Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL041-689	A. BUILDING: _____ B. WING _____	R-C 02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M & M SPECIAL SERVICES	2621 GRIMSLEY STREET GREENSBORO, NC 27403

(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 A Complaint and Follow-Up Survey was completed on February 3, 2022. The complaint was substantiated. (intake #NC00185082). Deficiencies were cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Adults with Developmental Disabilities The survey sample consisted of audits of 1 current client, 1 former client, 0 deceased clients.	V 000	Peer Reviews & additional training for personnel. Mock Training & Daily for personnel & participate to ensure Meds are administrated with accuracy. Reviews as needed on a Day to Day Basis to Health and to guarantee guarantee good Health & Wellness procedure for Residents.	2/9/22
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	V 118		

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V 118	Continued From page 1 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. This Rule is not met as evidenced by: Based on interview and record review, facility staff failed to ensure the MAR for each client was kept current with medications administered, recorded immediately after administration, for one (client #1) of one current client surveyed. The findings are: Review on 2-2-22 of client #1 ' s facility record revealed: - admitted 8-18-19 - 63 years old - diagnosed with: - Moderate Mental Retardation - Schizophrenia, Undifferentiated Type - Diabetes - Hypertension - is his own legal guardian Further review on 2-2-22 of client #1 ' s MAR	V 118		2/4/22

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V 118	Continued From page 2 revealed: - allopurinol 100 milligrams (mg) one, taken daily - not documented as given on 1-30-22 - not documented as given on 1-31-22 - Jardiance 25 mg. one, taken daily - not documented as given on 1-30-22 - not documented as given on 1-31-22 - carvedilol 6.25 mg. one taken twice daily - not documented as given second dose on 1-29-22 - not documented as given second dose on 1-30-22 - not documented as given second dose on 1-31-22 - atorvastatin 40 mg. one taken at bedtime - not documented as given on 1-29-22 - not documented as given on 1-30-22 - not documented as given on 1-31-22 - trazadone 40 mg. one taken at bedtime - not documented as given on 1-29-22 - not documented as given on 1-30-22 - not documented as given on 1-31-22 - aspirin 81 mg. one taken at bedtime - not documented as given on 1-29-22 - not documented as given on 1-30-22 - not documented as given on 1-31-22 - torsemide 20 mg. two taken daily - not documented as given on 1-30-22 - not documented as given on 1-31-22 - risperidone 4 mg. one taken at bedtime - not documented as given on 1-29-22 - not documented as given on 1-30-22 - not documented as given on 1-31-22 - montelukast 10 mg. one taken at bedtime - not documented as given on 1-29-22 - not documented as given on 1-30-22 - not documented as given on 1-31-22 Interview on 2-2-22 with client #1 revealed:	V 118		2/9/22

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V 118	Continued From page 3 - knows the medications he is supposed to take - takes his medication every day - he has not missed any medications - the facility has never run out of his medications - facility staff have been responsive to his medical needs Interview on 2-2-22 with the facility Manager revealed: - acknowledged he was responsible for the MARs being accurate - not putting his initials in the correct block was an oversight - "I ' ll address that immediately and make sure it is filled in better (in the future)" Interview on 2-3-22 with the Qualified Professional/Licensee revealed: - the facility Manager will have to do a better job - she and the Manager have been very busy with a former client who has been hospitalized, trying to help him find another residential placement - she will make sure all client records are accurate and better organized This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		2-9-22
V 368	G.S. 122C-63 Assurance for continuity of care § 122C-63 ASSURANCE FOR CONTINUITY OF CARE FOR INDIVIDUALS WITH MENTAL RETARDATION (a) Any individual with mental retardation admitted for residential care or treatment for	V 368		

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V 368	Continued From page 4 other than respite or emergency care to any residential facility operated under the authority of this Chapter and supported all or in part by state-appropriated funds has the right to residential placement in an alternative facility if the client is in need of placement and if the original facility can no longer provide the necessary care or treatment. (b) The operator of a residential facility providing residential care or treatment, for other than respite or emergency care, for individuals with mental retardation shall notify the area authority serving the client's county of residence of his intent to close a facility or to discharge a client who may be in need of continuing care at least 60 days prior to the closing or discharge. The operator's notification to the area authority of intent to close a facility or to discharge a client who may be in need of continuing care constitutes the operator's acknowledgement of the obligation to continue to serve the client until: (1) The area authority determines that the client is not in need of continuing care; (2) The client is moved to an alternative residential placement; or (3) Sixty days have elapsed; whichever occurs first. In cases in which the safety of the client who may be in need of continuing care, of other clients, of the staff of the residential facility, or of the general public, is concerned, this 60- day notification period may be waived by securing an emergency placement in a more secure and safe facility. The operator of the residential facility shall notify the area authority that an emergency placement has been arranged within 24 hours of the placement. The area authority and the Secretary shall retain their respective responsibilities upon receipt of this notice.	V 368		2/9/22

