

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-809	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOME CORPORATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 SOUTH BLOODWORTH STREET RALEIGH, NC 27601
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V 000	<p>INITIAL COMMENTS</p> <p>An Annual, Complaint and Follow Up Survey was completed January 13, 2022. The complaint was substantiated (Intake #NC00182182). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's</p>	V 105		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 105	Continued From page 1 needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement adoption of standards that ensured operational and programmatic performance meeting applicable standards of practice for the disinfection of a Glucometer instrument. The findings are:</p> <p>Review on 11/22/21 of the facility's CLIA waiver revealed it was issued 9/2020 with a 2 year date of expiration.</p> <p>Review on 11/19/21 and 1/12/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Re-Admitted: 04/20/18 - Diagnoses: Schizoaffective Disorder Bipolar Type, Borderline Personality Disorder, Prader-Willie Syndrome, Chronic Kidney Disease, Asthma, Obesity, Gastroesophageal Reflux Disease, Diabetes and Post Traumatic Stress Disorder (PTSD) - Physician's order dated 6/12/21 "...test strips use twice a day" <p>Review on 11/19/21 of Client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/5/18 - Diagnoses: Schizoaffective Disorder, PTSD, Chronic Obstructive Pulmonary Disorder, Diabetes, Hyperlipidemia and History of stroke - FL-2 dated 9/16/21 "check and monitor blood sugar before breakfast and at bedtime" <p>Observation on 11/19/21 at 5:00 PM revealed staff #1 performed the following task with no gloves:</p> <ul style="list-style-type: none"> - Called client #1 to the office area."It's time to 	V 105		

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V 105	<p>Continued From page 3</p> <p>check your blood sugar." Client #1 went back to her seat in the living room.</p> <ul style="list-style-type: none"> - With the same glucometer used for client #1 , called client #2 to the office area. "It's time to check your blood sugar." - Obtained a different lancing device from a different bag. - Pricked client #2's finger. - Placed the strip to client #2's finger to collect blood. - Placed the blood filled strip inside the same glucometer used for client #1. - Glucometer was not disinfected between client #1 and client #2's usage or before being placed back into storage box. <p>Interview on 11/22/21 staff #1 reported:</p> <ul style="list-style-type: none"> - She did not disinfect the glucometers when she performed blood sugar checks for clients #1 and #2 on 11/19/21. - She had not been trained to disinfect the glucometer if shared between clients. - Both clients #1 and #2 had separate glucometers but client #2 ran out of strips. For this reason, she used client #1's glucometer to perform their blood sugar checks. <p>Interview on 11/22/21 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Staff #1 must have been nervous on 11/19/21. - Staff #1 should have disinfected the glucometer. - She would assure staff were retrained. <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.</p>	V 105		

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V 108	Continued From page 4	V 108		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</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 implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p>	V 108		

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V 108	<p>Continued From page 5</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to assure 1 of 2 paraprofessional staff (#1) demonstrated competency in infectious disease training. The findings are:</p> <p>Review on 11/22/21 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired: 8/17/17 <p>Interview on 1/12/22 and 1/13/22 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Effective December 31, 2021, the agency suspended services at that location. - She no longer had access to the property and all paperwork had been placed in storage. - She did not have access to the personnel records as they were in storage. - Staff #1 did have infectious disease training prior to 11/19/21. <p>Observation on 11/19/21 between 5:00 PM- 5:40 PM revealed staff #1 performed blood sugar checks without gloves</p> <p>Interview on 11/22/21 staff #1 reported:</p> <ul style="list-style-type: none"> - She did not use gloves when she performed blood sugar checks for clients #1 and #2 on 11/19/21. - She did not always use gloves but knew she was supposed to use gloves. - She could not explain why she did not use gloves but knew "immediately" after she performed the blood sugar checks her "error." <p>Interview on 11/22/21 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Staff #1 must have been nervous on 11/19/21. 	V 108		

