

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-980	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2022
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NAME OF PROVIDER OR SUPPLIER ABSOLUTE HOME-KAPLAN DRIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 5040 KAPLAN DRIVE RALEIGH, NC 27606
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 2/17/22. The complaint was substantiated Intake #NC00180752. Deficiencies were cited.</p> <p>This 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 3 current clients</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</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"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. <p>(f) The governing body for each facility shall</p>	V 110		

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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>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 record review and interview the facility failed to ensure 1 of 3 staff (#1) demonstrated the knowledge, skills and abilities required by the population served. The findings are:</p> <p>During interview on 2/9/22 client #4 reported:</p> <ul style="list-style-type: none"> - 3 years at the facility - staff #1 stayed in his bedroom - came out to cook, clean and give medications <p>During interview on 2/9/22 client #5 reported:</p> <ul style="list-style-type: none"> - staff #1 stayed in his bedroom but would come out if clients needed him <p>During interview on 2/9/22 client #6 reported:</p> <ul style="list-style-type: none"> - "punk a**" stayed in his bedroom <p>During interview on 2/9/22 client #8 reported:</p> <ul style="list-style-type: none"> - admitted December 2021 from a sister facility - staff #1 stayed in his bedroom most of the day - if clients needed staff #1, had to knock on his bedroom door <p>During interview on 2/15/22 staff #1 reported:</p> <ul style="list-style-type: none"> - the clients do different things throughout the day - watched television, listened to music - he watched movies with the clients, sat on 	V 110		

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V 110	Continued From page 2 the porch and talked with them or went in the community together - worked on independent living goals with them like cooking During interview on 2/15/22 the Qualified Professional reported: - some clients reported to her and the Licensee staff #1 remained in his bedroom - she made pop up visits to the facility - during her pop up visits he would be interacting with the clients - she and the Licensee had verbally spoken with him	V 110		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure fire and disaster drills were done	V 114		

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V 114	<p>Continued From page 3</p> <p>quarterly and on each shift. The findings are:</p> <p>During interview on 2/9/22 client #4 reported:</p> <ul style="list-style-type: none"> - had not completed any fire or tornado drills - would go outside for a fire - if it was a tornado, he would "ball up" in a corner <p>During interview on 2/9/22 client #5 reported:</p> <ul style="list-style-type: none"> - almost 3 years at the facility - a fire drill was done a long time ago - went outside for the fire drill - had not completed a tornado drill - would get down in the hallway <p>During interview on 2/15/22 staff #1 reported:</p> <ul style="list-style-type: none"> - began in January 2022 - had not completed a fire or disaster drill - if a fire, direct the clients to the nearest exit - tornado drill, stay low in the hallway - management had not informed him to complete the fire & disaster drill <p>During interview on 2/15/22 & 2/16/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - had not asked the clients if drills were being done - on 2/16/22 only a few drills had been documented - she did not send the drills to the Division of Health Service Regulation - she and the Licensee were responsible for drills being done 	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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> <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: (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> <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 ensure all medication changes or checks were recorded and followed up by appointments or physician consultations for 1 of 3 audited clients (#8). The findings are:</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>Review on 2/10/22, 2/15/22-2/17/22 of client #8's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/22/21 - diagnoses of Post Traumatic Stress Disorder, Major Depressive Disorder, Cannibus Use, Alcohol Use & Diabetes Type II - a physician order dated 1/4/22: "Metformin 500mg twice a day" & discontinued 1/13/22 (diabetes) - a physician order dated 1/13/22 Jardiance 25mg daily (diabetes) <p>Review on 2/15/22 of client #8's physician notes revealed:</p> <ul style="list-style-type: none"> - "1/13/22...patient was advised to start insulin but he refuses. He also wants to stop metformin due to GI upset. was able to agree to try Jardiance 25mg everyday. I need a daily log of glucose reading morning fasting and after dinner..." - "1/27/22 ...did not take Jardiance. says it made him feel bad. Declines all medication for diabetes.." <p>Review on 2/15/22 of client #8's January & February 2022 MARs for client #8 revealed:</p> <ul style="list-style-type: none"> - January - metformin: <ul style="list-style-type: none"> no documentation on 1/5/22 refused the medication all day on 1/9/22 refused the morning of 1/11/22 & 1/12/22 - January & February - Jardiance: <ul style="list-style-type: none"> between 1/13/22 - 1/31/22 Jardiance was administered twice and refused the medication the other days refused 2/1/22 - 2/8/22 <p>During interview on 2/16/22 & 2/17/22 the Qualified Professional reported:</p> <ul style="list-style-type: none"> - the Licensee attended doctor appointments 	V 118		

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V 118	Continued From page 6 with client #8 - the Licensee kept in close contact with client #8's physician due to his refusals - the Licensee had reached out to client #8's physician for all consultations	V 118		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff	V 290		

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V 290	<p>Continued From page 7</p> <p>need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a staff member was present except when the client's treatment plan documented the client was capable of remaining in the community unsupervised for 1 of 3 audited clients #8). The findings are:</p> <p>Review on 2/10/22, 2/15/22-2/17/22 of client #8's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/22/21 - diagnoses of Post Traumatic Stress Disorder, Major Depressive Disorder, Cannibus Use, Alcohol Use & Diabetes Type II - treatment plan dated 10/17/21 with no documented unsupervised time - a facility's unsupervised time assessment dated 1/20/22 with no signatures "90 minutes in community to walk to store and walk back ...short walks for exercise and stress relief ...no alcohol or drug use when in community" - another facility's unsupervised time assessment dated 2/16/22 "effective today, Feb 	V 290		

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V 290	<p>Continued From page 8</p> <p>16, 2022 the guardian have requested that due to medication noncompliance... supervised time be removedwill not be allowed to walk to the store or go away from the facility without supervision"</p> <p>During interview on 2/9/22 client #8 reported:</p> <ul style="list-style-type: none"> - yesterday (2/8/22) he was given one hour of unsupervised time once a week - walked to the local gas station a mile away - staff requested approval from the (QP) Qualified Professional each time he went out in the community <p>During interview on 2/15/22 staff #1 reported:</p> <ul style="list-style-type: none"> - client #8 does not have unsupervised time <p>During interview 2/16/22 the guardian reported:</p> <ul style="list-style-type: none"> - client #8 was noncompliance with his diabetes medications since admitted to the facility - had not approved unsupervised time in community - would get sodas and sweets while in the community - unsupervised time would be given when he complied with rules and instructions <p>During interview on 2/16/22 the QP reported:</p> <ul style="list-style-type: none"> - the guardian agreed to 90 minutes of unsupervised time on 1/20/22 - she did not obtain her signature but was a verbal agreement - she (guardian) called her on 2/16/22 & informed her client #8 was not approved for unsupervised time in the community 	V 290		