STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL026-299	A. BUILDING: _____ B. WING _____	R 12/14/2021

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V 000	INITIAL COMMENTS An annual survey was completed on December 14, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record review and interviews the facility failed to develop and implement strategies to address client needs for 1 of 3 audited clients (#1). The findings are:

Review on 12/9/21-12/10/21 of client #1's record revealed:
-43 year old male.
-Admitted on 10/21/11.
-Diagnoses of Impulse Control Disorder, Mild Intellectual Disability and Other Schizophrenia.

Review on 12/9/21-12/10/21 of client #1's treatment plan dated 7/1/21 revealed:
-"What (Short Range Goal) [Client #1] will refrain from eloping various places such as the group home, day program, and other community buildings such as the hospital and fire department. [Client #1] will reduce the number of behaviors incidents to less than 2 per month for six consecutive months. How (Support/Intervention) Staff will monitor [Client #1's] behavior and report all incidents to the QP (Qualified Professional). The QP will complete IRIS (North Carolina Incident Response Improvement System) reports as necessary."
-The treatment plan did not include any strategies for client #1's elopement goal.

Review on 12/9/21-12/10/21 of the facility's level II incident reports revealed:
-9/10/21, level II, "Incident comments...On 9/10/21 at 1:30am in the morning [Client #1] open

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V 112	Continued From page 2 his window and jumped out. The staff went into the room and asked [Client #1] to come back in the home but he refused. Staff stood on the porch and asked [Client #1] to come back in the facility and [Client #1] began using profanity and stated that he was going to the hospital..." -9/27/21, level II, Client #1 attacked staff on 9/27/21 and eloped on 9/29/21. Interview on 12/10/21 client #1 stated: -He walked away "sometimes" by himself and "goes to the fire department or somewhere." -He "does not do it anymore but does it maybe once a month if I have to." Interview on 12/10/21 staff #2 stated: -She worked at the facility for a year and a half. -She worked 3rd shift from 12am-8am. -She worked with staff #1. -Client #1 had eloped and she called the police. -Client #1 had eloped and often went to the fire department. -Client #1 would "fight and shove" his way out of the facility. -Staff always encouraged client #1 to stay in the facility. Interview on 12/9/21 the QP stated: -The facility tried different strategies in the past for client #1's elopements. -Client #1 had months without any incidents of elopements then would have 3 or 4 incidents in a row. -Staff would contact the group home manager who lived near the facility to attempt to intercept client #1. -Client #1 often went to the fire department when he eloped. -She understood the needs for strategies in client #1's treatment plan to address elopements.	V 112		

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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 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by:	V 118		

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V 118	Continued From page 4 Based on record reviews, observations and interviews the facility failed to ensure the medications were administered as ordered by a physician and MARs were kept current affecting 3 of 3 audited clients (#1, #2, #3). The findings are: Finding #1 Review on 12/9/21-12/10/21 of client #1's record revealed: -43 year old male. -Admitted on 10/21/11. -Diagnoses of Impulse Control Disorder, Mild Intellectual Disability and Other Schizophrenia. Review on 12/9/21-12/15/21 of physician orders dated revealed: -10/1/21: Gabapentin 600mg (milligrams) 1 twice daily and 2 at bedtime. -FL2 dated 1/4/21: Fluticasone Spray 50 mcg (microgram) 1 spray daily. Review on 12/9/21-12/10-21 of MARs from 9/1/21 - 11/30/21 for client #1 revealed: -Gabapentin 600mg blanks for 8am dose on November 18, 19, 20, 24, 25, 26, 27, 28 and 29 and 5pm dose on November 11, 12, 13, 14, 18, 19, 20, 21, 25, 26, 27, 28, 30. Observation on 12/10/21 between 11:15am - 11:45am of client #1's medications revealed: -Fluticasone Spray 50mcg was not available for review. Interview on 12/10/21 client #1 stated: -He had received his medications daily. Finding #2 Review on 12/9/21-12/10/21 of client #2's record revealed: -36 year old male.	V 118		

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V 118	Continued From page 5 -Admitted on 5/23/18. -Diagnoses of Schizoaffective Disorder, Bipolar Disorder by history, Bipolar Disorder by history, Intermittent Explosive Disorder, Moderate Intellectual Disability, Anemia, hypertension and obesity. Review on 12/9/21-12/14/21 of physician orders dated revealed: 11/9/21: Nasal Saline Mist/Drops 2 sprays twice daily. FL2 dated 1/4/21: Cerave Cream apply twice daily. : Promethazine 25 mg tablets every 6 hours as needed for nausea. : Rosuvastatin 10 mg tablets daily. Review on 12/9/21-12/10-21 of MARs from 9/1/21 - 11/30/21 for client #1 revealed: -Nasal Saline Mist/Drops were not transcribed on November MAR. -Cerave Cream was documented as administered daily. -Rosuvastatin 10 mg was documented as administered twice daily for October. Observation on 12/10/21 between 11:15am-11:45pm of client #2's medications revealed: -Nasal Saline Mist/Drops, Cerave Cream and Promethazine 25 mg tablets were not available for review. Interview on 12/10/21 client #2 stated: -He had received his medications daily. Finding #3 Review on 12/9/21-12/10/21 of client #3's record revealed: -38 year old male.	V 118		