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V 108	Continued From page 6 - Affirmed staff #1 should have used gloves when dealing with blood. - She would assure staff were retrained. - Staff #1 had been trained in infectious diseases policies and procedures This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type B rule violation and must be corrected within 45 days.	V 108		
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	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to assure treatment plans were reviewed annually for 2 of 4 current clients (#1 and #2) and develop a treatment plan after 30 days of admission for 1 of 4 clients (#4). The findings are:</p> <p>Review on 11/19/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/2/18 - Diagnoses: Schizoaffective Disorder, Chronic Obstructive Pulmonary Disorder (COPD), Hypertension, Diabetes and Hyperlipidemia - Treatment plan dated 4/22/19 with goals of make a physical and mental health a priority and increase independent living skills budgeting, safety awareness and monitoring blood sugar levels. - No update or revisions made to the treatment plan <p>Review on 11/19/21 and 1/12/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> - Re-Admitted: 04/20/18 - Diagnoses: Schizoaffective Disorder Bipolar Type, Borderline Personality Disorder, Prader-Willie Syndrome, Chronic Kidney Disease, Asthma, Obesity, Gastroesophageal Reflux Disease Diabetes and Post Traumatic Stress Disorder (PTSD) - Treatment plan dated 7/2/19 with goals to complete her General Education Degree, obtain future employment, manage diabetes and mindful 	V 112		

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V 112	<p>Continued From page 8</p> <p>of snacks consumed.</p> <ul style="list-style-type: none"> - No update or revisions made to the treatment plan. <p>Review on 11/19/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/3/20 - Diagnoses: Depression, Diabetes, Adjustment Disorder, Hypertension and Hyperlipidemia - No treatment plan noted in her record <p>Interview on 11/23/21 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - She had the clients' treatment plans at her home. - She had not been at the group home for several months and had not reviewed all the paperwork or placed them in the client records. <p>Interview on 1/12/22 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Effective December 31, 2021, the agency suspended services at this location. - Client #1 and client #3 were discharged to another mental health residential provider. - Client #4 was discharged to a higher level of care. - Client #2 was placed in an independent living environment. - She no longer had access to the property. - She did not bring any documents to this interview because she was unsure of what specifically to bring. - As the Qualified Professional had completed the clients' treatment plans, she would have those items faxed on the night of 1/12/22. - <p>Review on 1/13/22 of an email and text communications between Division of Health</p>	V 112		

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V 112	Continued From page 9 Service (DHSR) staff and the facility's Qualified Professional revealed: - Text at 12:04 PM: Qualified Professional responded she was in a virtual meeting and would contact DHSR staff as the end of the meeting - Text at 12:06 PM: DHSR responded no documents would be accepted past 2 PM on this day. Request made by DHSR for verification of the Qualified Professional's email address. - Email at 12:19 PM: DHSR responded to QP that all documents received after 2 PM would be returned to the sender. - Email at 2:06 PM: QP responded Email with one treatment plan attached. - Email at 2:21 PM: DHSR responded to QP: "As these items were received after the 2 PM deadline, unfortunately I am not able to accept these documents. These items will not be reviewed as part of the Survey ending 1/13/22. Please provide this information with your Plan of Correction. When a follow up survey is conducted, DHSR staff will review onsite."	V 112		
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,	V 118		

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V 118	<p>Continued From page 10</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure medications were administered on the written order of a physician for 1 of 4 clients (#2), administer medications as prescribed by physician for 1 of 4 clients (#4) as well as assure the facility's MARs were kept current for 4 of 4 clients (#1-#4). In addition, 1 of 2 paraprofessional staff (#1) failed to demonstrate competency for medication processes. The findings are:</p> <p>I. Cross reference 10A NCAC 27G .0201 GOVERNING BODY POLICIES (V105). Based on observation, record review and interview, the facility failed to implement adoption of standards</p>	V 118		

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V 118	<p>Continued From page 11</p> <p>that ensured operational and programmatic performance meeting applicable standards of practice for the disinfection of a Glucometer instrument.</p> <p>II. Cross reference 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (V108). Based on observation, record review and interview the facility failed to assure 1 of 2 paraprofessional staff (#1) demonstrated competency in infectious disease training.</p> <p>Review on 11/22/21 of staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hired: 8/17/17 - Medication Administration Training Certificate dated 8/18/17 <p>III. Examples of medication issues for client #1 (MAR not current due to *blanks and medication not listed)</p> <p>*Note: blanks= no initials to indicate medication was administered</p> <p>Review on 11/19/21 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/5/18 - Diagnoses: Schizoaffective Disorder, Post Traumatic Stress Disorder (PTSD), Chronic Obstructive Pulmonary Disorder (COPD), Diabetes, Hyperlipidemia and History of stroke - FL-2 dated 9/16/21 listed the following medications and instructions: <ul style="list-style-type: none"> Loratadine 10mg (milligram) take one tab (tablet) daily (allergies) Amlodipine Besylate 10mg take one tab daily (blood pressure) Hydrochlorothiazide 12.5mg take one tab daily (fluid retention) Famotidine 20mg take one tab twice a day (Gastroesophageal Reflux Disease (GERD)) 	V 118		

