

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/25/2022
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NAME OF PROVIDER OR SUPPLIER HOPEWELL	STREET ADDRESS, CITY, STATE, ZIP CODE 292 DOGWOOD LANE SNOW HILL, NC 28580
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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
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on January 25, 2022. The complaint was substantiated (intake #NC00184767). 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 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. (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</p>	V 118	<p><u>V118</u></p> <p>Ambleside, Inc. will continue to work to ensure all individuals are receiving medications daily per physician orders. In this instance, the medications had been delivered by the Pharmacy, however, staff had not checked the delivery box outside, thus resulting in the Med. Errors. In order to correct this area the following actions will occur.:</p>	2/5/22

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Calie...* TITLE: **Director of Operations** (X6) DATE: **2/1/2022**

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V 118	<p>Continued From page 1</p> <p>drug.</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 reviews and interviews the facility failed to administer medications as ordered by a physician affecting 1 of 3 audited clients (client #5). The findings are:</p> <p>Review on 1/19/22 of client #5's record revealed: - 28 year old admitted 6/01/21. - Diagnoses included Intellectual/Developmental Disability, mild; Autism; Intermittent Explosive Disorder; and Bipolar Affective Disorder, manic with severe psychotic features. - Signed Physician's orders as follows: 7/21/21 - lorazepam (sedative, treats anxiety) 2 mg 1 tablet three times daily as needed. - olanzapine (anti-psychotic) 20 milligrams (mg) 1 tablet at bedtime. - melatonin (promotes sleep) 10 mg 1/2 tablet at bedtime. 1/12/22 - Triamcinolone 1% Cream (treats skin conditions) apply topically twice daily for 2 weeks.</p> <p>Review on 1/19/22 of client #5's MARs for November 2021 - January 2022 revealed: - lorazepam administered 1/17/22. - olanzapine 20 mg was not administered 1/10/22</p>	V 118	<p>The Group Home leader will be instructed to check the med delivery box on a daily basis and remove any delivered meds; check them into the med closet per policy procedure. Furthermore, the group home leader will appoint a fill-in staff to complete this responsibility in the event he is not at work for the day, and appoint a staff member for the weekend. This will create a chain of responsibility for targeted follow-up by the Med. Coordinator in the event of future med errors. Additionally, the Med. Coordinator will complete (no less than) Bi-weekly med closet audits @ the home in order to provide additional supervision of</p>	
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V 118	<p>Continued From page 2</p> <p>and 1/11/22; "did not have." - melatonin was not administered 1/10/22; "do not have." - Triamcinolone 1% Cream was not administered 1/12/22 and 1/13/22; "medication not available."</p> <p>Review on 1/19/22 of the control drug "count sheet" for lorazepam revealed "... 1/17/22 ... 1:51 pm ... dose given: 2 ... "</p> <p>Review on 1/19/22 of a level 1 incident report dated 1/17/22 revealed client #5 was given 4 mg of lorazepam instead of 2 mg as ordered by the Physician.</p> <p>During interview on 1/20/22 client #5 stated staff gave him his medications every day.</p> <p>During interview on 1/19/22 the House Lead stated: - He administered 2 lorazepam tablets to client #5 on 1/17/22 for agitation. - He thought the order was written for client #5 to receive up to 2 tablets at a time for agitation. - Neither the Physician's order, the MAR transcription, nor the pharmacy label indicated 2 tablets could be given at once. - Client #5 was to receive 1 tablet of lorazepam three times daily as needed for agitation. - He knew better than to deviate from the medication order. - An incident report was completed for the medication error.</p> <p>During interview on 1/25/22 the Medical Coordinator stated client #5's olanzapine, melatonin and Triamcinolone Cream were not available for administration on the dates as listed above.</p>	V 118	<p>The medical Component of the home. The Medical Coordinator will also check the Med delivery box when Conducting Closet Audits to ensure Compliance w/ the initial Step of the Corrective Action.</p> <p>These Corrective Measures will be monitored daily by the Medical Coordinator through Observation of the Med Pass Progress in the E-MAR System.</p>	

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V 736	Continued From page 3	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in safe, clean, attractive, and orderly manner.. The findings are:</p> <p>Observation of the facility at approximately 11:00 am revealed:</p> <ul style="list-style-type: none"> - The painted surfaces on the kitchen cabinets were scratched and scuffed. - Black particles, consistent with rodent droppings, in the kitchen drawers. - Damage to the wall inside the under-sink cabinet. - The pantry shelves were stained and discolored. - Dried food splatter inside the microwave. - Very heavy ice build up in the upright freezer. - A black fabric recliner had a sagging arm in the living room. - A black metal chair with torn upholstery beside the front door. - The living room carpet had areas that appeared to have been bleached in front of the sofa. - Window screen was missing from the front living room window. - The wall beside client #1's bed was scuffed. - One window screen in client #1's bedroom was 	V 736	<p><u>V736</u></p> <p>All Cleanliness deficiencies will be corrected by the Hopewell Staff members and all Structural/Maintenance items will be corrected by Ambleside's Maintenance Supervisor. The Director of Operations will verify completion of the corrective measures on the due date identified in this Plan of Correction.</p>	2/28/22

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V 736	<p>Continued From page 4</p> <ul style="list-style-type: none"> - loose and pulled away from the frame in the lower left corner. - Client #2's chest of drawers had 1 drawer front missing. - Multiple screw/nail holes in client #2's bedroom walls. - Heavy coating of dust and cobwebs on client #2's window sill. - An electrical outlet cover was broken in client #2's bedroom. - 2 screens were missing from client #2's bedroom windows. - Client #3 did not have any cover on his bedroom window. - An approximately 10 inch crack to the drywall in the wall beside client #3's bedroom window. - Very heavy dust buildup on client #3's window sill. - The finish on client #4's dresser was worn. - Damage to the door at the latch on client #4's bedroom door. - Client #4's closet door had a deep gouge like scratch. - Deep gouge-like areas to client #5's ceiling. - The popcorn finish on the ceiling in bathroom #1 was peeling off in the shower. - Damage to the wall at the corner of the shower in bathroom #1. - Damage to the wall above the toilet in bathroom #1. - Dark brown and rusty stains to the baseboard behind the toilet in bathroom #1. - The toilet paper holder in bathroom #2 was broken. - The bathtub spout was not flush with the tub wall; it extended approximately 3/4 inch out from the wall. - The ceiling exhaust vent in bathroom #2 had a heavy coating of dust. - Heavy damage to the latch of the storage closet 	V 736		

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V 736	<p>Continued From page 5</p> <p>in the back hallway.</p> <ul style="list-style-type: none"> - The threshold at the back hallway emergency exit was missing, leaving an area approximately 1 1/2 inches of exposed particle board. - Walls throughout the facility were scuffed. - Baseboards throughout the facility were dirty with dark stains. <p>During interview on 1/19/22 the House Lead stated the facility was having "issues with mice."</p> <p>During interviews on 1/19/22 and 1/25/22 the Director of Operations stated:</p> <ul style="list-style-type: none"> - The facility walls needed some touch up painting. - He did not know who chose the wall colors for the facility. - He would have maintenance staff resolve the issues noted at the facility. - He understood the requirement to maintain the facility in a safe, clean, attractive, and orderly manner. <p>This deficiency has been cited 5 times since the original cite on 3/20/19 and must be corrected within 30 days.</p>	V 736		