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V 118	Continued From page 6 -Admitted on 11/1/11. -Diagnoses of Schizophrenia, Bipolar Disorder and Moderate Intellectual Disability. Review on 12/9/21-12/14/21 of physician orders dated revealed: 3/23/21: Azopt 1% eye drops 3 times a day. FL2 dated 1/4/21: Banophen Cap 25 mg at bedtime as needed for sleep. : Melatonin 5 mg at bedtime as needed. (sleep) Review on 12/9/21-12/10-21 of MARs from 9/1/21 - 11/30/21 for client #1 revealed: -Azopt 1% eye drops was documented as administered daily from 9/1/21-11/30/21. -Banophen Cap 25 mg and Melatonin 5 mg was not documented as administered from 9/1/21-11/30/21. Observation on 12/10/21 between 11:15am-11:45pm of client #3's medications revealed: -Azopt 1% eye drops, Banophen Cap 25 mg and Melatonin 5 mg were not available for review. Interview on 12/10/21 client #3 stated: -He received his medications daily. Interview on 12/9/21-12/15/21 the Group Home Manager stated: -Client #1's Gabapentin order was changed and he advice staff not to administer medication until they received the new order. -Staff were supposed to initial and circle to state they were awaiting physician orders. -The Gabapentin was increased to help client #1 sleep. -Client #1's fluticasone Spray 50 mcg was ordered.	V 118		

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V 118	Continued From page 7 -Client #2 used the last of his Cerave Cream on 12/10/21 and is was reordered. -He had to contact client #2's doctor for a new order for the Promethazine 25 mg tablets. -He needed to verify the order for Client #2's nasal saline mist/drops. -Client #2 had not taken the nasal saline mist/drops. Interview on 12/9/21 the Qualified Professional stated: -The facility had issues with the doctors seeing the clients via zoom and not sending the orders to the pharmacy. -The clients had received their medications as ordered and the documentation was staff error.	V 118		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information;	V 367		

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V 367	Continued From page 8 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367		

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V 367	Continued From page 9 report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to report incidents to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are: Review on 12/9/21-12/10/21 of client #1's record revealed: -43 year old male. -Admitted on 10/21/11. -Diagnoses of Impulse Control Disorder, Mild Intellectual Disability and Other Schizophrenia.	V 367		

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V 367	Continued From page 10 Review on 12/9/21 of a facility's level I incident report for client #1 dated 12/1/21 completed by group home manager revealed: -"Staff called me a 10:30 because [Client #1] was upset and verbally aggressive. I told staff to monitor [Client #1] from the hallway until I got there. Upon arrival he was still upset. Myself and the staff tried to talk to him and get him to calm, but he started hitting himself and the walls in the room. He was restrained so that he could not cause anymore damage to the property or continue to harm himself. While restrained [Client #1] repeatedly tried to bite, spit, and kick myself and staff. We eventually came to an agreement and [Client #1] calmed down." Review on 12/9/21 of a medical consultation form for client #1 dated 12/3/21 revealed: -Primary visit - Purpose of Visit: Check left foot because of pain. Findings: 1. Foot swollen, facial bruising, ear bruised left side, bite marks right forearm; Orders: x ray, ace wrap applied, cold compress recommended, Ibuprofen prescribed, CT (computed tomography) head orders, make sure he sees psychiatry. Interview on 12/10/21 client #1 stated: -The Group home manager (GHM) "just hold my arms that's all." -He hit himself and staff watched him hit himself but "I do not want to kill himself." Interview on 12/10/21 staff #1 stated: -Client #1 wanted to eat a snack at night and had a behavior. -He called the GHM to inform him about client #1's behaviors. -The GHM responded to the group home and attempted to talk to client #1 but client #1	V 367		

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V 367	Continued From page 11 continued to hit himself. -He also attempted to talk to client #1 and calm him down. -Client #1 hit himself, threw things and caused property damage. -He did not witness the GHM place client #1 in a restraint or hold his arms. Interview on 12/9/21-12/15/21 the GHM stated: -He received a call from staff #1 about client #1 had a behavior and wanted candy. -He instructed staff to give client #1 his distance but monitor him for self injurious behaviors. -He went to the facility and client #1 was upset hit the walls and punched himself. -He restrained client #1 to prevent him from harming himself and damaging property. -He held client #1's arms and hands during the restraint. -He was unsure if in the process of the restraint client #1's foot was stepped on. -Client #1 complained about foot pain and he took him his primary doctor. -The doctor ordered a CT scan for client #1 for his bruising and punching himself. -The doctor ordered a x-ray for client #1's toe. Interview on 12/9/21 the qualified professional stated: -She was not aware client #1 had been placed in a restraint. -She understood a level II incident report was needed.	V 367		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be	V 736		

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V 736	Continued From page 12 maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observations during tour of the facility on 12/10/21 between 11:45am - 12:15pm revealed: -The kitchen drawer to the left of the sink was off track and appeared broken. -The closet door in client #1's bedroom detached from the bottom door hinge. -Client #1's bedroom wall near his window had a white paint patch approximately 2 by 2 feet and the adjacent wall had a white paint patch approximately 1 by 3 feet. -Client #2's bedroom had a brown leather chair that was discolored to show gray. -Client #2's dresser had a drawer that was detached from the dresser and was held up by drawer underneath. -Client #3's window blinds near his bed had broken and bent blades. -Client #3's dresser had 1 handle missing and the other hanging on the top drawer and the 3rd drawer handles were missing. -The hall bathroom vanity cabinet door was off the hinges and placed between vanity cabinet and toilet. The bathroom window blinds blades were torn. Interview on 12/9/21-12/14/21 the Group Home Manager stated:	V 736		

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V 736	Continued From page 13 -The blinds in the facility would be replaced. -Client #1 damaged the walls in his room and the wall was recently patched. -He would ensure all repairs be completed.	V 736		