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V 118	<p>Continued From page 12</p> <p>Carvedilol 6.25mg take one tab twice a day (hypertension)</p> <p>Atorvastatin 80mg take one tab at bedtime (high cholesterol)</p> <p>Metformin 1000mg take one tab twice a day (diabetes)</p> <p>Levemir Flex Injection 13 units at night (diabetes)</p> <p>Novolog Flex pen 100 units/milliliter (ml) 4 units twice a day at lunch and dinner (diabetes)</p> <p>Bupropion HCL (hydrochloride) SR (slow release)150mg take one tab daily (antidepressant)</p> <p>Symbicort 160/4.5 mcg (microgram) take 2 puffs twice a day (COPD)</p> <p>Loperamide HCL (hydrochloride) 2mg take one capsule up to 4 times a day prn for diarrhea</p> <p>Lisinopril 40mg take one tab daily (hypertension)</p> <p>Aripiprazole 10mg take one tab daily (schizophrenia)</p> <p>Iron tab 325mg take one tab daily (anemia)</p> <p>Check Blood sugar before breakfast and at bedtime</p> <p>Trazadone 50mg take one tab at bedtime (insomnia)</p> <p>Bydureon Boise 2mg inject 2mg once a week (diabetes)</p> <p>a. Review on 11/19/21 of client #1's September-November 2021 MARs revealed the following were blank:</p> <ul style="list-style-type: none"> - September: <ul style="list-style-type: none"> All medications noted on the FL-2 dated 9/16/21 on 8th, 11th, 12th, 29th and 30th. Novolog 1st-30th - October: Lisinopril 12th and 13th Carvedilol 23rd, Famotidine, Lipitor, Metformin, Symbicort 23rd at 8 PM dosages 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-809	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/13/2022
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NAME OF PROVIDER OR SUPPLIER SERENITY HOME CORPORATION INC	STREET ADDRESS, CITY, STATE, ZIP CODE 511 SOUTH BLOODWORTH STREET RALEIGH, NC 27601
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(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 118	<p>Continued From page 13</p> <p>Novolog 1st-16th, 18th-30th Blood Sugar checks on 2nd, 23rd at 8 PM</p> <ul style="list-style-type: none"> - November: <ul style="list-style-type: none"> Carvedilol 5th, 8th at 8 AM Famotidine 8th at 8 AM Novolog flex pen- 1st-19th Bydureon Boise on 12th <p>Review on 11/19/21 of client #1's September-November 19, 2021 sliding scale insulin log for Novolog and Levemir revealed</p> <ul style="list-style-type: none"> - 9 opportunities to document blood sugar readings, units administered and staff initials per day - 88 blanks on the sliding scale log. <p>Interview on 11/23/21 client #1 reported:</p> <ul style="list-style-type: none"> - She always received her medications - She could not identify her medications by names nor did she know how many pills she was given at each administration time <p>Interview on 1/12/22 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Staff should initial the MAR and the sliding scale log for insulin - Normally, she reviewed the MARs monthly but had not had time in a few months <p>b. Observation on 11/19/21 at 3:30 PM of client #1's medications revealed an over the counter medication bottle of Centrum Silver.</p> <p>Review on 11/23/21 of a physician's order dated 9/29/21 "Multivitamin with mineral tablet: take 1 by mouth daily."</p> <p>Review on 11/19/21 of the November 1-19, 2021 MAR listed no documentation of multivitamin.</p>	V 118		