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V 368	Continued From page 5 (c) An individual who may be in need of continuing care may be discharged from a residential facility without further claim for continuing care against the area authority or the State if: (1) After the parent or guardian, if the client is a minor or an adjudicated incompetent adult, or the client, if an adult not adjudicated incompetent, has entered into a contract with the operator upon the client's admission to the original residential facility the parent, guardian, or client who entered into the contract refuses to carry out the contract, or (2) After an alternative placement for a client in need of continuing care is located, the parent or guardian who admitted the client to the residential facility, if the client is a minor or an adjudicated incompetent adult, or the client if an adult not adjudicated incompetent, refuses the alternative placement. (d) Decisions made by the area authority regarding the need for continued placement or regarding the availability of an alternative placement of a client may be appealed pursuant to the appeals process of the area authority and subsequently to the Secretary or the Commission under their rules. If the appeal process extends beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange a temporary placement in a State facility for the mentally retarded pending the outcome of the appeal. (e) The area authority that serves the county of residence of the client is responsible for assessing the need for continuity of care and for the coordination of the placement among available public and private facilities whenever the authority is notified that a client may be in need of continuing care. If an alternative	V 368	Resident had extreme behavior since 1/2021 his team have tried every alternative to ~~from~~ find him a respite center to be assessed. However we were told because he was IVD there were no placement available. Therefore he had to be admitted to hospital several times in 2021. with no other resources available but to come home endangering other in and out of the Community. M&M Special Services agreed to keep resident ~~wealthough~~ he	2/9/22

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V 368	Continued From page 7 This Rule is not met as evidenced by: Based on interview and record review, the facility staff failed to notify the area authority (Local Management Entity/Managed Care Organization) of the client ' s county of residence, at least 60 days prior to discharge for a client in need of continuing care, affecting one (former client #2) of one former clients. The findings are: Review of former client #2 ' s (fc2) facility record revealed: - admitted 2-27-17 - 27 years old - discharged 11-20-21 - diagnosed with: - Severe Mental Retardation - Autistic Disorder Review on 1-28-22 of an incident report from the North Carolina Incident Response Improvement System (IRIS) revealed: - fc2 was discharged from a non-state facility hospital on 10-27-21 - Another event occurred at the facility on 11-20-21 - the event involved fc2 - on 11-20-21 he was agitated, impulsive and oppositional - behaviors increased as the hours passed and he became increasingly aggressive - law enforcement was called to protect the other client, staff and fc2 from getting seriously injured - fc2 was transported to a local hospital	V 368	Been discharged to Wes Care Health Care in Greensboro. Furthermore this resident has been with the agency for 5 years and we were trying to prevent a Lapse in his Services Sept 12-1-2021. If it had not been for the Merger I would have kept him with M & M SPECIAL SERVICES. Moving Forward whenever a	2/9/22

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V 368	Continued From page 6 placement is not available beyond the operator's 60-day obligation to continue to serve the client, the Secretary shall arrange for a temporary placement in a State facility for the mentally retarded. The area authority shall retain responsibility for coordination of placement during a temporary placement in a State facility. (f) The Secretary is responsible for coordinative and financial assistance to the area authority in the performing of its duties to coordinate placement so as to assure continuity of care and for assuring a continuity of care placement beyond the operator's 60-day obligation period. (g) The area authority's financial responsibility, through local and allocated State resources, is limited to: (1) Costs relating to the identification and coordination of alternative placements; (2) If the original facility is an area facility, maintenance of the client in the original facility for up to 60 days; and (3) Release of allocated categorical State funds used to support the care or treatment of the specific client at the time of alternative placement if the Secretary requires the release. (h) In accordance with G.S. 143B-147(a)(1) the Commission shall develop programmatic rules to implement this section, and, in accordance with G.S. 122C-112(a)(6), the Secretary shall adopt budgetary rules to implement this section. (1981, c. 1012; 1985, c. 589, s. 2.)	V 368	Had aggressive behaviors However when the Director ~~realized~~ realized that he would no longer be under Cardinal Health Care MCO Effective 12-1-2021. We did not have a contract w/ Director attempted to and ISP DT to prevent a lapse in this service. The agency was Care had a contract with Alliance Healthcare Therefore if all terms were in agreement the member would have	2/9/22 Alliance Health Care

