psychotropic drug reviews for 2021. -She confirmed the six months psychotropic drug review was not completed for clients #1, #2 and 	V 121		

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V 121	Continued From page 5 #3.	V 121		