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V 118	<p>Continued From page 14</p> <p>IV. Example of medication issues for client #2 (medication not given as prescribed, MAR not current due to blanks, inaccurate frequency of administration instructions and discontinued medications noted on the form)</p> <p>Review on 11/19/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 6/24/16 - Diagnoses: Schizoaffective Disorder, Borderline personality Disorder, Prader-Willie Syndrome, Chronic Kidney Disease, Asthma, Obesity, GERD, Diabetes and Mild Intellectual Developmental Disability (IDD) - FL-2 dated 3/15/21 listed the following medications and instructions which included: <ul style="list-style-type: none"> Linzess 145mcg (microgram) take one capsule at breakfast (constipation) Clozapine 50mg take one tab daily (antipsychotic) Magnesium 250mg take two tab daily (mineral) Clozapine 20mg take one tab at bedtime Fluvoxamine 5mg take one tab twice a day (obsessive-compulsive disorder) Hydroxyzine HCL 25mg take one tab daily (Antihistamine) Trazadone 50mg take one tab at bedtime Vitamin B12 100mg take 2 tabs daily (vitamin) "Pantoprazole 40mg take one tab daily" (GERD) - Physician's note dated 10/13/21 "decrease Lantus from 30 to 20 units." (Diabetes) <p>a. Review on 11/19/21 of client #2's September-November 2021 MARs revealed the following were blank:</p> <ul style="list-style-type: none"> - September <p>All meds on the FL-2 dated 3/15/21 on the</p>	V 118		

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V 118	<p>Continued From page 15</p> <p>12th Clozapine 200mg, Hydroxyzine HCL 25mg at night, Trazadone, Fluvoxamine at night on the 7th</p> <p>Clozapine 50mg, Hydroxyzine HCL 25mg in the morning, Vitamin B2, Lantus, Fluvoxamine in the morning, Protonix on the 8th</p> <p>Hydroxyzine HCL 25mg in the morning, Lantus and Protonix on the 25th</p> <ul style="list-style-type: none"> - October Protonix on the 10th-11th - November Protonix on the 2nd <p>Interview on 11/23/21 client #2 reported:</p> <ul style="list-style-type: none"> - Staff always administered her medications - She knew some of her medications by name but not all of them - She could not identify her medications by names nor did she know how many pills she was given at each administration time <p>b. Review on 11/19/21 of client #2's September-November 2021 MARs revealed the following pre-typed:</p> <ul style="list-style-type: none"> - "Novolog 100 units/ml 80-250 ml no Novolog, 251-300 5 units, 301-350 6 units and 351-above 7 units." Handwritten discontinue noted on all three months No initials Novolog was administered. - Blood sugar strips "use 3 times a day" Handwritten that blood sugar checks should occur at breakfast and dinner Initials noted twice a day <p>Review on 11/19/21 of client #2's September-November 2021 MARs revealed the following pre-typed:</p> <ul style="list-style-type: none"> - Linzess 290 mcg one capsule daily 	V 118		

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V 118	<p>Continued From page 16</p> <ul style="list-style-type: none"> - Initials Linzess 290 mcg was administered once a day opposed to 145 mcg per the 3/15/21 physician's order <p>Review between 11/22/21 and 1/12/22 of client #2's records revealed:</p> <ul style="list-style-type: none"> - 6/21/21 physician order stop Novolog and check blood sugar levels twice a day <p>Interview on 1/11/22 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - She would be available for exit on 1/12/22 in the late afternoon at the Division of Health Service Regulation's (DHSR) office. - She would bring items requested by DHSR including CLIA waiver and clients' book that contained medical record and treatment plans. <p>Interview on 1/12/22 the Licensee/Director reported:</p> <ul style="list-style-type: none"> - Effective December 31, 2021, the agency suspended services at that location. - She no longer had access to the property and all paperwork had been placed in storage. - She did not have access to the clients' records as they were in storage. - She did not bring any client information to this interview because she was not sure what was needed. <p>c. Observation on 11/19/21 between 3:00-4:30 PM of client #2's medications revealed:</p> <ul style="list-style-type: none"> - No blood sugar test strips <p>Interview on 11/19/21 staff #2 reported:</p> <ul style="list-style-type: none"> - She was not sure how long the new glucometer had been at the group home. - She had ordered some blood sugar test strips from the pharmacist a few days prior to this interview but none had arrived. 	V 118		

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V 118	<p>Continued From page 17</p> <ul style="list-style-type: none"> - She needed to follow up on the status of the blood sugar test strips. <p>Interview on 1/12/22 client #2's pharmacist reported:</p> <ul style="list-style-type: none"> - On 10/11/21 and 11/20/21 50 blood sugar test strips were dispensed to client #2. - 50 test strips equaled a 25 day supply. - Per their records, client #2's new glucometer was not ordered until 11/24/21. <p>V. Example of medication issues for client #3 (MAR not current due to blanks)</p> <p>Review on 11/19/21 of client #3's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 4/16/21 - Diagnoses: Paranoid Schizophrenia, Type 2 Diabetes, Edema, GERD, COPD associated with chronic Bronchitis, Hyperlipidemia and Hypertension - September-November 2021 MARs revealed the following medications and instructions: <ul style="list-style-type: none"> Fluphenazine 10mg two tabs twice a day Cogentin .5mg one tab twice a day (anti-tremor) Geodon 80mg one tab twice a day (antipsychotic) Aspirin 81mg one tab daily Exforge 10-320mg take one daily (blood pressure) Hydrochlorothiazide 25mg take one tab daily Nicoderm 14mg/24 hours apply one patch daily (smoking cessation) Metformin HCL 500mg take one tab daily (diabetes) Lasix 20mg take one tab daily (diuretic) Geodon 20mg take one tab at night Depakote ER 500mg take two tabs at night (anticonvulsive) Pravachol 80mg take one tab at night (high 	V 118		

