

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>MHL077-071</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><b>03/07/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>DILIGENT CARE GROUP HOME #1</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>161 BOWEN STREET</b><br><b>HOFFMAN, NC 28347</b> |
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on March 7, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>   | V 000         |   |                    |
| V 111              | <p><b>27G .0205 (A-B)</b><br/><b>Assessment/Treatment/Habilitation Plan</b></p> <p><b>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</b></p> <p>(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:</p> <ul style="list-style-type: none"> <li>(1) the client's presenting problem;</li> <li>(2) the client's needs and strengths;</li> <li>(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;</li> <li>(4) a pertinent social, family, and medical history; and</li> <li>(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.</li> </ul> <p>(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> | V 111         |   |                    |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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| V 111              | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting one of three clients (#2). The findings are:</p> <p>Review on 3/4/22 of client #2's record revealed:<br/>-Admission date of 6/21/21.<br/>-Diagnoses of Mild Intellectual and Developmental Disability, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Borderline Diabetes and Seasonal Allergies.<br/>-No evidence of an admission assessment completed for client #2 prior to the delivery of services.</p> <p>Interview on 3/4/22 with the Director revealed:<br/>-Client #2 had an admission assessment completed prior to being admitted to the group home.<br/>-She thought client #2's admission assessment was in the electronic file online with the rest of her information.<br/>-She confirmed the facility failed to provide documentation of an admission assessment for client #2 prior to delivery of services.</p> | V 111         |   |                    |

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| V 118<br>V 118     | Continued From page 2<br>27G .0209 (C) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(c) Medication administration:<br>(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.<br>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.<br>(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.<br>(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:<br>(A) client's name;<br>(B) name, strength, and quantity of the drug;<br>(C) instructions for administering the drug;<br>(D) date and time the drug is administered; and<br>(E) name or initials of person administering the drug.<br>(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.<br><br>This Rule is not met as evidenced by: | V 118<br>V 118 |   |                    |

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| V 118              | <p>Continued From page 3</p> <p>Based on observation, record review and interview, the facility failed to ensure medications were available for administration affecting one of three clients (#2). The findings are:</p> <p>Review on 3/4/22 of client #2's record revealed:<br/>-Admission date of 6/21/21.<br/>-Diagnoses of Mild Intellectual and Developmental Disability, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Borderline Diabetes and Seasonal Allergies.</p> <p>Review on 3/4/22 of physician's orders for client #2 revealed:<br/>-Order dated 1/5/22 for Ibuprofen 800 mg (milligram), one tablet every 6 hours as needed.<br/>-Order dated 1/25/21 for Terconazole 0.8% Vaginal cream, apply to affected area twice daily as needed.</p> <p>Observation on 3/4/22 at approximately 12:03 pm of the medication area revealed:<br/>-The Ibuprofen 800 mg tablets and Terconazole 0.8% Vaginal cream was not available for client #2.</p> <p>Review on 3/4/22 of a Medication Administration Record (MAR) for client #2 revealed:<br/>-March 2022-The Ibuprofen 800 mg tablets and Terconazole 0.8% Vaginal cream were both listed.</p> <p>Interview on 3/4/22 with the Director revealed:<br/>-Client #2 had the Terconazole cream when she first came to the group home.<br/>-Client #2 had some left over Terconazole cream and it started turning brown. Staff throw the Terconazole cream away.<br/>-There was no Terconazole cream available right now for client #2.</p> | V 118         |   |                    |

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| V 118              | Continued From page 4<br><br>-There was no Ibuprofen available for client #2. She was not sure why there was no Ibuprofen available for client #2.<br>-She confirmed facility staff failed to ensure medication was available for administration for client #2.   | V 118         |   |                    |
| V 120              | 27G .0209 (E) Medication Requirements<br><br>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br>(e) Medication Storage:<br>(1) All medication shall be stored:<br>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;<br>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;<br>(C) separately for each client;<br>(D) separately for external and internal use;<br>(E) in a secure manner if approved by a physician for a client to self-medicate.<br>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record reviews and interview facility staff failed to ensure medications were stored in a clean cabinet and kept separate | V 120         |   |                    |

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| V 120              | <p>Continued From page 5</p> <p>for each client affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>a. Review on 3/4/22 of client #1's record revealed:<br/>-Admission date of 9/30/17.<br/>-Diagnoses of Moderate Intellectual and Developmental Disability, Organic Personality Disorder, Congenital Joint Deformity, Diabetes and Hypercholesterolemia.</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 12/1/21 for Citalopram 40 mg, one tablet daily.<br/>-Order dated 11/1/21 for Glimepiride 2 mg, one tablet in the morning.<br/>-Order dated 9/2/21 for Quetiapine Fumarate 200 mg, one tablet three times daily; Trazodone HCL 150 mg, two tablets at bedtime and Temazepam 30 mg, one capsule at bedtime.<br/>-Order dated 6/9/21 for Divalproex Sodium DR 500 mg, two tablets daily at bedtime.<br/>-Order dated 9/3/20 for Simvastatin 40 mg, one tab daily with bedtime.<br/>-Order dated 5/8/19 for Metformin HCL 1000 mg, one tablet twice daily.</p> <p>b. Review on 3/4/22 of client #2's record revealed:<br/>-Admission date of 6/21/21.<br/>-Diagnoses of Mild Intellectual and Developmental Disability, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Borderline Diabetes and Seasonal Allergies.</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 10/4/21 for Aripiprazole 15 mg, one tablet daily and Fluoxetine HCL 40 mg, one capsule daily.<br/>-Order dated 6/23/21 for Solifenacin Succinate 10</p> | V 120         |   |                    |

