STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL023-222	A. BUILDING: _____ B. WING _____	03/03/2022

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V 000	INITIAL COMMENTS An annual survey was completed on March 3, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. The survey sample consisted of audits of 3 current clients.	V 000		
V 113	27G .0206 Client Records 10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided;	V 113		

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V 113	Continued From page 1 (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 3 of 3 audited client's (Clients #1, #2 and #3) had a client record available at the facility. The findings are: Interview on 2/22/22 with the AFL provider revealed: -The complete client records would be at the licensee's office. On 2/25/22 surveyor met the Qualified Professional (QP) in a designated office for the western region to review client files. -The QP apologized as Client #1's file was not present at this location as he thought it would be. -The QP stated he had Client's #2 and #3 and a different QP had Client #1. -The QP was able to go to the electronic file for Client #1 and retrieve an assessment, an	V 113		

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V 113	Continued From page 2 Individual Support Plan (ISP) and a crisis plan. Review on 2/25/22 of Client #1's assessment, ISP and crisis plan revealed: -No admission date. -Diagnoses of Autism Spectrum Disorder, Auditory recruitment, unspecified ear, Severe Intellectual Developmental Disability (IDD), and Unspecified Anxiety Disorder. -There was no behavioral plan as specified in the 1/24/22 ISP. -The ISP signature pages were blank. -There was no identification face sheet, to include admission date, emergency information to contact in case of sudden illness or accident and a signed consent from the legally responsible person granting permission to seek emergency care if needed. On 2/28/22 attempted to interview the QP for Client #1. Surveyor was unable to leave a message as her mail box was full. Sent a text asking her to please call. As of survey exit date surveyor received no correspondence from the QP. On 2/28/22 an email was sent to Client #2 and #3's QP in attempt to obtain more of Client #1's records. As of the survey exit date, no additional information was received for Client #1. Review on 2/25/22 of Client #2's record revealed: -Admitted on 7/1/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, Attention-Deficit Hyperactivity Disorder (ADHD), and Traumatic Brain Injury. -Undated - Specialized Consultative Services referral for a behavior plan due to the client's physically aggressive and explosive behaviors. -The behavior plan was not found in the record.	V 113		

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V 113	Continued From page 3 Review on 2/25/22 of Client #3's record revealed: -Admitted on 7/2/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, ADHD and Disruptive Mood Dysregulation. -2/1/22 Crisis Plan - his physical aggression has increased over the past months; his school schedule as decreased due to the increased aggression; he needed a "formalized behavior support plan." -The behavior support plan was not found in the record. Interview on 2/25/22 with the QP for Client's #2 and #3 revealed: -The client's behavior support plan should be in their files. -He looked through both client files and did not find them. -He did not have electronic access to the plans as they were both developed by the Autism society.	V 113		
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	V 118		

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V 118	Continued From page 4 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 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 observation, record review and interview, the facility failed to ensure medications ordered were given as prescribed; the Medication Administration Records (MARs) of all medications administered to each client were kept current.; and medications were administered to a client on the written order of a person authorized by law to prescribe medications affecting 3 of 3 clients (Client's #1, #2 and #3). The findings are: Review on 2/25/22 of Client #1's record revealed: -No admission date. -Diagnoses of Autism Spectrum Disorder, Auditory recruitment, unspecified ear, Severe Intellectual Developmental Disability (IDD), and Unspecified Anxiety Disorder.	V 118		

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V 118	Continued From page 5 Observation on 2/22/22 at 3:11 p.m. of Client #1's medications included: -Chlorpromazine (Thorazine) - 50 mg - 1 tablet 3 times a day. -Mirtazapine (Remeron) - 15 mg was not observed. -Omeprazole - 20 mg was not observed. Review on 3/1/22 of Client #1's physician orders revealed: -9/14/21 - Increase Mirtazapine (Remeron) - to 30 mg. -12/2/21 - Increase Remeron 30 mg at bedtime; Omeprazole - 20 mg - 1 every day; continue Chlorpromazine - no mg or frequency specified. -There were no orders to indicate Remeron and Omeprazole were discontinued. Review on 2/22/22 and 3/1/22 of Client #1's MARs from 12/2021 through 2/22/22 revealed: -Chlorpromazine - 50 mg - 1 tablet a.m., 1 tablet noon, and 1 1/2 tablets in evening were initialed as given daily. -Mirtazapine (Remeron) - 15 mg - 1 tablet in the evening was listed and initialed as given in December and January; it was not listed for February. -Omeprazole - 20 mg - 1 every day was not listed on any of the MARs. Review on 2/25/22 of Client #2's record revealed: -Admitted on 7/1/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, Attention-Deficit Hyperactivity Disorder (ADHD), and Traumatic Brain Injury. Review on 2/22/22 and 3/1/22 of Client #2's MARs from 12/2021 through 2/22/22 revealed: -Invega injection - 234 mg 156 mg - 1.5 milliliters	V 118		

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V 118	Continued From page 6 (ml) was initialed as injected December 1st and December 8th. Review on 3/1/22 of Client #2's physician orders dated 11/18/21 revealed: -"Start Invega Sustenna 234 mg IM (intramuscular) one time; 153 mg IM one time." -No order was found for December injections as indicated on the MAR. Review on 2/25/22 of Client #3's record revealed: -Admitted on 7/2/20. -Diagnoses of Autism Spectrum Disorder, Moderate IDD, ADHD and Disruptive Mood Dysregulation. Observation on 2/22/22 at 3:27 p.m. of Client #3's medications included: -Rosuvastatin Calcium (Crestor) - 10 mg - 1 tablet at bedtime. -Cetirizine HCL (Zyrtec) - 10 mg - 1 tablet daily - as needed. -Miralax - was not observed. Review on 3/1/22 of Client #3's physician orders dated 7/1/21 revealed: -"To Whom It May Concern: I am [Client #3's] primary care provider and I prescribe crestor, zyrtec and miralax." -There was no dose amount or frequency to administer specified. Review on 2/22/22 and 3/1/22 of Client #3's MARs from 12/2021 through 2/22/22 revealed: -Rosuvastatin Calcium (Crestor) - 10 mg - 1 tablet at bedtime initialed as given daily. -Cetirizine HCL (Zyrtec) - 10 mg - 1 tablet daily - as needed - initialed as given daily. -Miralax - was not listed on any of the MARs.	V 118		

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V 118	Continued From page 7 Interview on 2/25/22 with the AFL Provider revealed: -The office should have all the client's current physician orders. Interview on 2/25/22 with the QP revealed: -The client's physician orders should be at the facility. -Since they weren't he wasn't sure where they were kept. -They had a Registered Nurse (RN) who they contracted with PRN (as needed). Interview on 2/28/22 with the facility RN revealed: -She recently contracted with the licensee to ensure medications were properly stored, documentation complete on MARs and orders were current. -She was at the facility in December 2021. -She had "no doubt" the facility was giving medications as ordered. -She would send all of Client #1, #2 and #3's current orders. Email correspondence on 3/2/22 and 3/3/22 with the facility RN revealed: -A request for additional physician orders and any discontinued orders for Client's #1, #2 and #3 due to the above discrepancies found. -She would be busy working and asked if surveyor could email what was needed and she could get it as soon as possible.	V 118		