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V 118	<p>Continued From page 18</p> <p>blood cholesterol) Advair 100-50mcg inhale one puff twice daily (asthma)</p> <p>a. Review on 11/19/21 of client #3's September-November 2021 MARs revealed the following were blank:</p> <ul style="list-style-type: none"> - September All the above meds on 6th, 8th, 12th and 25th as well as night dosages on 30th - October Hydrochlorothiazide on 28th, 29th Geodon 20mg, Pravachol, Depakote ER on 23rd Geodon 80mg AM dosage on 30th and PM dosage on 22nd Cogentin 8 AM dosages on 15th, 16th and 8 PM dosage on 22nd Advair 8 AM dosages on 6th, 12th, 13th Advair 8 PM dosages on 12th and 23rd Check blood sugar levels twice a day on 8 AM of 29th, 30th and 8 PM on 23rd - November All medications on 1st Nicotine Patch 2nd-8th <p>Interview on 11/23/21 client #3 reported:</p> <ul style="list-style-type: none"> - She was not aware of any missed dosages of medications - She knew the names of a few of her medications - Group home staff administered medications to her <p>Review on 11/19/21 of client #4's record revealed the following:</p> <ul style="list-style-type: none"> - November MAR noted handwritten "D.C. (discontinue)" for Hydrochlorothiazide 12.5mg. - No D.C. order for Hydrochlorothiazide 12.5mg. 	V 118		

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V 118	<p>Continued From page 19</p> <ul style="list-style-type: none"> - November 2021 MAR continued to list Quetiapine Furmarate 50mg from 1st-19th - No physician's orders for Risperdal, Quetiapine Furmarate, Melatonin, Linzess 145mcg, Atopine Sulfate .01% Ophthalmic Solution, Cymbalta, Rubramin injection and Trazodone. <p>VI. Examples of medications issues for client #4 (MAR not current due to blanks, no physician orders in client record and discontinued medication noted on the form)</p> <p>Review on 11/19/21 of client #4's record revealed:</p> <ul style="list-style-type: none"> - Admitted: 2/3/20 - Diagnoses: Depression, Anxiety, Benign Essential Adjustment Disorder, Dementia, Hypertension, Sleep Apnea Hyperlipidemia and Type 2 Diabetes - September-October 2021 MARs listed the following medications and instructions: Linzess 145mcg take one capsule daily Hydrochlorothiazide 12.5mg take 1/2 tab daily Duloxetine HCL DR 60mg take one capsule daily (antidepressant) Aspirin 81mg take one daily (anti-inflammatory) Lisinopril 40mg take one tab daily Metformin HCL ER 500mg take one tab daily (diabetes) Atorvastatin 40mg one tab daily Metoprolol Succ ER 50mg take one tab at night (high blood pressure) Mirtazapine 15mg one take one tab at night (antipsychotic) Quetiapine Fumarate 50mg one tab at night (antipsychotic) Risperdal 1mg take two tabs at night (antipsychotic) Trazadone 100mg take two tabs at night 	V 118		