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| V 120              | <p>Continued From page 6</p> <p>mg, one tablet daily.</p> <p>c. Review on 3/4/22 of client #3's record revealed:<br/>-Admission date of 10/6/17.<br/>-Diagnoses of Moderate Intellectual and Developmental Disability, Attention Deficit Hyperactivity Disorder, Esotropia Seizure Disorder, Cerebral Palsy, Pervasive Developmental Disorder and Disorder of Infancy Childhood &amp; Adolescence.</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 12/2/21 for Lamotrigine 100 mg, one tablet twice daily.<br/>-Order dated 8/5/21 for Clonidine HCL 0.1 mg, two tablets at bedtime.</p> <p>Observation on 3/4/22 at approximately 11:40 am of the medication area revealed:<br/>-The medication packets for clients #1, #2 and #3 were stored in a metal file cabinet.<br/>-The medication packets for clients #1, #2 and #3 were all on the same shelf and not stored separately.<br/>-There were record books, towels and toys stored with the medication packets in the metal file cabinet.</p> <p>Interview on 3/4/22 with the Director revealed:<br/>-The majority of the client's medications are stored in the closet in the hallway.<br/>-Staff kept the client's medication for that week stored in the metal cabinet in the kitchen.<br/>-She did not realize staff were storing the client's medication packets together in the metal cabinet in the kitchen.<br/>-She did realize there were other items stored in the metal cabinet in the kitchen with the medications.<br/>-She confirmed facility staff failed to ensure</p> | V 120         |   |                    |

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| V 120              | Continued From page 7<br><br>medications were stored in a clean cabinet and kept separate for each client.   | V 120         |   |                    |
| V 121              | <p>27G .0209 (F) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(f) Medication review:<br/>(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.<br/>(2) The findings of the drug regimen review shall be recorded in the client record along with corrective action, if applicable.</p> <p>This Rule is not met as evidenced by:<br/>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:</p> <p>a. Review on 3/4/22 of client #1's record revealed:<br/>-Admission date of 9/30/17.<br/>-Diagnoses of Moderate Intellectual and Developmental Disability, Organic Personality Disorder, Congenital Joint Deformity, Diabetes and Hypercholesterolemia.</p> | V 121         |   |                    |

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| V 121              | <p>Continued From page 8</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 12/1/21 for Citalopram 40 mg, one tablet daily.<br/>-Order dated 9/2/21 for Quetiapine Fumarate 200 mg, one tablet three times daily; Trazodone HCL 150 mg, two tablets at bedtime and Temazepam 30 mg, one capsule at bedtime.<br/>-Order dated 6/9/21 for Divalproex Sodium DR 500 mg, two tablets daily at bedtime.</p> <p>Review on 3/4/22 of the Medication Administration Record (MAR) revealed:<br/>-February 2022-Staff documented client #1 was administered the above medications 2/1 thru 2/28.</p> <p>Review on 3/4/22 of facility records revealed:<br/>-There was no evidence of a six month psychotropic drug review for client #1.</p> <p>b. Review on 3/4/22 of client #2's record revealed:<br/>-Admission date of 6/21/21.<br/>-Diagnoses of Mild Intellectual and Developmental Disability, Bipolar Disorder, Attention Deficit Hyperactivity Disorder, Borderline Diabetes and Seasonal Allergies.</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 10/4/21 for Aripiprazole 15 mg, one tablet daily and Fluoxetine HCL 40 mg, one capsule daily.</p> <p>Review on 3/4/22 of the MAR revealed:<br/>-February 2022-Staff documented client #2 was administered the above medications 2/1 thru 2/28.</p> <p>Review on 3/4/22 of facility records revealed:<br/>-There was no evidence of a six month</p> | V 121         |   |                    |

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| V 121              | <p>Continued From page 9</p> <p>psychotropic drug review for client #2.</p> <p>c. Review on 3/4/22 of client #3's record revealed:<br/>-Admission date of 10/6/17.<br/>-Diagnoses of Moderate Intellectual and Developmental Disability, Attention Deficit Hyperactivity Disorder, Esotropia Seizure Disorder, Cerebral Palsy, Pervasive Developmental Disorder and Disorder of Infancy Childhood &amp; Adolescence.</p> <p>Review on 3/4/22 of physician's orders revealed:<br/>-Order dated 12/2/21 for Lamotrigine 100 mg, one tablet twice daily.<br/>-Order dated 8/5/21 for Clonidine HCL 0.1 mg, two tablets at bedtime.</p> <p>Review on 3/4/22 of the MAR revealed:<br/>-February 2022-Staff documented client #3 was administered the above medications 2/1 thru 2/28.</p> <p>Review on 3/4/22 of facility records revealed:<br/>-There was no evidence of a six month psychotropic drug review for client #3.</p> <p>Interview on 3/4/22 with the Director revealed:<br/>-The psychotropic medication reviews were completed by the pharmacist.<br/>-She kept the psychotropic drugs reviews in a separate folder.<br/>-She thought the psychotropic drug reviews were at her main office.<br/>-She confirmed there was no documentation of a six months psychotropic drug review for clients #1, #2 and #3.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p> | V 121         |   |                    |