

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 3/18/22. The complaint was unsubstantiated. (Intake #NC 00186713). A deficiency was 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>This facility is licensed for six licensed beds and currently has a census of five. The survey sample consisted of audits of three current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>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 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</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that MARs were kept current for 3 of 3 audited clients (#2, #3 and #4) and failed to administer medications on the written order of a physician for one of three audited clients (#2)The findings are:</p> <p>A. Review on 3/11/22 of client #2's record revealed: -Date of admission- 7/24/07 -Diagnosis of Autistic Disorder</p> <p>Review on 3/11/22 of client #2's MAR's for March 2022 revealed: -No staff signatures for morning medications on 3/10/22 and 3/11/22. -Morning medications listed on the MAR: Vitamin D3-dietary supplement Hydrochlorothiazide 25 mg-(water pill for blood pressure) Quetiapine Fumate 300 mg- (behaviors related to diagnosis) Sertraline HCL 100 mg- (depression and anxiety) Metoprolol Tartrate 50 mg- (Hypertension)</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	<p>Continued From page 2</p> <p>Review on 3/11/22 and 3/15/22 of client #2's MAR's revealed: -"Check blood pressure every morning and record, also check BP (blood pressure) when reports headache." -January 2022, February 2022 and March 2022 MAR had been initialed by staff #1 that blood pressure had been checked. -No documentation was present for January 2022, February 2022 and March 2022 of blood pressure readings being recorded.</p> <p>Review on 3/11/22 of client #3's record revealed: -Date of admission - 7/26/21 -Diagnoses: Moderate Intellectual Development Disability, Cerebral Palsy, Deafness and Epilepsy</p> <p>Review on 3/11/22 of client #3's MAR's for March 2022 revealed: -No staff signatures for morning medications on 3/10/22 and 3/11/22. -Morning medications listed on the MAR: Vitamin B12 1000mcg-(supplement) Triamcinolone Aceton .025%- (treat skin inflammation) Carbamazepine ER 300mg- (control seizures)</p> <p>Review on 3/11/22 of client #4's record revealed: -Date of admission - 3/7/09 -Diagnoses: Major Depressive Disorder, Recurrent Episode-Moderate, Unspecified Anxiety Disorder, Developmental Expressive/Receptive Language Disorder and Moderate Intellectual Disability</p> <p>Review on 3/11/22 of client #4's MAR's for March 2022 revealed: -No staff signatures for morning medications on 3/10/22 and 3/11/22.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	<p>Continued From page 3</p> <p>-Morning medications listed on the MAR: Multivitamin tab-(supplement) Cetirizine HCL 10mg- (allergy) Solifenacin Succinate 10mg- (overactive bladder) Escitalopram Oxalate 10mg- (depression and anxiety) Lisinopril 10mg- (hypertension) Vitamin D3- (supplement) Omeprazole Dr 20mg- (GERD) Denta 5000 plus- (tooth decay) Goodsense Clearlax- (constipation) Montelukast sodium 10mg- (asthma)</p> <p>B. Review on 3/15/22 of client #2's Physician order dated 9/15/21 revealed: -"Vitamin D3-(dietary supplement)- 1 time a day -Hydrochlorothiazide 25 mg- (water pill for blood pressure)- 1 time a day -Quetiapine Fumate 300 mg- (behaviors related to diagnosis)- 1 in the morning -Sertraline HCL 100 mg- (depression and anxiety)- 1 time a day -Metoprolol Tartrate 50 mg- (Hypertension)- BID (twice a day)"</p> <p>Observation and Review on 3/11/22 at 11:30 AM of client #2's medications revealed -Client #2's morning medications present in the medication package and had not been administered.</p> <p>Further review on 3/15/22 of physician order dated 7/27/20 revealed: -"Check blood pressure every morning and record, also check BP (blood pressure) when reports headache."</p> <p>Interview on 3/15/22 staff #1 stated: -She had been working in the facility for nine</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	<p>Continued From page 4</p> <p>months.</p> <ul style="list-style-type: none"> -Mostly worked 11:00 PM-8:00 AM. -Was responsible for administered morning medications to the clients. -Did not realize she had not initialed MAR's on 3/10/22 and 3/11/22 until the Director of Quality Management informed her on 3/11/22. -Had been working so many hours that her days were running together. -Did not realize she had not given client #2 his morning medications on 3/11/22. -Client #2 was "lagging" on the morning of 3/11/22. -He was the last to eat breakfast and that "threw me off" because she was in a hurry and had a lot going on. -Had not missed giving clients their medications in the past. -Not aware that client #2 was supposed to have his blood pressure checked every morning. -Had not seen an order to do so. -Was not aware this was listed on client #2's MAR. -Was not aware if there was a blood pressure cuff in the facility. -Remembered checking his blood pressure when she first started working there, but had not done it in a long time. -Had not seen a sheet to document blood pressure in the home. -Did not realized she had been initialing the MAR that she had checked client #2's blood pressure. -Her last day working in the facility was on 3/13/22 and no longer employed with the company. <p>Interviews on 3/11/22 and 3/15/22 the Director of Quality Management stated:</p> <ul style="list-style-type: none"> -He and the Qualified Professional (QP) was in the facility several times a week and checked 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	<p>Continued From page 5</p> <p>MAR's and medications.</p> <ul style="list-style-type: none"> -Had not noticed any medications that had not been administered. -Had found a few times where MAR's had not been initialed and he along with the QP would inservice the staff. -They had done so many trainings on medications in the last few months. -When visiting the facility he had not noticed if client #2's blood pressure sheet was present. -Noticed the MAR was initialed that client #2's blood pressure had been checked and assumed it was done. -Did not realize the staff was not checking client #2's blood pressure. -The blood pressure log should be sent to the facility monthly with the new MARs. -There was a blood pressure cuff in the home to check client #2's blood pressure. -Client #2 had not had any symptoms to his knowledge of having elevated blood pressure. -Client #2 can communicate his symptoms. -Staff #1 had resigned from the company and her last day was 3/13/22. <p>Interview on 3/15/22 client #2's doctor stated:</p> <ul style="list-style-type: none"> -Client #2 had been stable with his blood pressure for a long time. -Always told all his patients to check their blood pressure when on medication, but they usually do not. -Last saw client #2 on 9/15/21 and he was doing well and did not need any change to his medications. -Client #2 can verbalize if he is not feeling well. -"Not concerned" if client #2's blood pressure was not checked daily. -Would definitely "reprimand" staff for not following orders in this situation. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARMONY HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 808 NORTH MCKAY AVENUE DUNN, NC 28334
---	---

(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 118	Continued From page 6 [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days]	V 118		