

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-736	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2022
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NAME OF PROVIDER OR SUPPLIER MERCY HOME SERVICES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3221 EDENWOOD DRIVE GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 26, 2022. 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 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 reviews and interviews, the facility staff failed to ensure disaster drills were conducted once per shift per quarter. The findings are:</p> <p>Review on 1/26/22 of the facility's fire and disaster drills, from January 2021 to January</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>2022, revealed: -A disaster drill was last completed on 1/11/21 -One disaster drill was completed for the entire year of 2021</p> <p>Interviews on 1/25/22 with clients #1, #2 and #3 revealed: -Had participated in disaster drills in the past -Were unable to remember the date</p> <p>Interview on 1/25/22 with staff #1 revealed: -Had conducted just one disaster drill for the year 2021 -Was not aware disaster drills were to be conducted once per shift per quarter.</p> <p>Interview on 1/25/22 with the Qualified Professional/Licensee (QP/L) revealed: -Was not aware disaster drills were to be conducted once per shift per quarter. -Would ensure drills were conducted as required.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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.</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>(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:</p> <ul style="list-style-type: none"> (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. <p>(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 records review and interviews, the facility staff failed to ensure medications were recorded immediately after administration for 3 of 3 current clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/25/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> -An admission date of 7/24/18 -Diagnoses of Schizoaffective Disorder, Bipolar Type, Post-Traumatic Stress Disorder and Mild Mental Retardation -Physician's orders, dated 1/9/22 for the following medications: Benztropine 0.5mg, 1pobid, Citalopram 40mg, 1poqd, Clozapine 100mg, 1poqhs, Cyclobenzaprine 10mg, 1pobid, Divalproex 500mg, 2poqhs, Doxepin 100mg, 1poqhs, Haloperidol 5mg, 1potid, Hydroxyzine 	V 118		

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V 118	<p>Continued From page 3</p> <p>25mg, 1potid, Keppra 500mg, 1pobid and Prazosin 2mg, 1poqhs</p> <p>Review on 1/25/22 of client #1's MARs revealed: -On 1/25/22, blanks for the morning doses of the medications -On 12/25/21 to 12/28/21, blanks for all medications -On 11/25/21 to 11/28/21, blanks for all medications</p> <p>Review on 1/25/22 of client #2's record revealed: -An admission date of 8/26/20 -Diagnoses of Schizophrenia, Major Depressive Disorder, Schizoaffective Disorder, Fetal Alcohol Syndrome, Hypertension and Obesity -Physician's orders dated 1/9/22 for the following medications: Seroquel 300mg, 1pobid, Maalox 15mls prn, Atarax 50mg, prn, Abilify 400mg, IM q28 days, Desyrel 100mg, oral qhs, Zoloft 150mg, 1poqd, Valacyclovir 500mg, 1poqd, and Buspar 5mg, 1potid</p> <p>Review on 1/25/22 of client #2's MARs revealed: -On 12/31/21, blanks for all medications -On 1/18/22 and 1/19/22, blanks for the morning and evening doses of Hydroxyzine -On 1/19/22 and 1/20/22, blanks for the morning and evening doses of Seroquel -On 1/25/22, blanks for all morning medications</p> <p>Review on 1/25/22 with client #3's record revealed: -An admission date of 5/26/2009 -Diagnoses of Moderate Mental Retardation, Down's Syndrome, GERD, Major Depressive Disorder and Bipolar Affective Disorder -Physician's orders dated 9/14/21 for the following medications: Benzotropine Mesylate 1mg, 1poqd,</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>Cetirizine 10mg, 1poqd, Oxybutynin Chloride 5mg, 1poqd, Protonix 40mg, 1poqd, Ability 10mg, 1poqhs, Clonazepam 0.5mg, 1poqhs, Gabapentin 300mg, 1poqhs, and Trazodone 50mg, 1poqhs</p> <p>Review on 1/25/22 of client #3's MARs revealed: -On 12/24/21 to 12/27/21, blanks for all morning and evening medications -On 1/25/22, blanks for all morning medications</p> <p>Review on 1/25/22 of staff #1's record revealed: -A hire date of 2/4/21 -A job description of paraprofessional -Medication Administration training was completed on 1/25/21</p> <p>Interview on 1/25/22 with client #1 revealed: -Took all medications as prescribed. -Had stayed with her family during the holidays of Thanksgiving and Christmas -All of her medications were taken to her home visit.</p> <p>Interview on 1/25/22 with client #2 revealed: -Had taken all medications as prescribed -Had never refused her medications</p> <p>Interview on 1/25/22 with client #3 revealed: -Took all medications as prescribed -Never refused her medications -Went on a home visit during the holidays and medications were sent with her.</p> <p>Interview on 1/25/22 with staff #1 revealed: -Completed Medication Administration training -Had administered client #1, client #2 and client #3's morning medications on 1/25/22 -Failed to document the medications as given on 1/25/22 "because the office wanted the MARs first thing this morning ..."</p>	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Client #1 and client #3 had gone on home visits during the holidays. -All of client #1's and client #3's medications had been sent on these home visits. -Failed to document on the MARs that client had left the facility for home visits. -"That is why there are blanks in November and December (2021)." -Was unable to recall why medications were not documented as given to client #2 <p>Interview on 1/26/22 with the Qualified Professional/Licensee (QP/L) revealed:</p> <ul style="list-style-type: none"> -Had noticed the blanks on the clients MARs. -Had not had an opportunity to sit down with staff #1 and go over the issue. -Was not aware staff #1 had not documented on the MARs when clients went on home visits. 	V 118		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal</p>	V 536		

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V 536	<p>Continued From page 6</p> <p>compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose 	V 536		

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V 536	<p>Continued From page 7</p> <p>activities which directly oppose or replace behaviors which are unsafe).</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p>	V 536		

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V 536	<p>Continued From page 8</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:</p>	V 536		

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V 536	<p>Continued From page 9</p> <p>Based on record review and interview, the facility failed to ensure formal refresher training on alternatives to restrictive interventions was completed at least annually affecting 1 of 2 staff (The Qualified Professional/Licensee (QP/L)). The findings are:</p> <p>Review on 1/25/22 of QP/L's record revealed: -A hire date of 5/1/2009 - Documentation that training on alternatives to restrictive interventions had expired on 12/31/21 - No documentation of refresher training on alternatives to restrictive interventions.</p> <p>Interview on 1/25/22 with the QP/L revealed: -Was aware her annual training on alternatives to restrictive interventions had expired. -The instructor she used had been sick -Would contact the instructor to schedule the training.</p>	V 536		