

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL080097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/04/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HICKORY LANE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>208 HICKORY LANE SALISBURY, NC 28146</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed on 2/4/22. The complaint was unsubstantiated(intake #184924). 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 sample consisted to audits of 3 current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff demonstrated knowledge, skills and abilities for the population served for 1 of 3 current staff(staff #1) and 1 of 1 former staff(FS#2). The findings are:</p> <p>Review on 1/27/22 of staff #1's personnel record revealed: -hire date of 2/22/19 with job title of Direct Associate Professional; -documentation of completed trainings in the following: CPR/First Aid 3/17/21, ProAct Core Plus 4/15/21 and Client Special Population 3/21/19.</p> <p>Review on 2/4/22 of FS #2's personnel record revealed: -hire date of 10/12/20; -termination date of 2/2/22; -documentation of completed trainings in the following: CPR/First Aid 10/20/20, ProAct Core Plus 1/29/21 and Client Special Populations 10/13/20.</p> <p>Interview on 2/1/22 with client #2 revealed: -staff #1 "hollered" at him about wearing his hat in the house; -FS#2 cursed while he talked;</p>	V 110		

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V 110	<p>Continued From page 2</p> <p>-heard staff #1 and FS#2 arguing because staff #1 got to the facility late; -FS#2 cursed at staff #1 while they were arguing with each other.</p> <p>Attempted interviews on 2/1/22 with client #1 and client #3 were unsuccessful due to limited verbal skills of both clients.</p> <p>Interview on 2/3/22 with the Residential Team Lead revealed: -staff #1 was a coach and had a rough tone of voice; -prior to the incident between staff #1 and FS#2, she had addressed the tone staff#1 used with younger other staff; -staff #1 was older and can be stern with them; -staff #1's tone was aggressive with other staff; -she told staff #1 it was not appropriate; -FS#2 was terminated because he was cursing at staff #1 in the presence of the clients.</p> <p>Review on 2/4/22 of documentation of a completed internal investigation dated 1/3/22 revealed: -FS#2 was cursing at staff #1 at the facility; -Client #2 was interviewed and reported FS#2 was cursing; -another staff reported observing FS#2 cursing and complaining about staff #1's tardiness during shift change; -a corrective action was taken on staff #1 regarding reports of him yelling at time when he interacts with the clients; -FS#2 was terminated for using profanity in front of the clients.</p> <p>Review on 2/4/22 of documentation of completed trainings dated 2/2/22 provided to staff #1 by the Qualified Professional included the following</p>	V 110		

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V 110	Continued From page 3  topics: Abuse, Neglect and Exploitation, Supervision Meetings/Trainings, Appropriate Workplace Conduct, Supervision/Tone of Voice/Community Services and Corrective Action.	V 110		
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.	V 118		

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V 118	<p>Continued From page 4</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interview, the facility failed to ensure MARs of all drugs administered to each client was kept current. and medications administered were recorded immediately after administration affecting 2 of 3 clients (#2, #3). The findings are:</p> <p>Finding #1: Review on 1/28/22 of client #2's record revealed: -admission date of 11/2/21; -Diagnoses of Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Intellectual Developmental Disability-Moderate, High Blood Pressure, Tinea Pedis, Constipation, Vitamin D deficiency and allergic to Depakote; -physician's order dated 10/29/21 for Ketoconazole 2% shampoo use on Monday, Wednesday and Fridays.</p> <p>Observation on 2/1/22 at 10:06am of client #2's medications revealed Ketoconazole Shampoo 2% use on Monday, Wednesday and Friday dispensed 9/26/21.</p> <p>Review on 1/28/22 of client #2's MARs from 11/2021, 12/2021 and 1/2022 revealed Ketoconazole Shampoo 2% use on Monday, Wednesday and Friday was documented as administered on 12/2/21(Thursday), 12/7/21(Tuesday), 12/9/21(Thursday) and 12/11/21(Saturday).</p> <p>Finding #2: Review on 1/28/22 of client #3's record revealed:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>-admission date of 1/2/19; -Diagnoses of Autism, IDD-Severe, ADHD, Intermittent Explosive Disorder, Type 2 Diabetes, Sleep Disorder and Allergies; -physician's order dated 9/8/21 for Trulicity Injection 0.75/0.5ml inject 0.5ml once a week.</p> <p>Observation on 2/1/22 at 10:06am of client #3's medications revealed Trulicity Injection 0.75/0.5ml inject 0.5ml once a week was not on site.</p> <p>Review on 1/28/22 of client #3's MARs from 11/2021, 12/2021 and 1/2022 revealed: -Trulicity Injection 0.75/0.5ml inject 0.5ml once a week signed as administered from 11/1/21-11/8/21, 11/11/21, 11/13/21-11/15/21; -a line was drawn through dated 11/1/21-11/8/21; -"given at [local city] signed by Nurse."</p> <p>Review on 2/4/22 of the nursing medication log revealed client #3 was administered the Trulicity Injection once a week at the parent agency office by the nurse.</p> <p>Interview on 2/3/22 with the Residential Team Lead(RTL) revealed: -been the RTL at this facility since 6/2021; -staff meetings once a month and more if needed -on site at the facility at least 3 times a week; -was on FMLA(Family Medical Leave Act) from 12/9/21-1/10/22; -returned to work and then went out again on COVID quarantine on 1/29/22.</p>	V 118		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p>	V 131		

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V 131	<p>Continued From page 6</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to access the HCPR prior to hire for 2 of 3 staff (the Qualified Professional/QP and the Residential Team Lead/RTL). The findings are:</p> <p>Review on 1/27/22 of personnel records revealed: -the QP was hired on 4/19/21 and the HCPR was accessed on 7/22/21; -the RTL was hired on 12/18/29 and the HCPR was accessed on 2/19/21.</p> <p>Interview on 2/1/22 with the QP revealed: -was hired in 4/2019 -been the QP for this facility since 5/2021.</p> <p>Interview on 2/3/22 with the RTL revealed: -been the RTL at this facility since 6/2021; -been with the parent agency over 2 years; -was House Manager at a sister facility prior.</p>	V 131		