STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-124	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRIAD HEALTHCARE SERVICES 2	915 SCOTT STREET BURLINGTON, NC 27215

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 2/9/22. 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 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1 This Rule is not met as evidenced by: Based on record reviews and interview, the facility the facility failed to schedule a review of a plan at least annually affecting one of three clients (#1) and the facility failed to have written consent or agreement by the client or responsible party affecting three of three clients (#1, #2 and #3). The findings are: The following is evidence the facility failed to schedule a review of a plan at least annually. Review on 2/9/22 of client #3's record revealed: -Admission date of 12/4/19. -Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Schizophrenia. -The Person Centered Plan (PCP) was dated 12/1/20. -There was no documentation that client #3 had a plan completed for 2021. Interview on 2/9/22 with the Director/Licensee revealed: -He didn't realize the PCP for client #3 was not current. -He confirmed the facility failed to schedule a review of a plan at least annually for client #3. The following is evidence the facility failed to have written consent or agreement by the client or responsible party. a. Review on 2/9/22 of client #1's record	V 112		

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V 112	Continued From page 2 revealed: -Admission date of 3/29/17. -Diagnoses of Mild Intellectual and Developmental Disabilities and Schizoaffective Disorder. -The PCP was dated 3/1/21. -The PCP had no written consent or agreement by the client or responsible party. b. Review on 2/9/22 of client #2's record revealed: -Admission date of 4/5/21. -Diagnoses of Unspecified Intellectual and Developmental Disabilities, Schizoaffective Disorder-Bipolar Type, History of Substance Abuse, Hepatitis C, Hypertriglyceridemia and Vitamin D deficiency. -The PCP was dated 4/19/21. -The PCP had no written consent or agreement by the client or responsible party. c. Review on 2/9/22 of client #3's record revealed: -The PCP was dated 12/1/20. -The PCP had no written consent or agreement by the client or responsible party. Interview on 2/9/22 with the Director/Licensee revealed: -He didn't realize the guardian's had not signed each client's PCP. -He confirmed the facility failed to have written consent or agreement by the client or responsible party for clients #1, #2 and #3.	V 112		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review:	V 121		

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V 121	Continued From page 3 (1) If the client receives psychotropic drugs, the governing body or operator shall be responsible for obtaining a review of each client's drug regimen at least every six months. The review shall be to be performed by a pharmacist or physician. The on-site manager shall assure that the client's physician is informed of the results of the review when medical intervention is indicated. (2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to obtain drug reviews every six months for three of three clients (#1, #2 and #3) who received psychotropic drugs. The findings are: a. Review on 2/9/22 of client #1's record revealed: -Admission date of 3/29/17. -Diagnoses of Mild Intellectual and Developmental Disabilities and Schizoaffective Disorder. Review of physician's orders on 2/9/22 revealed: -Order dated 10/7/21 for Risperidone 2 milligram (mg), one tablet at bedtime. Review of the Medication Administration Record (MAR) on 2/9/22 revealed: -February 2022-Staff documented client #1 was administered the above medication 2/1 thru 2/8. Review of facility records on 2/9/22 revealed:	V 121		

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V 121	Continued From page 4 -Client #1 had a psychotropic drug review completed on 6/30/21. -There was no evidence of a current six month psychotropic drug review for client #1. b. Review on 2/9/22 of client #2's record revealed: -Admission date of 4/5/21. -Diagnoses of Unspecified Intellectual and Developmental Disabilities, Schizoaffective Disorder-Bipolar Type, History of Substance Abuse, Hepatitis C, Hypertriglyceridemia and Vitamin D deficiency. Review of physician's orders on 2/9/22 revealed: -Order dated 7/8/21 for Lithium Carbonate 300 mg, one tablet every 12 hours; Clozapine 100 mg, three tablets at bedtime and Haloperidol 5 mg, one tablet at bedtime. Review of the Medication Administration Record (MAR) on 2/9/22 revealed: -February 2022-Staff documented client #2 was administered the above medications 2/1 thru 2/8. Review of facility records on 2/9/22 revealed: -Client #2 had a psychotropic drug review completed on 6/30/21. -There was no evidence of a current six month psychotropic drug review for client #2. c. Review on 2/9/22 of client #3's record revealed: -Admission date of 12/4/19. -Diagnoses of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Schizophrenia. Review of physician's orders on 2/9/22 revealed: -Order dated 3/11/21 for Guanfacine 2 mg, one tablet twice daily.	V 121		

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V 121	Continued From page 5 -Order dated 11/19/20 for Divalproex Sodium DR 500 mg, two tablets at bedtime and Risperidone 1 mg, take five tablets at bedtime. -Order dated 6/5/20 for Trazodone 100 mg, one tablet at bedtime. Review of the Medication Administration Record (MAR) on 2/9/22 revealed: -February 2022-Staff documented client #3 was administered the above medications 2/1 thru 2/8. Review of facility records on 2/9/22 revealed: -Client #3 had a psychotropic drug review completed on 6/30/21. -There was no evidence of a current six month psychotropic drug review for client #3. Interview on 2/9/22 with the Director/Licensee revealed: -"They got a little behind with doing the psychotropic medication reviews for clients." -He thought the clients were supposed to have the psychotropic medication reviews with the Pharmacist completed this week. -He confirmed the six months psychotropic drug review was not completed for clients #1, #2 and #3.	V 121		