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V 118	<p>Continued From page 20</p> <p>Hydralazine 10mg take one tab twice daily (high blood pressure)</p> <p>Rubramin 1000 mcg/ml inject intramuscularly once every 3 months (B12 injection)</p> <p>Melatonin 3mg take two tabs at night (insomnia)</p> <p>- October and November 2021 MAR included the above medications as well as the following: Ingrezza 40mg one tab daily (tardive dyskinesia)</p> <p>a. Review on 11/19/21 of client #4's September-November 2021 MARs revealed the following were blank:</p> <p>- September All the above medications on the 30th Hydrochlorothiazide on 7th, 11th, 12th, 24th and 25th Melatonin on 25th Duloxetine, Lisinopril, Metformin, Donepezil, Lipitor on 8th and 12th Mirtazapine, Metoprolol, Seroquel, Risperdal, Trazadone, Hydralazine on 12th, 21st and 24th Linzess, Duloxetine, Lisinopril, Metformin, Donepezil, Lipitor on 25th and 26th Blood sugar checks on 11th, 12th</p> <p>- October Metoprolol on 1st-3rd and 6th Remeron on the 22nd Risperdal 2nd Trazadone on 23rd Blood sugar checks on 8th</p> <p>Interview on 11/23/21 client #4 reported she could not:</p> <p>- Remember the names of her medications - Recall missing any dosages of medications</p> <p>b. Review on 12/12/21 of the physician's orders</p>	V 118		

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V 118	<p>Continued From page 21</p> <p>maintained by the pharmacy used by the facility revealed:</p> <ul style="list-style-type: none"> - Dated 4/13/21 Linzess 145mcg take one tab daily before first meal - Dated 10/21/21 Rubramin B12 1000mcg/ml take one injection every 3 months - Discontinue order dated 10/27/21 Hydrochlorothiazide 12.5mg - Dated 11/9/21: <ul style="list-style-type: none"> Risperdal 1mg take two tabs at night Quetiapine Furmarate 100mg take one tab at night Melatonin 3mg take two tabs at night Trazadone 100mg take one tab at night Atropine Sulfate .01% Ophthalmic Solution take 2 drops twice a day under the tongue Cymbalta 60mg one tab by mouth daily <p>Review on 11/19/21 of client #4's record revealed the following:</p> <ul style="list-style-type: none"> - November MAR noted handwritten "D.C. (discontinue)" for Hydrochlorothiazide 12.5mg. - No D.C. order for Hydrochlorothiazide 12.5mg. - November 2021 MAR continued to list Quetiapine Furmarate 50mg from 1st-19th - No physician's orders for Risperdal, Quetiapine Furmarate, Melatonin, Linzess 145mcg, Atropine Sulfate .01% Ophthalmic Solution, Cymbalta, Rubramin injection and Trazodone. <p>Interview on 11/23/21, the Licensee/Director reported:</p> <ul style="list-style-type: none"> - In regards to discontinued medications noted on the MARs, the pharmacist required a discontinue notice from the physician for medications to be removed. - She had some of the client records at her home and would locate and provide to DHRS 	V 118		

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V 118	<p>Continued From page 22</p> <p>staff</p> <ul style="list-style-type: none"> - Client #4 had recently been seen by a variety of specialist including Cardiologist, Psychiatrist and Neurologist. The Neurologist had diagnosed client #4 with Bell's Palsy. Changes had been made to her medications. - She would need to contact the physicians to obtain medication orders for those missing in the record maintained by the facility. <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> <p>Review on 1/12/22 of the facility's plan of protection dated 1/12/22 submitted by the Licensee/Director revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care? All four clients have been placed in equivalent facilities or a higher level of care. Upon reopening all employees all employees will be trained or retrained on infectious control measures, CLIA and medication management. The facility will be relocated and at that time the consumers are welcome to come back the Qualified Professional will also play a big part in review of M.A.R.S. (MARs) assessments going forward. - Describe your plans to make sure the above happens. The Director (self) will set up and attend all training before excepting any/all consumers/clients back into the home. Clients were all moved out by 12/25/21. The facility officially closed on 12/31/21. No consumers are living in the home at this time. The QP going forward will review all records along with the Director to ensure accuracy of documentation and to make sure clients are getting what's 	V 118		

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V 118	<p>Continued From page 23</p> <p>needed."</p> <p>The facility served 4 clients whose diagnoses included Schizoaffective Disorder, Dementia, Bell's Palsy, Post Traumatic Stress Disorder, Chronic Obstructive Pulmonary Disorder, and Hyperlipidemia. All clients were diagnosed with Diabetes. Three clients had physician's order to check their blood sugar. Staff #1 performed blood sugar checks on clients #1 and #2 without using gloves. A shared glucometer staff #1 used for both clients was not disinfected between usage. The MAR was not accurate as discontinued medications, incorrect instructions and blanks appeared on the forms from September-November 2021. For client #1, over 88 times her blood sugar checks were inaccurately documented. These failures were detrimental to the health, safety and welfare of clients #1- #4 and constitutes a Type B rule violation. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 118		