

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>200092</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/03/2022</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>NOAH'S ARK HOME</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>614 CHERRYVILLE ROAD<br/>SHELBY, NC 28151</b> |
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| V 000              | <p><b>INITIAL COMMENTS</b></p> <p>An annual survey was completed on March 3, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>The survey sample consisted of audits of 2 current clients.</p>  | V 000         |   |                    |
| V 113              | <p><b>27G .0206 Client Records</b></p> <p><b>10A NCAC 27G .0206 CLIENT RECORDS</b></p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <ul style="list-style-type: none"> <li>(A) name (last, first, middle, maiden);</li> <li>(B) client record number;</li> <li>(C) date of birth;</li> <li>(D) race, gender and marital status;</li> <li>(E) admission date;</li> <li>(F) discharge date;</li> </ul> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(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;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> | V 113         |   |                    |

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

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| V 113              | <p>Continued From page 1</p> <p>(8) documentation of progress toward outcomes;<br/>(9) if applicable:<br/>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);<br/>(B) medication orders;<br/>(C) orders and copies of lab tests; and<br/>(D) documentation of medication and administration errors and adverse drug reactions.<br/>(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.</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure one of two audited client's (Client #2) had a client record available at the facility.<br/>The findings are:</p> <p>Interview on 2/22/22 with the AFL provider revealed:<br/>-She had some of Client #2's record.<br/>-The entire record would be at the licensee's office.</p> <p>On 2/25/22 surveyor met the Qualified Professional (QP) in a designated office for the western region to review client files.<br/>-The QP apologized as Client #2's file was not present at this location as he thought it would be.<br/>-The QP stated he had Client #1 and a different QP had Client #2.<br/>-The QP was able to go to the electronic file and</p> | V 113         |   |                    |

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| V 113              | <p>Continued From page 2</p> <p>retrieve an assessment, treatment plan and behavior support plan.</p> <p>Review on 2/25/22 of Client #2's assessment, treatment plan and behavior support plan revealed:<br/>-She was admitted to the facility in December 2020.<br/>-Diagnoses of Autistic Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Intellectual Developmental Disorder, Mild, Unspecified trauma and stress related disorder, Unspecified Eating Disorder, Generalized Anxiety Disorder and Major Depressive Disorder.<br/>-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.</p> <p>On 2/28/22 attempted to interview the QP for Client #2. 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.</p> <p>On 2/28/22 an email was sent to Client #1's QP in attempt to obtain more of Client #2's records. As of the survey exit date, no additional information was received for Client #2.</p> | V 113         |   |                    |
| V 118              | <p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS<br/>(c) Medication administration:<br/>(1) Prescription or non-prescription drugs shall</p>  | V 118         |   |                    |

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| V 118              | <p>Continued From page 3</p> <p>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:<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.</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:<br/>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</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 4</p> <p>the written order of a person authorized by law to prescribe medications affecting 2 of 2 clients (Client's #1 and #2). The findings are:</p> <p>Review on 2/25/22 of Client #1's record revealed:<br/>-Admitted 7/7/20.<br/>-Diagnoses of Intellectual Developmental Disability (IDD), mild, Dyspepsia Disorder, Constipation and Esophageal Stricture with Dilation.</p> <p>Observations on 2/22/22 at 11:25 a.m. of Client #1's medications included:<br/>-Risperidone - 1 milligram (mg) - 1 tablet every day.<br/>-Ciclopriox Topical- 8% Solution - apply to affected toe nails daily.<br/>-Drysol Dab-o-matic solution - apply 1 application to affected area at bedtime.<br/>-Escitalopram (Lexapro) - 20 mg - 1 tablet every day was not observed.</p> <p>Review on 3/1/22 of Client #1's Physician Orders dated 2/9/21 and 1/27/22 included the following:<br/>-Escitalopram - 10 mg every a.m.; there was no discontinue order.<br/>-Risperdal - 1 mg every p.m.<br/>-No order for Ciclopriox Topical - 8% Solution - apply to affected toe nails daily.<br/>-No order Drysol Dab-o-matic solution - apply 1 application to affected area at bedtime.</p> <p>Review on 2/22/22 and 3/1/22 of Client #1's MARs from 12/2021 through 2/22/22 revealed:<br/>-Risperidone - 2 mg - 1 tablet every day was initialed as given instead of 1 mg.<br/>-Ciclopriox Topical - 8% Solution - apply to affected toe nails daily was initialed as given every day.<br/>-Drysol Dab-o-matic solution - apply 1 application</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 5</p> <p>to affected area at bedtime was initialed as given every day.</p> <p>-Escitalopram - 20 mg - 1 tablet every day was initialed on December and January MARs as given every day (instead of 10mg).</p> <p>-Escitalopram - 20 mg - 1 tab every day was listed for February but no dates were initialed.</p> <p>Interview on 2/22/22 with the AFL Provider revealed:</p> <p>-The Escitalopram 20 mg had been discontinued.</p> <p>-The discontinue order was given to the Qualified Professional (QP) but if he didn't give it to the nurse she would not know to take it off the MAR.</p> <p>-The office should have all the client's current physician orders.</p> <p>Review on 2/25/22 of Client #2's record included:</p> <p>-Admission date of December 2020.</p> <p>-Diagnoses of Autistic Spectrum Disorder, Attention-Deficit Hyperactivity Disorder, Intellectual Developmental Disorder, Mild, Unspecified trauma and stress related disorder, Unspecified Eating Disorder, Generalized Anxiety Disorder and Major Depressive Disorder.</p> <p>Observation on 2/22/22 at 11:39 a.m. of Client #2's medications included:</p> <p>-Xulane Patches - 150/35 micrograms (mcg) - apply 1 patch to skin every week.</p> <p>Review on 2/22/22 and 3/1/22 of Client #2's MARs from 12/2021 through 2/22/22 revealed:</p> <p>-Xulane Patches - 150/35 mcg - apply 1 patch to skin every week was initialed as applied every week.</p> <p>Review on 3/1/22 of Client #2's "Patient Medication List" revealed:</p> <p>-Xulane - 150/35 mcg - apply 1 patch to skin</p> | V 118         |   |                    |

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| V 118              | <p>Continued From page 6</p> <p>every week.<br/>-The form was not signed or dated.</p> <p>Interview on 2/25/22 with the QP revealed:<br/>-The client's physician orders should be at the facility.<br/>-Since they weren't he wasn't sure where they were kept.<br/>-They had a Registered Nurse (RN) who they contracted with PRN (as needed).</p> <p>Interview on 2/28/22 with the facility RN revealed:<br/>-She recently contracted with the licensee to ensure medications were properly stored, documentation complete on MARs and orders were current.<br/>-She was at the facility in December 2021.<br/>-She had "no doubt" the facility was giving medications as ordered.<br/>-She would send all of Client #1 and #2's current orders.</p> <p>Email correspondence on 3/2/22 and 3/3/22 with the facility RN revealed:<br/>-A request for additional physician orders and any discontinued orders for Client's #1 and #2 due to the above discrepancies found.<br/>-She would be busy working and asked if surveyor could email what was needed and she could get it as soon as possible.</p> | V 118         |   |                    |