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V 368	Continued From page 8 Interview on 1-28-22 with the Social Work Supervisor at the local hospital revealed: - fc2 was admitted to the Emergency Department on 11-20-21 - he was evaluated and ready for discharge on 11-21-21 - fc2 ' s facility was notified, but they refused to pick him up due to his behaviors and their inability to meet his needs - she has had regular ongoing contact with the facility ' s Qualified Professional/Licensee (QP/L) - about 5 days into fc2 ' s stay, his Local Management Entity/Managed Care Organization (LME/MCO) changed, and the facility did not have a contract to provide services under the new LME/MCO - approximately 3 weeks into his stay, the facility attempted to assist another provider in the community by moving client into an unlicensed Alternative Family Living facility (AFL) - fc2 ' s Facility Manager (FM) began working with another provider to set up the AFL - around 1-4-22, the hospital reported fc2 ' s behaviors were not under control, so FM decided not to pursue becoming an AFL provider - this hospital admission was fc2 ' s 3rd since October (10-18-21, 10-26-21 and 11-20-21) - fc2 ' s legal guardian, "has not visited client once since he was admitted 11-20-21" Interview on 1-28-22 with fc2 ' s Department of Social Services Legal Guardian (LG) revealed: - lots of meetings have been held to try to find a more appropriate placement for fc2 - the facility had been reporting fc2 ' s behaviors had been getting worse over the last 12 months	V 368	occur My team will make sure there is a 60 day discharge issued. Stay in Compliance with the State and to provide ~~Alternate~~ alternate ways of processing discharging a resident via a 60 Day period with additional reinforcements + resources available.	2/9/21

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V 368	Continued From page 9 - "Even after the discharge on 11-20-21, they (the facility) kept trying to place him and find a group home for him" - there was no treatment team meeting in September (60 days prior to 11-20-21 discharge date) to notify the LME/MCO serving fc2 of their intent to discharge him - "Off the record, I think M&M (facility) needed more support than they were getting from psychiatrists and other providers. They wanted him to get the help he needed. When these behaviors happened, they really sought help for him. They didn ' t neglect him, and they didn ' t abandon him. They attended to his needs. When it came to his episodes, those were behaviors that were out of their control (to handle in the facility)." Interview on 2-2-22 with FM revealed: - confirmed fc2 left the facility 11-20-22 - it was decided until sometime in mid-December, 2022 (exact date not known) that fc2 would not return to the faciliy - he had considered working for another provider, becoming an AFL, in order to help fc2 - "but when I knew that he was not even sleeping, even when they have all the possible medication cocktails to help him sleep and it was not working at the hospital, I just knew I couldn ' t help him" - no mention of a treatment team meeting in September (60 days prior) to discuss the intent of discharging fc2 Interview on 1-31-22 with the QP/Licensee revealed: - her policy on discharging clients states she will provide 60 days notice	V 368		2-9-22

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V 368	Continued From page 10 - she hasn ' t officially discharged fc2 - he left the facility 11-20-21 - she worked with a provider in the community that had a contract with the new LME/MCO, with the hope of placing fc2 in an unlicensed one-client AFL operated by her FM - however, her FM changed his mind when fc2 ' s behaviors were still not under control in the hospital - it was on 11-22-21 that she decided not to take fc2 back to the facility - "(the) reason I didn ' t take him from the hospital was due to the merger. Alliance (new LME/MCO) told me I could not take him back without a contract" - "I decided to discharge him 12-1-21" - "11-14-21, I notified the treatment team he would be discharged 11-30-21" - further interview failed to reveal: - why there was no treatment team meeting with the original LME/MCO in September to discuss her intent to discharge fc2 - why there was no definitive date at which fc2 was officially discharged	V 368		2-9-22