Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL077-071	A. BUILDING: ______ B. WING ______	R 03/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DILIGENT CARE GROUP HOME #1	**161 BOWEN STREET HOFFMAN, NC 28347**

(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	INITIAL COMMENTS An annual and follow up survey was completed on March 7, 2022. 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 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (b) 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: (1) the client's presenting problem; (2) the client's needs and strengths; (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; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (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.	V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSES SMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment was completed for a client, prior to the delivery of services, and did include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, (4) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs was assessed. A copy of the file was placed at the group home site that included the missing assessment and information. By the QP	04/01/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE QP (X6) DATE 03/18/2022

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

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V 118	Continued From page 2 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 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:	V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS PRN Medications were located and placed in the correct location. The QP is responsible for ensuring that all PRN medications are in the facility at all times.	03/18/2022

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

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V 118	Continued From page 4 -There was no Ibuprofen available for client #2. She was not sure why there was no Ibuprofen available for client #2. -She confirmed facility staff failed to ensure medication was available for administration for client #2.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (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; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (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. This Rule is not met as evidenced by: Based on observation, record reviews and interview facility staff failed to ensure medications were stored in a clean cabinet and kept separate	V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS The medication Closet has been restore and modified. The cabinet that was being utalized is no longer being utalized and has been removed. Each Clients medications has been organized and securely placed in order inside the locked hall closet inside of a storage case individually The QP has ensured that medications remain appropriately stored.	03/18/2022

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

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

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V 120	Continued From page 7 medications were stored in a clean cabinet and kept separate for each client.	V 120		
V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (f) Medication review: (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 3/4/22 of client #1's record revealed: -Admission date of 9/30/17. -Diagnoses of Moderate Intellectual and Developmental Disability, Organic Personality Disorder, Congenital Joint Deformity, Diabetes and Hypercholesterolemia.	V 121	27G .0209 (F) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENT Medication review: The clients that receive psychotrophic drugs has had a drug regimen review. The QP is responsible for ensuring & obtaining a review of each client's drug regimen at least every six months. The reviews has been performed and has been scheduled for 6 months thereafter. Review has been copied and placed at each facility upon completion.	03/11/2022

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

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

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

RECEIVED
By cvhicks at 9:34 am, Mar 21, 2022

March 9, 2022

Tammy Baldwin, Director
Diligent Care, Inc.
310 Magnolia Square Court
Aberdeen, NC 28315

Re: Annual and Follow up Survey completed March 7, 2022
Diligent Care Group Home #1, 161 Bowen Street, Hoffman, NC 28347
MHL # 077-071
E-mail Address: tammy.diligentcare@windstream.net

Dear Ms. Baldwin:

Thank you for the cooperation and courtesy extended during the Annual and Follow up survey completed 3/7/22.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be ***corrected*** within 30 days from the exit of the survey, which is 4/6/22.
- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is 5/6/22.

What to include in the Plan of Correction

- Indicate what measures will be put in place to ***correct*** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to ***prevent*** the problem from occurring again.
- Indicate ***who will monitor*** the situation to ensure it will not occur again.
- Indicate ***how often*** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Bryson Brown at 919-855-3822.

Sincerely,

Kimberly R Sauls
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc:
_DHSR_Letters@sandhillscenter.org
Pam Pridgen, Administrative Assistant