

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-973	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2022
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NAME OF PROVIDER OR SUPPLIER TWINKLE-STAR HOME SERVICES LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610
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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 000	INITIAL COMMENTS An annual and complaint survey was completed on 1/14/22. The complaint was unsubstantiated (intake #NC00182003). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		
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.	V 118	Staff will be retrained on 15 hour medication administration by Neuvo Pharmacy. Administrator will complete medication administration skills checklist to ensure that staff understands medication administration processes. DHSR - Mental Health FEB 11 2022 Lic. & Cert. Section	02\15\22 and on going.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE
Administrator

(X6) DATE
02/19/22

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V 118	<p>Continued From page 1</p> <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 record review and interview the facility failed to to assure 1 of 3 staff (#3) demonstrated skills and competency with medication administration training. The findings are:</p> <p>A. No medication administration training:</p> <p>Review on 12/08/21 of staff #3's personnel record revealed the following: -Hired: 01/2018 -No training in medication administration documented</p> <p>Review on 12/08/21 of client #1's October, November, December 2021 MARs revealed: - Staff #3 had initialed the MAR's throughout the months as having administered the medications</p> <p>Interview on 12/10/21 staff #3 reported: -Received medication training, but couldn't remember the date of the training</p> <p>Interview on 12/10/21 the Qualified Professional (QP) reported: -A medication training was offered and staff #3 attended -Unsure of where staff #3's paperwork was filed -Couldn't remember date of medication training</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>B. Staff competency for medication administration:</p> <p>Review on 12/08/21 at 9:43am of the December 2021 MAR for client #1 revealed the medications were already signed as having been administered for the remainder of the day on 12/8/21 as well as the entire day for 12/9/21 and 12/10/21:</p> <ul style="list-style-type: none"> -Terbinafine HCL 250 milligram (mg) tablet, once a day (fungal infections of the fingernails and toenails) -Carbamazepine 200mg tablet, twice a day (epilepsy) -Tamsulosin HCL .04 mg capsule, once a day in the morning (enlarged prostate gland) -Atorvastatin 40mg tablet, once a day in the morning (lower cholesterol) -Janumet 50-1000 mg tablet, once a day in the morning (type 2 diabetes) -Fluoxetine HCL 20mg capsule, once a day in the morning (depression) -Quetiapine Fumarate 100mg, once a day at bedtime (schizophrenia) -Austedo 6mg tablet, twice a day (tardive dyskinesia) -QC Aspirin 81mg chewable tablet, once a day (anti-inflammatory) -Fetzima ER 40mg capsule, once a day in the morning (major depressive disorder) <p>Interview on 12/08/21 staff #1 reported:</p> <ul style="list-style-type: none"> -Had been employed for a year -Had worked the current week, would go off shift Friday 12/10/21 -Was a mistake to sign in the blocks for the date of 12/9 and 12/10 of client #1's MAR -She made a "mistake" and needed to put on her 	V 118		

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TWINKLE-STAR HOME SERVICES LLC **1921 WATERS DRIVE**
RALEIGH, NC 27610

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V 118	Continued From page 3 glasses -She had medication training in 2020 and she may be due for training soon Interview on 12/08/21 the QP reported: -She checked the MARs when at the home -The MARs should not be pre signed -Staff #1 will need to be retrained in medication	V 118		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Health Care Personnel Registry (HCPR) was completed for 2 of 3 audited staff (#1 & #3). The findings are: Review on 12/08/21 of staff #1's personnel records revealed: -Hire date 06/05/20 -No documentation of HCPR check Review on 12/08/21 of staff #3's personnel records revealed:	V 131	Administrator was inserviced on how to conduct NC HCPR on any new potential staff before hiring. All the hired staff NC HCPR has been completed. QP will check new hire and old staff file every quarter to ensure compliance.	02\15\22 and on going process.

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V 131	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Hire date 11/1/21 -No documentation of HCPR check <p>Interview on 12/08/21 staff #1 reported:</p> <ul style="list-style-type: none"> -Had been working in the home for a year -Doesn't recall anyone asking her about a HCPR check -Had worked at a previous group home <p>Interview on 12/08/21 the Qualified Professional reported:</p> <ul style="list-style-type: none"> -Licensee completed the paperwork -Unsure of why the HCPR hadn't been completed for either staff 	V 131		
V 744	<p>27G .0304(b) Safety</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility was not designed, constructed and equipped in a manner that ensured the physical safety of 2 of 5 clients (#5 & #6). The findings are:</p> <p>Observation of client #5 and client #6's bedroom at 2:45pm on 12/13/21 revealed:</p> <ul style="list-style-type: none"> -Had one window for an emergency exit -The bedroom window opened to a cinder block wall outside that was the length of the wall from the ground up 	V 744	<p>The facility has contracted a contractor that will make the necessary renovations\ modifications of removing any obstructive objects that will lead to safety issues at the facility.</p> <p>The contractor will change out the window and replace with the one that will measure 36 inches by 36 inches in order to ensure that the required code is met.</p> <p>Staff will continue to conduct hourly room check to ensure that no resident is smoking inside the facility. Check record will be available for review upon request.</p>	<p>02\28\22</p> <p>on going</p>

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V 744

Continued From page 5

V 744

Interview on 1/11/22 the DHSR (Division of Health Service Regulation) Construction Supervisor reported:

- "The window well as required by code is they have an area of 9 square feet or an opening of 36 inches by 36 inches. The window well as provided is 24 inches by 36 inches or 6 square feet"
- This was their emergency egress in the event of a fire or other emergency event. It would not be a standard form of exiting.

Interview on 12/13/21 client #6 reported:

- Never attempted to get out of the window for a drill
- Didn't know how long the brick wall had been up
- Had lived in the home for 4 years

Interview on 12/13/21 the Qualified Professional (QP) reported:

- The wall was there since the new licensee took control of the home
- Hadn't thought about the clients not being able to get out of the bedroom if a fire started in the hallway

Review on 1/14/22 of the Plan of Protection dated 1/14/22 written by the Qualified Professional revealed. "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility has contacted a contractor to make the necessary renovations/modifications in order to remove any obstructions that impede/affect safe egress/exit from the facility in the event of an emergency. Staff will do hourly room checks to ensure that the residents are not smoking in the group home and will document monitoring /checks.

Describe your plans to make sure the above happens. The facility administrator will ensure this

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V 744	<p>Continued From page 6</p> <p>is completed within 45 days. A weekly update will be provided to the QP until the work is completed and obstruction is removed."</p> <p>Client #5 & #6 shared a downstairs bedroom of the home that had one window for an emergency exit. The window well was not deep enough or short enough for anyone to exit the window safely in case of an emergency. The dimensions of the cinder block wall outside of the window would hinder anyone from getting out of the window safely in an emergency. The window well which was 24 x 36 or 6 square feet which was out of compliance with the North Carolina Construction codes. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, and 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 744		

TWINKLE-STAR HOME SERVICES LLC

**1921 WATERS DRIVE
RALEIGH, NC 27610**

Phone: (919) 539-9223. Fax: (919) 640-3838

February 09, 2022

Dear Ms. Douglas,

Please see attached plan of correction for the violations and deficiencies noted from the annual survey that you conducted on 01\14\2022 at our facility license # MHL 092-973

Please feel free to email or call me at 919-539-9223 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ifeoma Umelo', with a small flourish at the end.

Ifeoma Umelo
Administrator
Twinkle-Star Home Services LLC